Vietnam

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

COUNTRY CONTEXT

During the first phase of PEPFAR, OGAC identified Vietnam as a focus country for ARV treatment scale-up. Since its launch in 2005, PEPFAR has been the leading funding source for HIV prevention, care and treatment services in Vietnam. In 2013, PEPFAR Vietnam (PEPFAR VN) will remain a cornerstone of the U.S. Mission's health diplomacy effort and will continue to underwrite over 80% of the national response. At the end of PEPFAR's second phase, the PEPFAR VN team has been guided by OGAC to transition the program from a direct service delivery model to one with greater focus on technical assistance (TA). This entails identifying not only program elements that can be streamlined and improved for greater cost-efficiency and quality, but also a specific transition process of human resources and commodities, particularly ARVs. Concurrent with significant decreases in available PEPFAR resources since FY 2010, the USG has taken an aggressive role to improve harmonization of all available HIV/AIDS resources, both Government of Vietnam (GVN) and donor, in Vietnam to help ensure a sustainable national HIV/AIDS response that is embedded within the broader healthcare and social work system.

In 2011, HIV/AIDS was designated by the GVN as a National Targeted Program (NTP) with $12.2 million allocated in 2012. Due to Vietnam's worsening economic outlook, funding for the NTP will be reduced to $10 million for 2013. This is a serious setback for the government's co-financing contribution, especially as it follows their announcement last year of a planned annual 20% increase for the HIV/AIDS NTP. Nevertheless, with Vietnam's status as a lower-middle income country, many donors in the health sector are reducing or withdrawing aid. Following an unexpected one-year extension, World Bank/DfID support for Vietnam's harm reduction efforts will conclude in December 2013. The Clinton Health Access Initiative (CHAI) has already ended its support for Early Infant Diagnosis and pediatric ARVs. After PEPFAR, the second-largest source of funding for HIV/AIDS in Vietnam is the Global Fund. To date, Vietnam has been awarded $119 million for HIV/AIDS through the Global Fund, of which over 70% has been disbursed to the country. The Global Fund is currently reviewing Vietnam's Phase 2 Single Stream of Funding submission, which would extend the current grant to 2015.

EPIDEMIOLOGY

There were an estimated 250,000 people living with HIV in Vietnam at the end of 2011. Approximately 14,000 new infections have been reported annually from 2009 to 2011. The epidemic in Vietnam is comprised of many sub-epidemics across the country and remains concentrated primarily among three populations defined by high levels of HIV-transmission risk behaviors: people who inject drugs (PWID),

men who have sex with men (MSM) and female sex workers (FSW). Injecting drug use is the leading contributor to the transmission of HIV in Vietnam, further fueled through sexual transmission. Vietnam has a concentrated epidemic, and while the national HIV prevalence rate is 0.43% for ages 15-49, data from the 2009 HIV/STI Integrated Behavioral and Biological Survey (IBBS) Round II and annual sentinel HIV surveillance (HSS) estimate that as many as 40% of the estimated 220,000 PWID (range: 100,000-335,000) are living with HIV. PWID are found throughout the country, but an estimated 80% of the drug using population lives in 22 of Vietnam's 63 provinces. While prevalence among PWID is decreasing in some provinces, the epidemic is still alarmingly high in most provinces surveyed. HIV prevalence among PWID is particularly high in provinces including Ho Chi Minh City (HCMC) (48%), Hai Phong (48%), Dien Bien (56%) and Quanh Ninh (56%).

In recent years there has been greater recognition of an HIV epidemic among MSM. The number of studies and surveillance conducted about MSM behavior is increasing. Available data indicate a growing epidemic in Hanoi and HCMC, with HIV prevalence estimated to be up to 16% in these urban centers. The estimated MSM population ranges from 160,000 to 482,000.

There are an estimated 65,000 FSW (range: 29,000-101,000) in Vietnam. HIV prevalence among FSW varies by province and exceeds 10% in Hanoi, Hai, Phong, Can Tho, and HCMC. Evidence also indicates that street-based FSW have a relatively higher HIV burden compared to venue-based FSWs and an estimated 3-8% of FSW also inject drugs. Among FSW who inject drugs, the HIV prevalence is 25-30%.

Overlapping risk behaviors amplify HIV transmission risks for FSWs and MSM who also inject drugs, as 2009 IBBS data indicate that the odds of an FSW or MSM being infected with HIV are significantly higher among those that also report injecting drug use behavior. The sizes and distribution of these key populations vary across the country. PWID are concentrated in HCMC, Hanoi, the Red River Delta and the northwest region; FSW numbers are highest in HCMC, the Mekong Delta and southwestern Vietnam; and "open" MSM are most easily accessed in the major cities of HCMC and Hanoi. The key population size estimations are currently based on government estimations using assumptions defined by relevant technical working groups. With PEPFAR support, province-specific population enumeration surveys are underway to provide more precise size estimates by population.

Sexual partners of these groups are an additional at-risk population that requires targeted program interventions. A rise in reported cases of HIV-positive women, who represented 31% of newly reported cases in 2011, likely reflects a slow but steady transmission of HIV to women by men engaging in highly risky behaviors. The rate of HIV prevalence among pregnant women attending antenatal care clinics captured within the 2011 HIV Sentinel Surveillance (HSS) suggests a steady decline of HIV in this

population and potentially serves as a proxy for the general population in Vietnam. The national mean prevalence is consistently below 0.4% and falling over the past decade. HSS 2011 mean prevalence was 0.2% (median=0.13%). There is no indication that a generalized epidemic is imminent.

The variation in and overlapping sources of behavior surrounding risk factors demand a tiered and tailored response for a large and diverse population at-risk for HIV. As PEPFAR VN funding continues to shrink and the program shifts toward an increasing emphasis on TA, our direct capacity to focus on the broad spectrum of need will diminish.

DONOR ENGAGEMENT

In the past year, PEPFAR has enjoyed unprecedented collaboration with both the Global Fund Principal Recipient and its Geneva-based secretariat. We have strengthened engagement with the Global Fund Vietnam portfolio team, resulting in more frequent communication and most importantly, concrete steps towards harmonizing PEPFAR and Global Fund's approach to supporting the national response. With intensive intervention and engagement from the USG in both Hanoi and Geneva, Vietnam received a conditional "go" for its Global Fund Single Stream Phase 2 award. A successful grant signing will be incumbent upon demonstrated joint planning for geographic focus and mapping of all donor support to HIV/AIDS. In January 2013, PEPFAR technical staff met with the Global Fund secretariat for an extended planning session to review the volume of activity in all provinces where we both have interventions. Together, we examined patient volume, clinic locations, and scope of prevention activities at district levels to generate a full picture of action items and to agree on joint principles for engagement with MOH/ Vietnam Administration for HIV/AIDS Control (VAAC) and other stakeholders on both technical and policy aspects of the national response.

Support for such a detailed level of review together with the VAAC, as the principal recipient of the Global Fund HIV grant, is the long-term goal from this process. In January 2013, the Global Fund and PEPFAR also requested a meeting with the VAAC to highlight this aim and express our joint support for the VAAC's proposed "Master Plan" for transition, which will include mapping activities of PEPFAR, Global Fund, World Bank/DfID, AusAID, the NTP, and any other sources of HIV/AIDS support. Coordinated planning has proven elusive in past years due to the VAAC's stovepipe approach to different donor activities under its authority. Traditionally, the VAAC establishes an independent Program Management Unit for each source of donor funding, which is then assigned to different leaders within the VAAC management team. In the past this was done without regular channels for communication and without strong expectation from either the donor or GVN for harmonized implementation.

Through PEPFAR, USG has also strengthened its active leadership role within the local Global Fund structure. USG representatives now fill co-chair positions in both Vietnam's HIV sub-CCM and the CCM

Oversight Committee, in addition to its membership on the CCM.

PEPFAR VN senior management continues to meet monthly with leadership from both the VAAC and development partners to share information about activities and to identify areas for collective action. PEPFAR technical staff confers routinely with counterparts from WHO, UNAIDS, UNODC and other UN agencies to discuss ongoing programmatic approaches and to collaborate on pilot interventions.

A significant achievement for the international advocacy community in 2012 was GVN's decision to assign development of a "Renovation Plan" to the Ministry of Labor, Invalids and Social Affairs (MOLISA), indicating a shift away from the country's mandatory drug detention system, known as 06 centers, towards community-based drug treatment. The USG team is encouraged by this step forward; however, we remain concerned that the Plan's scope will be too narrowly focused on only the detention aspect of the system. The Plan must be broadened to incorporate a needs-based approach and ensure evidence-based services are available anywhere there is a significant number of drug users, while also articulating MOLISA's role in the management of drug users and MOH's role in the healthcare of drug users. The PEPFAR team is committed to working with all elements of the Vietnam system under a principle of constructive engagement. We have emphasized that that any renovation plan working group needs to be expanded to include the Advisory Group of the Office of Government, VAAC, Ministry of Education and Technology, and Ministry of Public Security.

Quarterly meetings of the Ambassador's Informal Group on HIV/AIDS remain an effective forum for the U.S. Ambassador and like-minded counterparts to interface with the GVN on policy reform. This past year, the Ambassador's Group focused messages around country ownership and financial sustainability of the HIV/AIDS response.

PROGRESS AND FUTURE

Country Ownership.

Vietnam's dominant central authority ensures that there is strong government oversight in all aspects of donor assistance. While the PEPFAR VN program has had a high degree of political ownership from its beginning, we are still actively working towards building broader familiarity across our GVN counterparts on the scope and depth of the current program. Especially during this period of declining external resources, the VAAC has been insisting that PEPFAR redirect its funds into the government instead of preserving a balance of support through a range of parastatals, universities, international and local organizations.

Supporting the government to swiftly establish more healthcare worker positions on its payroll is a crucial first step toward shifting human resources for health (HRH) away from PEPFAR-funded contract staff and

overtime payments for government staff. PEPFAR has communicated to GVN about the requirement for HRH transition plans to be in place before the end of calendar year 2013, with an expected transition timeline of three to four years, depending on each province's situation.

Country ownership of the HIV/AIDS response is greater than the action of a host government alone; it must also encompass civil society and the private sector. However, civil society receives, at best, token acknowledgement from the host government. Thus, their ability to advocate successfully for key population-centered programs, and to share in the ownership of a country-led response, remains limited without strong external support for capacity building and service provision. Over the past six months, PEPFAR's ability to promote capacity building activities with civil society and to provide prevention and care services at the grassroots level has been directly hampered by GVN's repeated delays in granting an operational permit to our USAID umbrella partner for civil society organizations (CSOs).
Despite continuous negotiation and advocacy from the U.S. Embassy and even the MOH, other departments of GVN have deterred this procedure. Recent interventions by the Ambassador and USAID Mission Director appear to have reinvigorated the MOH's interest in pressing for project approval. Meanwhile, USAID has conducted preliminary assessments of select Vietnamese CSOs to determine their capacity to manage direct grants and if necessary, to provide sub-grants to community-based organizations. As these CSOs still require TA to strengthen their own organizational and technical capacity, USAID will continue to seek GVN approval of the international NGO prime partner's operational permit. With donor resources declining, the role for capable and respected Vietnamese CSOs is more critical than ever to ensure that HIV/AIDS prevention and care services continue to reach key populations. The meaningful engagement of CSOs remains a cornerstone for broad country ownership in Vietnam, especially as the host government is not expected to invest heavily in HIV/AIDS prevention for these key populations whose behavior is still referred to as "social evils."

The TA Model in Vietnam.
Transition planning of the PEPFAR portfolio was initiated as part of the Partnership Framework and PF Implementation Plan negotiation process. It supports achievement of the second PF goal, strengthened health systems. Recognizing that Vietnam's highly decentralized health structure results in wide variations of healthcare at the provincial level, PEPFAR VN validated the need for specific technical and geopolitical province-level assessments to implement any model PEPFAR develops for transition to TA. This assessment is also important because each provincial People's Committee directs the obligation of resources for health and especially HIV/AIDS. After exploring different approaches on how best to address this, in the past six months we have achieved an agreement with the VAAC on a framework for joint planning at both the provincial and national level during this phase of portfolio transition.

PEPFAR prioritizes the government's role in country ownership through strengthened capacity to engage

provincial authorities in planning around a phase-out or shift of the HIV/AIDS portfolio within their respective provinces. A carefully calibrated funding transition of HRH is a major focus of provincial level planning, with the objective for the majority of HRH resources to be absorbed by the local government over a jointly agreed timeline of two to four years. Acceptance by and leadership from the provincial People's Committee is paramount throughout this process, as each People's Committee provides direction and oversight to the provincial Departments of Health, Labor, and Public Security. Every provincial planning effort will be unique to reflect diversified epidemics and capacity of local stakeholders, with an universal objective for a system of HIV care that is accessible, affordable and effective.

Trajectory towards FY 2014. Restoring country ownership of the HIV/AIDS response requires partnership, commitment and flexibility. We are best able to meet USG commitments in the Partnership Framework and the PEPFAR Blueprint Road Maps if PEPFAR VN continues to receive, at minimum, future funding that is level with the current allocation. During this tenuous period of transformation for PEPFAR VN, we would welcome OGAC's formal guidance on a multi-year funding allocation. This will significantly improve our ability to negotiate, partner, and plan with our host government counterparts. With a defined, multi-year funding allocation, USG will be positioned to advocate for change both within the GVN and even the Global Fund, and steadily push the GVN toward revising its own process to maximize cost-efficiency.

Despite two years of direct communication to VAAC about the declining resources for ARV drugs, there remains a consistent message from GVN that they are not in a position to absorb this component of the HIV/AIDS response in the near future. This message has been delivered verbally to multiple levels of USG leadership, ranging from the PEFPAR VN team and the U.S. Ambassador, to OGAC senior leadership. Both Vietnam's Deputy Prime Minister and leadership of the Ministry of Health have acknowledged the greater fiscal and management role that they must take on to sustain the national response. However, a specific barrier to acting upon their volition includes the country's limitation from procuring ARVs at international best prices due to Vietnam's own drug procurement and bidding regulations. After a year of advocacy from PEPFAR and development partners, in November 2012 the Vice Minister of Health announced plans to establish a centralized procurement unit within the VAAC, which will open the door for serious planning on GVN's expanded role in ARV financing. The timeline for activating this unit remains undetermined, and we anticipate that the negotiation and planning for ARV transition will be a continued challenge in FY 2014.

The GVN has highlighted the USG's unique fiscal year calendar as a continued source of frustration for their planning and coordination. While PEPFAR VN will always report and track its activities for OGAC using the USG fiscal year, in the months ahead we aim to align our in-country planning more closely with GVN's planning, which is based on the calendar year. This would also bring USG into alignment with

Global Fund and World Bank planning in country, which also runs from January to December.

PROGRAM OVERVIEW: ACHIEVING OUR PRIORITIES

Our COP 2013 activities reflect a honing and continuation of activities approved in COP 2012, with a focus on implementation of our Partnership Framework and the Road Maps of the PEPFAR Blueprint. Priorities support the goals of the Vietnam Partnership Framework, to 1) increase access to quality HIV/AIDS prevention, care and treatment services for key populations; 2) strengthen health systems; and 3) strengthen and sustain national engagement in the HIV/AIDS response. All of these goals are also embedded within the PEPFAR Blueprint principles of high impact interventions, smart investments, shared responsibility, and incorporating science to drive results.

In Vietnam, HIV prevalence remains highest among key population groups of PWID, FSW and MSM. In line with our first Partnership Framework goal to increase access to quality HIV/AIDS prevention, care and treatment services for these key populations, PEPFAR VN PEPFAR will continue to provide technical support to GVN to ensure the continued quality and coverage of patients on ARV treatment, core prevention services including methadone maintenance treatment (MMT) and HIV testing and counseling, effective linkages of patients to services, and retention in care. We will also continue to tailor behavior change communication and outreach activities, including PWID/FSW, PWID/MSM, SW/MSM, new injectors, sexual partners of these high-risk groups, as well as venue- and street-based FSWs.

Earlier HIV diagnosis and treatment, as well as diagnosis and treatment for those co-infected with TB and/or hepatitis B, remain a priority for PEPFAR in COP 2013.

As PEPFAR VN financial resources decline and as the GVN assumes increased ownership of the program, it is anticipated that the model of service delivery will change and many clinics may shift from stand-alone HIV, MMT or HTC clinics to clinics integrated into the public healthcare system. With this shift also come challenges of potentially increased barriers to uptake by the highly stigmatized high-risk populations we target.

PEPFAR VN's flagship support for MMT will continue in COP 2013, with the strategic direction to transfer the majority of service delivery support beginning in 2015. In 2010, PEPFAR VN made a decision to only support the opening of new sites where province authorities could commit to assuming full responsibility within three years. For the MMT sites that opened in 2010, we anticipate full transitions during the 2013-14 implementation cycles, with some select provinces already absorbing the cost of service delivery support. In COP 2013 we will continue a three-pronged approach focused on capacity building through training and mentoring at medical universities and mental health institutions; strengthening the methadone supply chain; and TA to MMT sites including sites not otherwise supported by PEPFAR.

On-site TA is prioritized to locations where the operational cost is paid by the local government or where a patient co-pay model exists. This COP year, we will reach our target for 15,000 patients receiving direct support on MMT.

We anticipate that GVN's November 2012 adoption of a new medication assisted therapy (MAT) decree will greatly expand the scope of MAT in Vietnam. This decree formally recognizes addiction as a chronic relapsing disorder for which medication should be used, when available, to treat affected individuals. With this decree, GVN expands their focus beyond methadone to include the use of other medications such as buprenorphine and naltrexone.
This decree also reflects an important policy shift for Vietnam, namely, the replacement of the former MMT admission process involving local police and commune government screening, with an ethical and routine health care procedure whereby patients can voluntarily admit themselves to MMT clinics without the fear of administrative penalty. To support service expansion, the decree removes medical establishment qualification restrictions so that both the public health and social affairs sectors can provide services.

While this is a major advocacy success for USG and the international community, like most policies and decisions in Vietnam, the enforcement of the decree will be dependent upon GVN's political and financial commitment at both central and provincial levels. Adequate resource allocation from GVN will help PEPFAR transition its own MMT support more quickly, enabling PEPFAR to focus on expanding its TA role for this critical intervention. Currently, PEPFAR procures methadone for nearly all patients on MMT in the country. In COP 2013, PEPFAR VN will continue to provide TA to the GVN as they explore local manufacturing of methadone.

As highlighted in PEPFAR VN's FY 2013 funding letter, we will continue to prioritize program pilots for key populations in COP 2013. For example, PEPFAR provides technical leadership and financial support to the pilot for Treatment as Prevention in two provinces through partnership with WHO. We will also continue to implement new modalities in peer outreach to more precisely target those at greatest risk and PLHIV in the community. COP 2013 activities include implementing new models for VCT to increase testing coverage among key populations, point of care diagnosis, and integrated service delivery approaches to minimize loss to follow-up across the continuum of prevention to care and treatment.

While the USG does not procure needles and syringes, we leverage partnerships with other stakeholders' harm reduction activities to promote a full package of evidence-based HIV/AIDS prevention services to PWID.

In COP 2013, in line with the overall budget trajectory and OGAC's guidance to transfer ARV treatment to

the government of Vietnam, PEPFAR will reduce its allocated per patient treatment budget. PEPFAR Vietnam will continue to put new patients on treatment, but with anticipated budget declines, we are actively promoting transfer of clinics and patients to the government's HIV/AIDS NTP. The degree to which the PEPFAR budget declines and the NTP is successful in absorbing clinics will determine actual program results. As the largest proportion of the program budget, commodity transition is a leading priority for our transition planning and it will take the longest to achieve.

Through PEPFAR, our work in OVC supports the overarching objectives of the U.S. Action Plan on Children in Adversity. The GVN has also recognized the growing need for child-oriented services with the passage of the National Plan of Action for Children Affected by HIV and AIDS, the development of which was largely supported by PEPFAR. The targeted OVC activities within our portfolio work with the government to reach both children and their caretakers, through a family-centered approach, with access to healthcare, nutrition, protection and legal aid, psychosocial support, and shelter.

To achieve the second Partnership Framework goal, the USG team has designed and is phasing in a transition program for implementing partners to strengthen their role as TA providers, to gradually transfer their service delivery activities to non-PEPFAR funding sources or in some cases, to phase out the partner presence completely. This transition will be achieved in part through integration of services with other health programs, where appropriate, and through prioritizing focus on PWID, MSM, FSW, PLHIV, and the sexual partners of these populations.

In preparation for this year’s COP, the interagency team deliberately categorized policy, service delivery, and TA support within our portfolio, and our plans this year do reflect a shift toward intensified TA for capacity building at both the national and provincial levels, across institutions, and for targeted recipients. Our existing TA support, especially in the area of laboratory systems, will continue to expand and deepen in the year ahead. For example, through laboratory TA PEPFAR will continue to support the GVN to improve quality and capacity of HIV-related testing, including the evaluation of HIV rapid tests for same-day results; CD4, clinical chemistry and hematology EQA programs; and expansion of viral load testing capacity. In line with our goal for strengthened health systems, TA has also been provided for development of HIV and TB strategic plans and testing guidelines have been completed for HIV, CD4 and viral load. Activities will continue in 2013 for updating and standardizing medical laboratory technology degree programs at five universities.

Over the past year PEPFAR TA has resulted in international-level accreditation (ISO 15189) of seven laboratories at a fraction of the normal cost. Accredited labs include two HIV reference laboratories, two TB reference laboratories, the largest clinical laboratory in Hanoi, and the public health laboratory in HCMC. Last year, Vietnam joined 34 countries around the world in piloting the WHO/CDC Strengthening

Laboratory Management Towards Accreditation (SLMTA) quality improvement program. A cadre of local trainers/mentors has been created with the successful pilot of 12 sites. Vietnam is exploring the possibility of franchising SLMTA to other sectors of the MOH, including the national TB program, so this mentor-intensive program can support more aspects of the health sector.

Finally, through the third goal of the Partnership Framework, PEPFAR continues to align itself with Vietnam's Global Health Initiative strategy to build stronger governance throughout the national health system and contribute to overall health systems strengthening. The HSS portfolio in COP 2013 is reflected across multiple budget code allocations, not only OHSS, and focuses on institutional capacity building, governance and health financing reform. COP 2013 activities will continue to build capacity for multiple stakeholders to contribute to the national HIV/AIDS response, not only government but also civil society and the private sector. While we remain committed to stronger engagement of the private sector, over the past year we have concluded that a longer time horizon is required to establish a quality and sustainable private sector response for HIV/AIDS within the health system.

Chief among our priorities in the year ahead is the successful implementation of both the national and provincial joint planning committees that we have negotiated with the Ministry of Health. At the national level, the joint planning team is led by VAAC and USG, with representation from various ministries of GVN, other development partners, and select implementing partners. This team will be expected to provide recommendations upstream to the national Partnership Framework Steering Committee and guidance downstream to the provincial level joint planning teams.

At the province level, the team comprises of appointed provincial team leads from PEPFAR and VAAC, as well as a province lead assigned by each People's Committee. Other technical representatives from each side support these three contacts. The provincial joint planning teams will aim to use a standard assessment of the provinces in which we are engaged to support the transition planning process by compiling information about provincial reviews across all technical areas and partnering with other stakeholders. This approach contributes to the overall effort in promoting transparency across the host government and all stakeholders. In addition, PEPFAR continues to identify activities that may overlap by location and/or target population at the provincial level to assist GVN in focusing implementation in a more strategic manner. We also champion greater country ownership across the breadth of the government system and non-government actors.

In reviewing its technical and policy priorities and the areas for priority funding support in COP 2013, each USG agency reviewed implementing partner and cost of doing business pipelines and projected outlays for the coming year. Due to prolonged negotiations with the Vietnam Ministry of Defense about its PEPFAR-supported activities, DOD did not expend funding at the anticipated rate and will implement all

of its COP 2013 activities using pipeline. A review of DOD PEPFAR's long-term plans in Vietnam is underway with the DOD HIV/AIDS Prevention Program in San Diego.

CENTRAL INITIATIVES

Public Health Evaluations.

PEPFAR VN receives funding for two PHEs. The first is an evaluation of the impact of HIV prevention programming among IDUs in northwestern Vietnam. The objectives are: 1) to assess the effectiveness of ongoing HIV prevention, treatment and care interventions among IDUs in Dien Bien and Lao Cai provinces, through changes in HIV-related risk behaviors; 2) to assess implementation of the interventions; and 3) as a secondary objective, to monitor trends in HIV incidence and prevalence, HCV prevalence and, if feasible, use these for further assessment of the effectiveness of the interventions. The first survey wave of the evaluation was carried out in 2011 and the PHE was completed in July 2012. Data analysis has been completed and a summary report of key findings has been submitted. A formal presentation and discussion of findings is planned for April 2013.

A second, multi-country PHE is the evaluation of an enhanced TB infection control intervention in healthcare facilities in Vietnam and Thailand. Known as the EnTIC Trial, this PHE has a primary objective to determine the impact of an enhanced TB Infection Control intervention package on the incidence of new TB infection among healthcare workers, as compared with the usual standard of care. The protocol is under final review by OGAC and CDC (revised version submitted January 30, 2013) as well as by national partners in Vietnam and Thailand.

PPP Incentive Fund.

In COP 2012, PEPFAR Vietnam was awarded a matching grant through the OGAC PPP Incentive Fund to support expansion of a microfinance program for PLHIV, key populations, and affected communities in Quang Ninh and Dien Bien provinces, two geographic areas with a high concentration of HIV infection. In Vietnam, access to microfinance services for people infected or affected by HIV has been limited due to several factors, including stigma and discrimination. PEPFAR VN initiated this PPP with leading Vietnamese microfinance organizations to complement existing HIV/AIDS activities in community-based organizations. Our work addresses a gap in the 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.

In May 2012, GVN formally recognized the importance of this support by issuing Decree 16, which tasked MOLISA, Ministry of Finance, VN State Bank and VN Bank for Social Policy to develop a mechanism to provide microfinance services and job placement to people infected and affected by HIV and MMT clients. As a further example of our shift from service delivery towards more TA, PEPFAR implementing partners

are supporting the line ministries to develop this working mechanism. Once the mechanism is approved by the GVN, each assigned ministry will be responsible for mobilizing resources for this support.

Country ownership embodies a myriad of issues. In an environment that operates on heavily compartmentalized information-sharing, the continued patience and willingness of the USG to act through indigenous systems remain paramount. The expectation of co-financing and accelerated country ownership is one put upon the country by external development partners, chiefly PEPFAR and the Global Fund, and not one that the country chose, rendering both the timeline and trajectory to which it must now respond challenging to embrace. It is within this context that PEPFAR VN continues to progress towards a TA model in 2013.

We are proud of our achievements this past year toward building acceptance and agreement by the host government on the need for detailed and sustainable joint planning. Through the course of this year's consequential and complex engagement with the host government and country stakeholders it is clear that, while financing plays a role in this transition phase, regardless of available resources we have an unparalleled opportunity now to improve joint planning and harmonize efforts for effectiveness, from the national level to the provinces, to districts and communes, and to every point of service delivery. This progression will be the true transition of PEPFAR's program to a country-owned, sustainable HIV/AIDS response in Vietnam.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	240,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	11,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	20,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among	21,000	2011	AIDS Info, UNAIDS, 2013			

adults and children						
Estimated number of pregnant women in the last 12 months	1,467,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	4,150	2011	WHO			
Number of people living with HIV/AIDS	250,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	30,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	105,531	2011	WHO			
Women 15+ living with HIV	48,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Strengthen the quality of and increase access to prevention services for people at risk, and prevention, care, and treatment services for people affected by or living with HIV.		

1.1	Improve the availability and quality of prevention, care, and treatment services for most at risk populations.	P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy
		P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
1.2	Support continued progress toward effective interventions through advocacy and technical assistance for policy implementation.	VN.347	VN.347 Number GVN officials trained in policy analysis and implementation
2	Support the provision of sustainable HIV/AIDS services through strengthening systems for people's health and related		

	welfare.		
2.1	Strengthen selected areas of health service management.	VN.348	VN.348 National HSS plan developed and updated with clear justification about preventive medicine, the social work for HIV/AIDS prevention
2.2	Increase collaboration across national programs to maximize the performance of health service and related welfare delivery.	VN.352	VN.352 Number of advocacy meetings with senior GVN leaders held by GF, WB, USG
2.3	Strengthen the national system of workforce development for improved service delivery.	H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
3	Broaden and strengthen the national response to HIV/AIDS to support people's health and related welfare		
3.1	Strengthen country ownership in HIV/AIDS prevention and control.	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
3.2	Strengthen the capacity and involvement of mass organizations, social organizations, non-governmental organizations, multilateral organizations, and the private sector, including Global Fund principal recipients and its implementing agencies.	VN.353	VN.353 Number of community and NGO-supported staff trained in the areas of: service delivery, M&E, quality improvement, and strategic planning

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

How is the USG providing support for Global Fund grant proposal development?

USG sits on the CCM, co-chairs both the CCM Oversight Committee and Sub-CCM for HIV, and also

participates on the Sub-CCMs for TB and malaria. During recent development of renewal proposals for HIV and TB (summer 2012), USG staff actively participated in discussions with Vietnam national program staff – who are the PRs – and other development partners, particularly CHAI, WHO and UNAIDS. USG-supported staff also did the bulk of the writing of the TB proposal.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
Phase one of the HIV SSF consolidated rounds 6, 8 and 9 grants has ended, with the phase two proposal being given a "Conditional Go" for the implementation period 2013-15. As noted above, USG worked closely with the national HIV/AIDS program (the PR), CHAI and UN agencies to revise the proposal to ensure better targeting of key populations. In addition, in January 2013, USG met with the FPM and other GF Secretariat staff in Hanoi to discuss in detail specific provinces receiving joint PEPFAR and GF support to eliminate/reduce overlap, harmonize cost norms and PEPFAR TA, and advocate with the GVN for closer collaboration between PEPFAR and GF supported programs.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2012 COP	Provision of microfinance services for PLHIV and high risk individuals (HRIs)	13759:Pathways for Participation	M7 Microfinance Network	600,000	600,000	In COP 2012, PEPFAR Vietnam was awarded a matching grant through the OGACIncentive Fund to support expansion of a microfinance program for PLHIV, the most-at-risk individuals and affected communities in Quang Ninh and Dien Bien provinces, two geographic areas with a high concentration of HIV infection. In this fiscal year, this activity has been successfully transferered to Pathways for Participation partners to continue

						providing microfiance services to PLHIV and key populations. Also, based on the models supported by PEPFAR, the Project has provided technical and financial supports to Ministry of Labor, Invalid and Social Affairs (MOLISA) to conduct a need assessments on job and livelihood demand among PLHIV and key populations. The assessment is aim to support the GVN to develop a working mechanism/policy to provide job and loan to PLHIV and key populations via Vietnam Bank

						for Social Policy (VBSP). POC: Trang Ngo Minh.
2012 COP	The HIV/AIDS Workplace Prevention		New Partner	Redacted	Redacted	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 Social Affairs, to roll-out National Guidelines on HIV Prevention in the Workplace. Through this activity, VCCI will continue to provide technical assistance to enterprises and 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.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	Antiretroviral therapy for prevention in HIV serodiscordant couples in Vietnam	Evaluation	Other	Development	12/01/2013
Survey	ART Outcome Evaluation	Evaluation	Other	Other	12/01/2012
Survey	Assessment of service update and utilization in select provinces	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Other	Other	12/01/2013
Survey	Baseline and 1-year	Behavioral	Men who	Data Review	05/01/2013

	evaluation on the use of health services among MSM in HCMC: an online survey	Surveillance among MARPS	have Sex with Men		
Surveillance	Behavioral and Biologic survey among street children in HCMC	Behavioral Surveillance among MARPS	Street Youth	Planning	03/01/2014
Survey	Behavioral Survey among Male IDUs	Behavioral Surveillance among MARPS	Injecting Drug Users	Publishing	04/01/2013
Survey	Drug use and related factors among men who have sex with men in 8 southern provinces of Vietnam	Behavioral Surveillance among MARPS	Drug Users	Development	06/01/2013
Survey	Early Detection of Cryptococcal Disease among PLHIV	Evaluation	Other	Development	03/01/2014
Survey	Evaluating Implementation of [TDF+3TC]-based ART in HCMC	Evaluation	Other	Development	11/01/2013
Survey	Evaluation of a TB infection Control Intervention in Health Care Facilities in Vietnam and Thailand	Evaluation	Other	Development	12/01/2013
Survey	Evaluation of patient access and pre-ART clinical outcomes in Ho Chi Minh city	Evaluation	Other	Planning	10/01/2013
Survey	Evaluation of the Impact of Harm Reduction Activities for IDUs in North West Vietnam	Evaluation	Injecting Drug Users	Other	12/01/2012
Survey	Evaluation of the treatment of CMV retinitis using intravitreal Ganciclovir injections for HIV infected patients in Vietnam	Evaluation	Other	Publishing	06/01/2013

Surveillance	HCV/HBV Prevalence survey	Other	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Data Review	06/01/2013
Surveillance	HIV seroprevalence sentinel surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Other	Implementation	08/01/2013
Surveillance	HIV Case Reporting	Other	Other	Planning	02/01/2014
Survey	HIV Drug Resistance Threshold Survey	HIV Drug Resistance	Other	Other	11/01/2012
Survey	HIV Incidence Surveillance	Recent HIV Infections	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Data Review	04/01/2013
Surveillance	HIV/AIDS Case Reporting	AIDS/HIV Case Surveillance	Other	Planning	12/01/2013
Surveillance	Integrated Biological and Behavioral Surveillance	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Implementation	11/01/2013
Surveillance	Integrated HIV/AIDS module in Vietnam household living standards survey	Population-based Behavioral Surveys	General Population	Development	10/01/2013
Survey	Linkages to HIV care and	Evaluation	Other	Implementatio	04/01/2013

	treatment services (HCMC)			n	
Survey	Methadone evaluation	Evaluation	Injecting Drug Users	Development	12/01/2012
Survey	Methadone Maintenance Treatment in Vietnam: using routine program data for program improvement	Evaluation	Injecting Drug Users	Development	03/01/2014
Survey	Migrant worker risk behavior survey (Hanoi)	Behavioral Surveillance among MARPS	Male Commercial Sex Workers, Migrant Workers	Other	07/01/2012
Survey	Most at Risk Population Size Estimation	Population size estimates	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Publishing	03/01/2013
Survey	MSM Health Seeking Behaviors	Qualitative Research	Men who have Sex with Men	Development	09/01/2013
Survey	Pediatric ART Outcome Evaluation	Evaluation	Other	Publishing	05/01/2013
Surveillance	Population-Based Monitoring of HIV-Drug Resistance Emerging During Treatment and Related Program Factors in Sentinel ART Sites in Vietnam	HIV Drug Resistance	Other	Implementation	08/01/2013
Survey	Survey among male clients of sex workers	Population-based Behavioral Surveys	Other	Development	08/01/2013
Survey	Survey among sex workers including injecting sex	Population-based	Female Commercial	Development	09/01/2013

	workers	Behavioral Surveys	Sex Workers		
Survey	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	Other	09/01/2012
Surveillance	Time-Location Sampling/Respondent-Driven Sampling Comparison survey	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Publishing	04/01/2013
Survey	Triple-ARV Prophylaxis Implementation	Evaluation	Other	Development	03/01/2014
Survey	Virology evaluation for patients under the 2nd line ARV treatment	Evaluation	General Population	Development	09/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		0		**0**
HHS/CDC	4,157,406	24,408,952		**28,566,358**
HHS/HRSA		240,000		**240,000**
HHS/NIH		0		**0**
HHS/SAMHSA		1,050,000		**1,050,000**
State		55,000		**55,000**
State/EAP		10,000		**10,000**
USAID		39,911,810		**39,911,810**
Total	**4,157,406**	**65,675,762**	**0**	**69,833,168**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	State/EAP	HHS/CDC	HHS/HRSA	HHS/NIH	HHS/SAMHSA	USAID	AllOther	
HBHC			2,880,544				2,415,033	0	**5,295,577**
HKID			236,196				342,000		**578,196**
HLAB			3,021,265				960,000	0	**3,981,265**
HMBL								0	**0**
HMIN								0	**0**
HTXD							11,575,620		**11,575,620**
HTXS			4,113,205	200,000			3,333,022	0	**7,646,227**
HVCT			2,127,731				1,645,000	0	**3,772,731**
HVMS	55,000		5,288,751			414,000	2,756,232	0	**8,513,983**
HVOP			653,786				4,320,106	0	**4,973,892**
HVSI			3,513,951	40,000	0		1,700,034	0	**5,253,985**
HVTB			1,457,912				1,243,000	0	**2,700,912**

IDUP			1,996,702			636,000	7,421,741		**10,054,443**
MTCT			1,081,472				80,000	0	**1,161,472**
OHSS		10,000	1,057,800	0			1,635,022	0	**2,702,822**
PDCS			441,020				115,000		**556,020**
PDTX			696,023				370,000		**1,066,023**
	55,000	**10,000**	**28,566,358**	**240,000**	**0**	**1,050,000**	**39,911,810**	**0**	**69,833,168**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Access to high-quality, low-cost medications						
Policy: Access to Medicines						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2011	2011	2011 onward	2012 onward	2013-2014	unknown
Narrative	Policies exist that affect procurement and imports, e.g. customs, registration, policy limiting import of pharmaceuticals government-owned pharmaceutical companies	GVN policy of decentralized procurement affects access to non-ARV drugs; prices differ by province. Narrow definition of waste causes tight buffer stocks and danger of stock-outs. Cost inefficiencies in commodity management	USG and implementing partners working closely with MOH to streamline procurement for ARVs and other AIDS commodities, supported by single database; revise policies to enable steady stock of pharmaceuticals at consistent prices; build capacity in commodity management; develop pharmacovi	PEPFAR working with GVN to explore local production of HIV/AIDS commodities. All regulatory policies are approved through the relevant ministries.	Joint procurement strategy established and acted upon by all stakeholders including USG, GF and National Plan.	Documentation of policy published.

			gilance system			
Completion Date						
Narrative						

Policy Area: Counseling and Testing						
Policy: Uptake of Counseling and Testing						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2011	2011	2012	unknown	unknown	unknown
Narrative	Lack of rapid confirmatory testing policy, tests only in healthcare settings	Reluctance to accept rapid confirmatory testing by GVN, despite strong, ongoing advocacy by both PEPFAR and WHO	Rapid confirmatory testing algorithms were established by National Institute of Hygiene and Epidemiology (NIHE) pending MOH approval in 2012.	All policies are approved through the relevant ministries.	National QA/QI system for counseling and testing; guidelines for counseling and testing in non-traditional settings	Documentation of policy published.
Completion Date						
Narrative						

Policy Area: Gender						
Policy: Gender Equality						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion	2011	2011	2012 and	unknown	2013-2014	2014 and

Date			onward			onward
Narrative	Law on H/A does not state PLHIV must be treated regardless of gender	Gender equity but no application of policies to areas like SRH, female PLHIV	National law on HIV reviewed through gender lens; reivsed to include specific guarantees of non-discrimination based on gender; ensuring access to gender relevant services	All policies are approved through the relevant ministries.	National laws on gender equity to be enforced through establishment of policies giving equal access to HIV services for both men and women. PEPFAR actively implementing programs with increased focus on women, MSM and LGBT.	Documentation of policy published.
Completion Date						
Narrative						

Policy Area: Human Resources for Health (HRH)						
Policy: HRH Development						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2011	2011	2012	2012-2014	2012-2014	ongoing
Narrative	Supply of	Uneven	Strengthen	All policies	HRH	Documentat

	qualified staff below demand. Weak regulatory measures, poor incentives, master plan focuses on training not workforce systemic issues	distribution and shortage of health staff, staff migration to private sector, urban areas.	law on Examination and Treatment, increase interministerial collaboration, strengthen HCW beyond medical doctors and nurses, to include community care, and strengthen capacity of psychosocial professionals	are approved through the relevant ministries. PEPFAR support for on-line Continuing Medical Education for HIV/AIDS contributing to acceptance and value of HRH develpment within Law on Examination and Treatment.	changes will be viewed in context of 2006 Master Plan for Health System Development related to health workforce; Decree 1816, which is intended to relocate doctors to more rural/remote areas	ion of policy published.
Completion Date						
Narrative						

Policy Area: Orphans and Other Vulnerable Children						
Policy: National Plan of Action for Children Affected by HIV/AIDS						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2011	2011	2012	unknown	unknown	ongoing
Narrative	Insufficient inter-sectoral	Implementation of law varies;	Existing policies include	All policies are approved	Broad dissemination of laws	OVC guidance in place,

	collaboration to enforce regulations on children's rights	insufficient sanction for violations; untapped potential for civil society	National Plan of Action for Children Affected by HIV/AIDS until 2010 with vision to 2020; National Master Plan for Care, Protection and Promotion of Adolescent and Youth Health 2006-2010, includes situational analysis and targeted interventions relevant to SRH, HIV, substance abuse	through the relevant ministries.	protecting children affected by HIV; sanctions implemented for violating children's rights	improved M&E for policy implementation
Completion Date						
Narrative						

Policy Area: Other Policy
Policy: Harm Reduction

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	2011	2011	2012-13	2013-14	2013-15	unknown
Narrative	Law on HIV/AIDs and Drug Control are not harmonized; Socio-cultural perception of drug use as a "social evil"	HIV law supports harm reduction; Drug Control law maintains mandatory detoxification in closed setting, 06 centers	Possession and use of drugs decriminalized. GVN action on residence in 06 centers shifting towards judicial not administrative ruling. Law on Handling of Administrative Violations revised to ensure SW no longer committed to 05 detention centers.	Significant policy change underway. GVN allows for review of legal documents by stakeholders; some public comments have been made by GVN leadership regarding 'no more 06 centers' and community-based treatment for drug addiction. Revision of Constitution underway with possibilty to remove language on compulsory	Community-based treatment for opiate substance abusers well defintied, valued, and implemented.	Documentation of policy published.

				"treatment."		
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Stigma and Discrimination against PLHIV and MARPs						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2011	2011	2011 onward	2012-2013	unknown	unknown
Narrative	Some GVN legal/policy documents reinforce stigma against MARPs, e.g. ordinance on prostitution	Stigma and discrimination addressed specifically in national HIV strategy; challenge to implement and enforce non-discriminatory policies without fundamental changes in negative perceptions	Support for PLHIV groups contributes to lowering stigma	Sensitization training for policy makers. First national stigma index findings disseminated by and for PLHIV. Recommendations under consideration by development partners and policy makers. Aim for all policies approved through the relevant	Anti-stigma and discrimination language in PLHIV policies revised to ensure linkage with education/community mobilization campaigns	Documentation of policy published.

				ministries.		
Completion Date						
Narrative						

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	5,295,577	0
HKID	578,196	0
HVTB	2,700,912	0
PDCS	556,020	0
Total Technical Area Planned Funding:	**9,130,705**	**0**

Summary:

PROGRAMMATIC STRATEGY

Vietnam's HIV service delivery systems have been established at provincial, district and commune levels, providing a continuum of prevention to care (COPC) services for civilian and military health systems. To support the health system, capacity building and mentoring for medical and non-medical staff, as well as for family members, is a focus of PEPFAR Vietnam (PEPFAR VN) care activities.

PEPFAR also supports strengthening linkages and referrals from HIV prevention, care and treatment (C&T) services, including hospital and community–based services. To increase access to services, improve treatment adherence and to reduce loss to follow-up (LTFU), PEPFAR uses a patient and family centered approach. This model, which PEPFAR helped develop, has been adopted by the government of Vietnam (GVN) and expanded nationwide with Global Fund (GF) support. Other PEPFAR care and support team accomplishments include financial and technical support to develop national guidelines, SOPs, toolkits, and training packages. These include the National Home- and Community-based Care Guidelines and SOPs, OI diagnosis and treatment as part of the National HIV Treatment Guidelines, Palliative Care Guidelines, Narcotics Prescriptions for Pain Management, and the OVC National Action Plan.

PEPFAR VN supports 47,000 adults and 3,000 children living with HIV and more than 10,000 OVC, with basic HIV care and support. The primary beneficiary groups are populations most-at-risk for HIV and HIV-affected communities and families.

COP 12 objectives for the PEPFAR care and support team include increasing patient uptake for care services; mitigating LTFU for clients testing HIV-positive; reducing mortality; improving quality of life for HIV patients; and increasing sustainability of care services through the transition of PEPFAR VN toward a greater focus on technical assistance (TA).

Central to reaching these objectives in the next 2 years will be strengthening the health system and transitioning PEPFAR-implemented activities to GVN. PEPFAR VN will work with local governments to simplify their district service-delivery sites so that low caseload sites can be integrated, if appropriate, into other clinical services, such as the primary healthcare system, and so districts can prioritize maintaining high-volume comprehensive HIV sites in each province/city. Transition plans will use a site-specific model of HIV C&T developed by local GVN units

responsible for each outpatient clinic (OPC), in collaboration with PEPFAR.

HIV prevalence is high among IDUs, many of whom have co-curring mental health disorders associated with drug use, including anxiety and depression. PEPFAR VN will work with national mental health institutes, World Bank (WB) and GF to develop mental health guidelines and training programs, as well as to pilot integration of mental health and HIV services to enhance detection and promote early access to HIV C&T services. With PEPFAR support, many pharmacies and private clinics refer HIV- or TB-suspected cases to HIV testing and medical facilities for diagnosis and treatment.

The program will focus on developing linkages and referrals between VCT and outpatient clinical care services, and between the National AIDS Program and other national health programs, including TB and MCH. Where possible, PEPFAR VN will promote integration of facility-based services like ART, methadone maintenance treatment (MMT) and VCT, with community-based services. This could mean either integration downstream to the community level or upstream to the facility level. Streamlining HIV services within the existing primary healthcare system will maximize cost savings and improve overall health system coordination.

Collaboration with Donors. PEPFAR VN will continue collaborating with stakeholders to provide TA to central government agencies, provincial government bodies, public health institutes, national public hospitals and civil society organizations (CSOs) to improve their management and technical capacities. We will support policy development regarding healthcare financing for major public health programs including HIV, the revision and finalization of national technical guidelines and training packages for care and support functions, and capacity strengthening for institutions through mentoring and training.

We also will support country ownership by building capacity at the provincial level for administrative, management, technical and financial oversight of the HIV response. This includes integrating provincial HIV programs into other national targeted programs and maintaining quality HIV services. PEPFAR will work with provincial government departments including: Departments of Health, Finance, Planning and Investment, Labor and Social Affairs (DOLISA), hospitals, district health centers and CBOs of affected populations and MARPs. To improve service quality, PEPFAR TA will target supervision at the provincial level, developing technical capacity in QA and QI. In the next 5 years, this TA will be transferred to relevant institutions such as the Therapeutic and Pharmaceutical Technical Sections of the Provincial Departments of Health, and to hospitals.

In 2012, PEPFAR with WHO and MOH, will pilot Treatment 2.0 at commune health stations in 2 provinces. PEPFAR also will support a pilot program to transfer management of stable patients in 4 Ho Chi Minh City (HCMC) districts to the commune level to reduce district level workload. In the context of these pilots, the SI, care and support teams will implement a Data QI program. PEPFAR VN also will work with MOH to unify and simplify QI tools and process. The program will provide capacity-building support to MOH, Ministry of Labor, Invalids and Social Affairs (MOLISA), Provincial AIDS Committees (PACs) and CSOs to implement the Data Quality Audit protocol.

To bolster the health system, PEPFAR VN promotes inter-sectoral coordination, mobilizes engagement with the national health insurance system, encourages participation of the private health sector and strengthens civil society engagement, especially through the network of PLHIV support groups and other CSOs. PEPFAR VN will coordinate with GF to support community/home-based care (CHBC) activities of CSOs, fostering economic self-reliance in the target communities. In line with the national strategy, PEPFAR with GF will promote the integration of care and support programs within GVN healthcare and social welfare systems, transitioning the status of PEPFAR project staff to GVN fulltime employees. Additional care activities such as adherence counseling, spiritual and psychosocial support will be transferred to community-based implementers, including PLHIV networks.

Such initiatives support PEPFAR VN's priority to strengthen country ownership, as we transition PEPFAR-implemented services to government and local partners. PEPFAR's program transition plan will pursue a phased approach to garner consensus of line ministries, provincial Peoples' Committees, and community groups,

including CSOs and CBOs. PEPFAR VN is working with GVN to cluster and integrate existing HIV-related services and to decentralize service delivery to the commune level, where appropriate. We will provide TA to support GVN to monitor and evaluate efficiencies and cost-effectiveness in this process. The PEPFAR team is in dialogue with GVN to transition its fiscal support for HRH. PEPFAR VN also will support research on the cost of service-providers to improve efficiency. Additionally, we will support shifts in financing for the national HIV program, promoting mobilization of increasing resources from private and public sectors.

MARPS
Vietnam has a concentrated epidemic. The national HIV prevalence rate is 0.43% for ages 15-49. Data estimates that as many as 40% of IDUs are living with HIV. The epidemic is acute and worsening in select provinces. HIV prevalence is also high among FSWs, including both street- and venue-based, averaging 16% in hot-spot cities with larger populations, such as HCMC, Hanoi, Hai Phong and Can Tho. There are an estimated 65,000 (range: 29,000-101,000) FSWs in Vietnam. An emerging risk group is MSM. Data indicate a growing HIV epidemic among MSM in Hanoi and HCMC, with HIV prevalence there estimated to be up to 16%. The estimated MSM population ranges from 160,000 to 482,000. Overlapping risk behaviors amplify HIV transmission risks for FSWs and MSM who also inject drugs. 2009 IBBS data indicate the odds of an FSW or MSM being infected with HIV are significantly higher among those that also report IDU behavior than those not IDU. The sizes and distribution of these MARPs vary across the country. Sexual partners of these groups are an additional at-risk population that requires attention and targeted program interventions.

MARPs-targeted services are inherent to the COPC. Many MARPs are initially engaged by peer educators in community settings, or "hotspots," where risk groups are known to congregate. As rapport is established, prevention materials are made available in conjunction with behavior change communication (BCC), and the availability of other intervention services are made known. HIV counseling and testing (HTC) is crucial to early detection of infection and referral to clinical services. Thus, individuals who test positive are referred to clinical care including ART, which is increasingly co-located with HTC services. They also are offered support services including risk reduction counseling, nutrition, social support groups, Prevention with Positives (PwP), case management and, as appropriate, treatment for mental health and substance use disorders.

There has been recent discussion with the GVN regarding referral to MMT, in addition to ART, for IDUs diagnosed positive at an HTC, to receive harm-reduction counseling and other addiction counseling, however there is no guidance or tracking system established for such referrals yet. For HIV-positive MSM, referral to MSM-friendly clinics (depending on the province) will be made to ensure quality care specific to the needs of male health. A male clinic will be piloted in HCMC in COP 12 to establish efficient and effective models of care tailored to MSM.

PEPFAR is supplementing the minimum package of services available for IDUs by expanding MMT capacity, focusing on communities with greatest demand. Opportunities to increase efficiencies are being explored through plans to pilot satellite dispensing stations linked to central clinics that promise to reach greater numbers of patients than individual clinics.

Through training to address stigma and discrimination issues, we expect all care services to welcome and effectively serve MSM populations over time. Both street- and venue-based sex workers, MSM and IDUs also will be referred to a complete package of care services including condom promotion, STI diagnosis/treatment, and VCT to clinical care and support services for those who are HIV-infected.

Successful programming that ensures MARPs access a range of care services depends on our engaging and developing collaborative partnerships with MARPs. At the community level, peer educators are pivotal in making clients aware of available services and facilitating access. When clients receive any service and are assigned a case manager, other appropriate service linkages are made. Social support groups are available for increased awareness and use services by MARPs. These include groups for PLHIV, MSM, FSWs, individuals with substance use disorders (SUDs) and family members of individuals with SUDs. These support groups help individuals and empower MARPs to advocate for their rights and access to services. Support groups are expected to play a greater

role in disseminating Positive Prevention services in COP 12.

ADULT CARE AND SUPPORT
As of Dec. 2011, PEPFAR provided 72,881 HIV-infected and 40,391 affected people with at least 1 care service. Nearly 60,000 PLHIV received at least 1 clinical service, 40% of whom received cotrimoxazole prophylaxis. PEPFAR HIV care and support programs promote a core service package that includes routine clinical care services and a minimum package of care and support. The minimum package of care and support includes cotrimoxazole, TB screening and INH prophylaxis when appropriate; nutrition screening, assessment and support; and counseling on hygiene and food safety. Routine clinical care services include treatment for fungal and bacterial OIs and related laboratory monitoring services; hepatitis screening and counseling; and pain and symptom management. As Hepatitis B prevalence is high both in the general population (15-20%) and among PLHIV who are IDUs, PEPFAR is advocating for MOH to integrate WHO guidelines into the routine clinical care package. PwP services include STI symptom screening, evaluation and treatment for PLHIV and their partners; HIV counseling and testing for PLHIV partners; counseling on risk-reduction, correct and consistent condom use, and ongoing treatment adherence counseling and referral to other HIV psycho-social support services.

In the past 12 months, approximately 30% of HIV-infected adults in care accessed CHBC services (APR 2011). In many PEPFAR-supported provinces, linkages between facility- and community-based programs and between the district and provincial levels of the healthcare system have been strengthened to ensure smoother communication and referrals between service-providers. However, referral processes and success differs by site and province. Monthly partner data on pre-ART retention in care from OPCs is limited on pre-ART LTFU, but preliminary analysis indicates that this may range from 5-50% in certain locations. This highlights the need for improved patient tracking from HIV diagnosis to care services, as well as monitoring and evaluation of pre-ART retention.

Late presentation to ART among PLHIV is an issue with CD4 counts, averaging 72 nationally according to the 2010 national ART evaluation. To address this, MOH, in collaboration with PEPFAR and other stakeholders, developed strategies to raise awareness among community and healthcare workers of the benefits of knowing one's HIV status, and to promote early access to and retention in C&T services. Other activities include follow-up with patients who miss their clinic appointments, supporting PLHIV to reduce barriers to accessing care, and a new point-of-care services approach, which will be piloted through Treatment 2.0 in 2 provinces.

In COP 12, PEPFAR will support a core service package for adult care, applying a family centered approach to improve linkages between C&T services, prevention programs, especially HCT services, and improved referral tracking. PEPFAR will review activities related to HIV and hepatitis B co-infection, and advocate for implementation of the WHO 2010 treatment guidelines, including early initiation of ART containing Tenofovir for HIV-HBV infected patients. An ongoing observational cohort study of HIV and HIV/hepatitis co-infections in 2 provinces will evaluate clinical outcomes and inform program planning. Hepatitis awareness and education activities will be integrated with hepatitis information in training and IEC materials.

To ensure a sustainable HIV care and support program, PEPFAR will continue collaborating with GVN and CSOs to streamline the core HIV care and support services package, and to promote cost-effectiveness and efficiency while transitioning to greater host country management of service-delivery. This will include PEPFAR support to GVN on health insurance coverage for OI medications and lab monitoring costs, and support to CSOs to engage PLHIV in community-based services that link them with COPC.

PEDIATRIC CARE AND SUPPORT
As of Oct. 2011, 4,703 children (3,183 infected children and 1,520 exposed infants) received care and support services at PEPFAR sites. Services provided in PEPFAR-supported OPCs offer HIV exposed and infected children and their families access to HIV PCR testing, Early Infant Diagnosis (EID), counseling on prevention and treatment, cotrimoxazole prophylaxis, TB screening and referrals for diagnosis and treatment, treatment of OIs, palliative care, formula for exposed infants, nutritional assessments and counseling, and immunizations.

In COP 12, PEPFAR VN priority activities for pediatric care and support include: revise the PEPFAR package of care for exposed infants to include formula and feeding support, and advice for mothers; support MOH to expand disclosure activity to sites that have eligible children; support rollout of national training curricula in pediatric palliative care and HIV nursing care; facilitate coordination between pediatric and TB/HIV programs to improve referrals for TB diagnosis and treatment of HIV-infected children, INH prophylaxis and promote PITC for children at TB facilities; support MOH to implement national nutrition guidelines for PLHIV including children; and support MOH in studying opportunistic infections to better understand morbidity structure among HIV-infected children. Findings will help MOH and its partners tailor interventions. Finally, PEPFAR, with the Clinton Health Access Initiative (CHAI) and GF, will support MOH to implement national EID guidelines and will expand EID services to provinces where pediatric services and PMTCT programs exist.

TB/HIV. WHO designates Vietnam as a country with a high-TB burden, high MDR-TB burden and high-HIV burden. Ranking 12th among the world's 22 high-TB burden countries, in 2009, Vietnam had an estimated TB incidence of 200 per 100,000 population, MDR-TB prevalence of 2.7% and 19% among new TB and retreatment TB cases, respectively, and HIV prevalence of 4% among TB patients.

In alignment with national TB and HIV strategies, PEPFAR VN will support WHO-recommended activities to reduce the burden of HIV among TB patients and of TB among PLHIV. Referrals and linkages among programs will be strengthened to ensure a continuum of care for those in need. PEPFAR plans to support a gradual shift in provider-initiated HIV testing and counseling (PITC) for TB patients from a project framework to the national program, as part of the routine standard of care. A revision of national ART guidelines is in progress with technical support from PEPFAR VN. Early ART for all HIV-infected TB persons irrespective of CD4 cell count has been included in the new MOH guidelines on HIV diagnosis and treatment. PEPFAR will assist in the implementation by strengthening referral linkages and tracking results. Given the high morbidity and mortality associated with undiagnosed TB among PLHIV, PEPFAR VN supports efforts to implement and scale-up intensified TB case findings (ICF) and ensure people with TB are treated quickly and properly. Isoniazid preventive therapy (IPT) provided by PEPFAR will be integrated as part of ICF using an evidence-based screening algorithm to identify persons with suspected TB for further TB diagnostic investigations, or persons eligible for IPT.

PEPFAR is assisting with the revision of national IPT guidelines and will support their implementation. We support TB-infection control in HIV and TB care facilities with a focus on administrative control measures through training, development of model facility operational TB IC plans, and evaluation of ICF implementation. Another priority is to improve data quality from TB/HIV activities based on a streamlined national TB/HIV M&E system. To increase TB case detection in populations at risk including PLHIV, we support public-private mix (PPM) models and PPM DOTS.

As part of the National Laboratory Strategic Plan, PEPFAR supports strengthening the TB laboratory network to improve laboratory service quality to international standards and increase access to quality-assured laboratory services. These efforts involve improving referral systems and QA programs for TB diagnostics, as well as supporting increased TA from the Supranational Reference Laboratory. We will support a small-scale implementation and cost-effectiveness evaluation of Xpert MTB/RIF as an alternative diagnostic test for high-risk people, including PLHIV suspected of TB.

FOOD AND NUTRITION
In 2011, GVN, with PEPFAR support, established the Nutrition and HIV Sub-committee of the HIV TWG, which leads the integration of nutrition assessment, counseling and support (NACS) within HIV C&T programs. To strengthen GVN coordination and guidance of NACS, PEPFAR also supported the establishment of a Nutrition and HIV Partnership Group led by GVN. In the next 2 years, the food and nutrition program will be integrated into other nutrition and human protection programs to ensure sustainability. PEPFAR further supports coordination across these bodies to integrate NACS into HIV services for adults and children according to the 5-year National HIV Strategy and to design and implement a national nutrition and HIV training plan and curriculum. TA will be provided to build the capacity of national and provincial trainers to conduct NACS training for HIV

service-providers and to develop NACS counseling materials. In coordination with other partners, PEPFAR will support GVN to improve linkages and referrals between clinical and community-based services and to identify appropriate therapeutic foods for malnourished adults and children. We will provide TA to local food processing agencies to boost quality and safety standards. TA also will be provided to GVN to estimate the needed quantities of specialized food products to be produced or procured in treating malnourished PLHIV and OVC.

OVC
According to MOLISA, by 2009 there were 143,000 children orphaned by AIDS, and 4,720 living with HIV. As PEPFAR VN phases out direct support to the OVC program, in COP 12 we will prioritize strengthening coordination with other partners to support GVN in implementing the National Plan of Action for children affected by HIV/AIDS (NPA). PEPFAR will support building capacity for MOLISA, MOH and civil society to gradually transfer OVC programs to GVN authorities and the community, with a focus on the provincial level. PEPFAR will evaluate and adjust current models, as well as integrate OVC services into existing services to maximize available resources. Strategies include: 1) implement case management and referral systems to ensure the provision of comprehensive services from prevention to care; 2) strengthen the social welfare service system and build capacity for social workers to create an environment for providing care and support to OVC in communities; 3) support GVN to develop 1 monitoring, evaluation and quality management system; 4) develop technical guidelines, standardize training curricula, and integrate OVC training into training systems of MOLISA and MOH; and 5) pilot interventions for adolescents and children in high-risk groups.

PPP
Through PPP, corporations have begun offering workplace-based services for people affected by HIV, including provision of microfinance services, to 200 HIV-infected and affected women and recovering drug users, and financial support to foster employment creation for nearly 400 PLHIV and/or MARPs. More than 150 enterprises have contributed funds to implement workplace-based HIV programs. In COP 12, PEPFAR VN will also leverage resources through a public-private-mix, including TB-HIV detection and microfinance for PLHIV. We will support linking private-sector providers, who are often the first point of contact for clients, to public health facilities providing TB/HIV services. The project aims to increase TB and HIV case detection by enhancing referrals from the private sector to public-sector prevention and treatment services. Through capacity-building of private pharmacies and clinics, and supporting this partnership, we have seen improvements in case detection and treatment. In late 2011, OGAC approved PEPFAR VN's proposal to expand access to microfinance for PLHIV. This PPP will engage Vietnamese microfinance organizations to facilitate the delivery of comprehensive microfinance, social and health support for HIV-infected and affected families.

GENDER
PEPFAR VN mainstreams gender throughout its care portfolio by promoting equitable access for male and female PLHIV and MARPs to HIV services at community and facility levels. Services are delivered within COPC, ensuring that prevention messages and services are integrated throughout C&T services; and that linkages and referrals between prevention and care, as well as between the community and the facility, are strengthened. PEPFAR also supports linkages to comprehensive sexual and reproductive health services.

PEPFAR VN provides pre- and in-service gender sensitization and stigma reduction training for service-providers. This allows for targeted care and treatment services to the most stigmatized and vulnerable populations, including male and female IDUs, SWs, and MSM. Activities also are focused on training on MSM-specific clinical needs, such as diagnosis and treatment of anal STIs.

HRH
This year's COP will focus on maintaining the successes of current pre-service and in-service training and mentoring initiatives, and on strengthening collaborative support to health professionals, while undertaking specific HRH transition plans from PEPFAR to the provincial government in supported provinces as part of its pivot toward sustainability and a TA model,. This transition, consistent with the principles of country ownership described in Vietnam's Partnership Framework, will be a significant step toward long-term sustainability of HIV treatment

programs in Vietnam. HRH transition will be carefully planned to avoid abrupt changes in resources and staffing, so that quality ART services for new and existing patients can be maintained.

PEPFAR VN recognizes the need to work with health professionals within and beyond the public health sector at the provincial level to ensure access to comprehensive services. Leveraging national policies to strengthen professional development through training and revising pre-service curricula, social workers will be trained in case management and their skills will be upgraded. Supporting the evolution of nurses and community HCWs as a profession and in task-shifting is an important objective for Vietnam. COP 12 activities through DOD will promote the leadership of the Vietnam Nursing Association for nurses to take a more significant role in HIV service-delivery and greater responsibility for patient care, such as in prescribing and monitoring ART.

Pharmacists and home-based caregivers will be supported by PEPFAR partners SCMS, SMART TA and Pathways for Participation with targeted training and mentoring. MOH also is leading a collaborative process with the HRSA and CDC to roll-out HIVQUAL training with supervision and mentoring support for clinicians at facilities. The program's vision is to develop a sustainable training system, provide ongoing support in continuous QA, and support new or transitioning staff.

LABORATORY
There are adequate laboratory resources within Vietnam to diagnose TB and other HIV-related infections (OI and STI). However, links between the lab tiers and across different disease or administrative silos are weak or nonexistent. Most laboratory infrastructure is found within the large population centers Hanoi or HCMC. The National Hospital of Dermatology and Venereal Diseases (NHDV) serves as the national reference laboratory for STIs and supports 2 regional reference laboratories. Along with diagnostics, these facilities provide training to provincial and district levels. However, their diagnostic capacity remains limited.

The National Lung Hospital is home to the reference laboratory for TB that supports a tiered laboratory network from the central to district level that is quality controlled by the Vietnam National TB Program (NTP). TB laboratories/units at all levels participate in national/international EQA programs for TB smear microscopy per VNTP/WHO guidance. Additionally, major provincial hospitals are reference facilities for microbiology; and NHTD HCMC, NHTD Hanoi, and to a lesser degree provincial hospitals nationwide have capacity for diagnosis of OI (including TB and other lung infections) along with STIs. At the district laboratory level, there is limited diagnostic capability for STIs and OIs.

National QA systems are not established for microbiology (including OI and STI) diagnosis, testing procedures are not standardized, and specimen referral systems are not implemented systematically. With support from PEPFAR, the Vietnam Administration for Medical Services (VAMS) created the Quality Management Bureau, and established 3 Laboratory Quality Control Centers to support quality management systems including EQA programs and referral laboratories. PEPFAR VN provides TA to 4 national hospitals to enhance their ability to diagnose and treat OI (including lung, non-TB bacterial infections), TB and STIs. A handful of national labs have been targeted for ISO accreditation. In 2012, Strengthening Laboratory Management Towards Accreditation (SLMTA) will be implemented along with a national lab assessment program using the WHO Assessor Tool and a database for data management. Support for laboratory quality improvements is provided by a mix of GVN institutions and Laboratory Coalition partners. Significant work remains to standardize and harmonize the national laboratory system and improve the capacity to detect OIs, TB and STIs. A lack of efficient specimen referral systems results in many undiagnosed cases. PEPFAR continues to advocate for cost efficiencies by promoting the establishment of specimen transport networks to support diagnosis of multiple diseases.

SI
SI activities in support of the care portfolio have focused on creating a culture of data use to strengthen national health information systems (HIS), to improve evidence-based decision-making, to inform health policy and planning, and to better address the continuity of care. This becomes increasingly important as programs in the COPC become more cost-effective and efficient, while facing pressure for sustainability and coordination across donors,

implementers and technical areas. The SI team has been working with implementing partners and GVN to improve data quality and to standardize routine monitoring systems for care services. SI has conducted routine Data Quality Assessments (DQA) in the field; worked with MOH to standardize DQA processes and tools, and supported VAAC with the development of National DQA Guidelines for HIV programs. Additionally, PEPFAR partners, with MOLISA, recently conducted an assessment of OVC indicators; revised the OVC M&E system based on the results; and is piloting the new M&E system as part of the National OVC program.

PEPFAR SI supports operational research to provide program insights to improve uptake and access to HIV services. SI will provide technical support to care programs, with the aim of strengthening service quality and to determine best practices for all care programs in Vietnam. The SI team will increase its direct technical support of HIS that strengthens the COPC, including the use of health solutions to improve delivery of healthcare services. Specifically, the SI team will lead assessments to better understand the extent and patterns for pre-ART LTFU.

CAPACITY BUILDING
PEPFAR supports a range of capacity building for service-providers and program managers. These activities include support to MOH to develop and implement a National HIV/AIDS Strategy and National HIV/AIDS Care and Treatment Guidelines. PEPFAR also supports MOH, medical colleges, and NGOs to develop training materials and provide national and regional experience sharing workshops, case conferences, clinical network meetings, and trainings for clinicians, nurses, pharmacists, dispensers, home-based care teams, and community-based treatment supporters.

In COP 12 and COP 13, PEPFAR will review its training and TA activities, and work with GF, and MOH to identify priorities of capacity building for government, private sector and civil society; coordinate and standardize training packages, particularly across COPC for MARPs; and design capacity-building programs that are measurable and relevant in the Vietnamese context. Efforts include program M&E, QA and improvement, use of programmatic data at all levels, and supporting national and regional experts to provide technical support. As GVN supports decentralization of service delivery to commune and district levels, PEPFAR will continue its capacity-building support by providing TA and piloting feasible, cost-effective models that are integrated into existing systems. This will help build capacity for service-providers and program managers while we continue to work with stakeholders to address the growing gap in financial resources.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	3,981,265	0
HVSI	5,253,985	0
OHSS	2,702,822	0
Total Technical Area Planned Funding:	**11,938,072**	**0**

Summary:
OVERVIEW
As the PEPFAR Vietnam (PEPFAR VN) program transitions from emergency response to a sustainable country-led response, efforts to integrate HIV/AIDS programming into the existing health system will be critical. Vietnam's public health system is vertical, decentralized and fragmented. The national HIV/AIDS program is under the National Committee for AIDS, Drugs and Prostitution Prevention and Control, and led by a Deputy Prime Minister. This inter-ministerial group is required to coordinate the national HIV response. The HIV response is only one of

the committee's responsibilities, and the operational and implementation functions of the national response have been authorized to the Vietnam Administration for HIV/AIDS Control (VAAC), a department within the Ministry of Health (MOH). Forging a coherent HIV response is challenging because each of the ministries involved (Health; Public Security; Labor, Invalids and Social Affairs) has its own projects, funding, reporting requirements and relationships with donors.

The VAAC lacks a convening mandate to bring the different groups together, and instead it defers decisions to the various MOH departments. While policy is made at the national level, implementation is left to each of the 64 provinces with varying results that makes coordinating a comprehensive HIV response complex and results in fragmented decision-making.

In Vietnam, each of the 63 provinces and 659 districts has 1 hospital and a network of curative and preventative health centers. HIV services are highly vertical, and there is no systematic integration or linkages between curative and preventive systems. That makes effective service delivery within a continuum of response difficult and effective referrals challenging. Despite broad basic coverage in the health system, the quality of personnel and health facilities often is weak. The geographic distribution of doctors and health workers increasingly has become skewed toward urban and affluent areas. Each department within MOH is responsible for its own human resources planning, which leads to separate HR streams within the HIV system.

GLOBAL HEALTH INITIATIVE (GHI)
In the absence of other significant USG health funding streams (i.e. PMI, MCH, etc.) in Vietnam, USG will prioritize implementing GHI principles through PEPFAR activities. PEPFAR will continue to support strengthening capacity in developing and enforcing implementation of laws and sub-laws for the country to address issues of the health workforce and health financing — including health insurance, health information systems and health service delivery.

GOVERNANCE, LEADERSHIP AND CAPACITY BUILDING
The Government of Vietnam (GVN) retains high levels of decision-making authority for the national HIV response at the central and provincial levels. Currently, the primary source of funding (CDC Life Gap, World Bank (WB) and Global Fund (GF) projects) is administered through VAAC via Provincial AIDS Committees (PACs). As donor funding declines, VAAC's and PACs' roles as funding agencies will transition to coordination and technical assistance (TA).

GOVERNANCE AND COUNTRY OWNERSHIP: A MULTI-SECTORAL RESPONSE.
At the national level, PEPFAR provides financial and TA to MOH, Ministry of Labor, Invalids and Social Affairs (MOLISA), and the Ministry of Defense (MOD) to strengthen GVN capacity to define policy and implement effective HIV services, although the relative investment in MOLISA has been low in the past.

Additionally, PEPFAR strengthens the capacity of universities and research institutes to provide quality training on HIV service-delivery, quality improvement and management.

At the provincial level, PEPFAR works directly with select PACs to design, manage and monitor HIV provincial programs. A key piece is to strengthen the capacity of these PACs to: 1) develop provincial HIV strategies and use the data collected to inform policy decisions; 2) integrate the vertical program into the healthcare system to sustain the response; and 3) forge relationships with the Department of Labor, Invalids and Social Affairs (DOLISA) and Public Security to coordinate programming. PEPFAR, in collaboration with GVN, will use innovative strategies such as performance-based incentives and balance score card approaches to build country ownership of the national response by revitalizing the HIV/AIDS committees within Provincial People's Committees, the key decision making body at the provincial level.

POLICY AND LEGAL FRAMEWORK
Vietnam's national Law on HIV/AIDS Prevention and Control and Decree 108 provides a strong basis for

evidence-based responses to the epidemic. However, inconsistencies between the HIV/AIDS law and other legal documents, as well as gaps in the specification of implementation details, continue to pose problems for the responses to HIV and substance use in Vietnam. PEPFAR has made significant headway in promoting greater consistency in the HIV legal and policy framework in Vietnam, and has witnessed promising changes in the legal and policy environments. For example, PEPFAR has worked with GVN to develop policies on community detoxification, develop new legal frameworks surrounding sex work and harmonize the inconsistencies between drug and HIV/AIDS laws.

Another PEPFAR focus is to provide evidence to GVN that its system on compulsory detention in 06 Centers does not effectively support recovery from opiate addiction; we will continue to build this evidence by promoting widespread access to voluntary, community- and evidence-based addiction treatment.

THE ROLE OF CSOs
The role of CSOs in Vietnam's HIV response is in transition. CSOs have demonstrated an increasing capacity to participate in national and local HIV conversations. Yet several critical barriers must be overcome to enable a central role for CSOs in the HIV response. Among the obstacles are legal barriers, a lack of a consistent legal framework governing CSOs and continuing resistance from the government. Overcoming these barriers and equipping CSOs to play a vital role in a balanced response represent key challenges and opportunities for Vietnam — not only in HIV but also in other development realms.

PEPFAR has several programs to improve the sustainability of CSOs, legitimize their voice, and establish systems and platforms. To promote sustainability and effective representation and participation, PEPFAR will support CSOs to develop organizational and technical capacity, showcasing promising models and results that demonstrate their merit.

PRIVATE SECTOR
The private sector, in partnership with the public health sector, can expand service coverage and address gaps in an efficient, accountable and responsive manner. This can contribute significantly to the national fight against HIV/AIDS as a service-delivery mechanism, as well as a source of financing. However, private clinics in Vietnam are unregulated, and unclear policies prevent them from providing HIV services. PEPFAR-implementing partners have noted that private-sector clinics are preferred by MSM, IDUs, FSWs and their partners for STI services because they offer anonymity and are considered more client-friendly compared to government healthcare settings. The PEPFAR team is working with GVN to develop a stewardship plan for MOH to allow the private sector to provide a broader range of HIV services.

COST-EFFICIENCY AND FINANCING
Careful planning and continual advocacy to increase national financial ownership will be a critical element to a smooth transition and a sustainable national HIV program in the coming years. USG is Vietnam's largest donor, funding more than 70% of the national HIV program. The GF, DFID and WB also are key donors supporting Vietnam's HIV response. However, in the past year, many donors have begun shifting their priorities away from HIV in Vietnam. The national budget accounts for less than 10% of the HIV response. With the significant decrease in PEPFAR funding for COP 11 and COP 12, efficient use of PEPFAR funds remains a priority.

The PEPFAR team has conducted internal reviews to understand the costs of PEPFAR services. We also have held discussions with OGAC to conduct a cost-efficiency study for internal programs. PEPFAR collaborates with GF and MOH to ensure harmonization around commodities and move toward joint planning. The PEPFAR team has worked closely with MOH and GF to transition 2 PEPFAR-supported clinics to GVN ownership. This pilot will serve as a transition model for other clinics and services to GVN management.

PEPFAR supported the National Health Accounts (NHA) HIV subaccount, NASA, HAPSAT, and an ARV costing study. The results from the NHA, HAPSAT , NASA and other costing studies were used by MOH at a sustainability meeting with the National Assembly to advocate for an increase in the national HIV budget. At the provincial level,

PEPFAR provides TA to strengthen the capacity of provincial AIDS committees to develop 5-year resource need estimates for different program areas and to use data gathered to inform policy decisions. The USG also supports the provinces in translating the results of studies and model applications into appropriate policies and programs. The USG also supports the provinces in advocating for the use of available data to formulate appropriate responses to and resource allocation for HIV.

To minimize the impact of decreased PEPFAR and other donor funding, PEPFAR will implement a health financing activity using COP 11 funds. A focus of this activity is to provide options for sustainable health financing, which includes exploring the option of including HIV services in the national health insurance program. Working on health insurance, PEPFAR will leverage WB funding, and ADB and will ensure that the needs of PLHIV will be considered in the health insurance program. As resources decrease, there is a concern that GVN will pass the cost onto the patient through increased user fees, creating greater financial barriers to obtaining needed health and HIV services. PEPFAR will provide TA to GVN to implement a mix of alternative and complementary health financing mechanisms to minimize out-of-pocket expenditures. Other activities include strengthening the capacity of VAAC to advocate for increased national budget resources for HIV programming.

SERVICE DELIVERY
To design a program based on epidemiologic, population and behavioral data, PEPFAR has been providing support to GVN on HIV survey, surveillance, size estimation and projection, behavioral studies, and modeling. These show that Vietnam's HIV epidemic is concentrated among those engaging in high risk behaviors and in particular geographic locations where those risk groups are clustered. The epidemic is particularly acute and worsening in select provinces, with prevalence rates among IDUs highest in Ho Chi Minh City (HCMC) (46%), Hai Phong (48%), Dien Bien (56%) and Quanh Ninh (56%). HIV prevalence is also high among FSWs, including both street- and venue-based, averaging 16% in the cities of HCMC, Hanoi, Hai Phong and Can Tho. FSWs who also inject show some of the highest prevalence rates of any group in Vietnam, with 60% infected in HCMC as reported by MOH in its "2009 Estimates and Projections." Although there is difficulty attributing the proportion of HIV infections to each risk behavior, the 2009 Integrated Behavioral and Biological Survey and other surveys suggest that up to 60% of all HIV infections in Vietnam are directly or indirectly associated with IDU, and approximately 40% of new HIV infections are sexually transmitted.

Based on this evidence, PEPFAR VN has been supporting central and provincial local government and affected communities where HIV is most heavily concentrated in establishing a strengthened Continuum of Prevention to Care (COPC) that targets prevention, testing, care, support and treatment needs of populations including IDUs, FSWs and MSM. Key prevention approaches include expanding targeted efforts to prevent HIV acquisition and transmission among MARPs using a combination of effective, evidence-based biomedical, behavioral and structural interventions. PEPFAR supports a minimum package of HIV prevention services for MARPs that includes: 1) outreach to promote behavior change (i.e., through peer- and community-based education); 2) access to medication-assisted treatment (MAT) and needles/syringes programs; 3) access to voluntary HTC; 4) access to condoms and water-based lubricants; 5) access to diagnosis and treatment of STIs; and 6) referral to HIV care and ART treatment.

Enhancing early access to HIV care and treatment is the first objective in the National 5-year HIV/AIDS Strategy. Following this direction to increase patient uptake for treatment and care services and to mitigate loss to follow-up for clients who test positive, the PEPFAR VN care and support program will focus on improving linkages and referrals of VCT services and outpatient clinical care services. In each province, the program will collaborate closely with provincial equivalents of MOH and MOLISA (PACs, DOHs, DOLISAs), as well as with other donors such as WB and GF to ensure the continuum of HIV services for all clients in the community, regardless of the funding source. Well-integrated facility-based services and community-based services that maximize cost savings but still achieve desired outcomes will be a major focus of PEPFAR VN. Where possible, the program will prioritize integrating facility-based services like ART, MAT and VCT into one system and streamline them into the existing primary healthcare system. In locations where HIV testing services and clinical care services are not close, the program will enhance referrals by implementing an electronic referral tracking system or paper-based voucher

system to track and followup with newly diagnosed clients. To ensure the sustainable quality of services provided throughout COPC, the program will focus on establishing QA/QI practices for COPC within the current provincial and national structure.

USG-supported private sector intervention provides microfinance services (including loans, saving and micro-insurance) to HIV-infected and affected women, and recovering drug users. This financial support fosters livelihoods and employment creation for PLHIV and MARPs. The PEPFAR program also implements public-private activities to increase TB and HIV case detection by enhancing referrals from the private sector to existing public sector prevention and treatment services. This is accomplished through capacity-building of private pharmacies and clinics.

LABORATORY STRENGTHENING
PEPFAR's laboratory program is primarily a TA model, with the aim of creating sustainable lab programs. PEPFAR only supports lab equipment purchases in case-by-case situations where other funding is not available. CD4 test kits are the only lab reagents currently procured by PEPFAR. However, PEPFAR has initiated discussions with MOH on future, incremental reductions in the percent of CD4 reagents provided by USG. COP 12 will be the first year of this reduction.

The majority of PEPFAR lab funds support GVN institutions; the remaining funds supporting procurement of TA from Lab Coalition partners. This year, the lab team will continue to identify lower-cost TA from resources created regionally by CDC and MOHs in Thailand and China.

PEPFAR's laboratory priorities are to continue to support government-quality management systems and interventions to establish an integrated quality-assured and standardized lab network. This will be accomplished through: 1) support for strategic planning and creation of national-level policies for laboratories; 2) support for a range of quality management systems (QMS) including ISO accreditation of selected national level labs, QM training for provincial level laboratory staff and delivery of a 6-week QM certificate program to laboratory technicians at the policymaking level of GVN; 3) implementation of a standardized HIV testing algorithm using simple, rapid technologies that yield same-day test results (to support WHO, Treatment 2.0). 4) expansion of the "open source" electronic Laboratory Information System (eLIS). This software package provides instrument interfacing and data exchange with VCT software and hospital registration systems. Currently eLIS is completely implemented at 8 sites, and 13 additional sites will be functional within the next 12 months. COP 12 funding will provide support at 6 additional sites (27 total by end of COP 12). In the coming year PEPFAR will explore transition of operational and maintenance costs to the implemented sites and GVN.

PEPFAR supports both in-service and pre-service training to ensure an adequately trained laboratory workforce now and in the future. This includes: 1) pre-service for Medical Laboratory Technology degree students, to improve, update and standardize the curriculum taught at 5 medical universities throughout Vietnam; 2) in-service training for assays associated with HIV diagnosis, disease staging and treatment monitoring. Last year, PEPFAR supported training for 660 laboratory technicians and supported the creation of a national training package for CD4, as well as a cadre of Vietnamese master trainers; 3) TA for lab-focused HSS. Examples include updated diagnostic capacity at the national STI institute (NHDV) and improved microbiology teaching capacity at Bach Mai, the largest general hospital in Hanoi. Reduced PEPFAR funding is likely to result in fewer testing sites linked into better networks. In the coming year, PEPFAR will work to increase the quality and capacity of 2 viral load testing sites, which will be strengthened concurrently with the development of a referral network.

HUMAN RESOURCES FOR HEALTH
Vietnam faces a shortage of trained health staff, especially in poor and rural areas, and retention remains an issue for HIV services. Additionally, within the HIV program, there are insufficient linkages between community- and facility-based services, as well as no concrete integration of HIV services into the larger health system. The most immediate challenge is transitioning a HIV workforce that is fully funded by PEPFAR to government services. It is estimated that around 50% of the staff under national response is either partially or fully supported by PEPFAR.

The PEPFAR team will work with GVN to find solutions to gradually transitioning the workforce to government services, while applying appropriate retention strategies.

PEPFAR engages with MOH's Department of Science and Training (DST) to support the development of health information systems to track health workers and to develop and endorse a nationally mandated CME strategy to implement the Law on Examination and Treatment. This law mandates 125 hours of CME over 5 years.

At the policy level, the Department of Manpower and Personnel convened its first National HRH Technical Working Group in 2011. The TOR for this working group have been finalized, and the establishment of this body will facilitate PEPFAR engagement with MOH, donors, and international and national development partners to develop strategies for HR management and planning. This includes developing a national human resource information system, retention policies and meeting training needs for the country. PEPFAR-implementing partners continue to support selected provinces and universities to deliver up-to-date pre-service and in-service curricula in HIV, drug addiction treatment, PMTCT, palliative care and other HIV-related issues. PEPFAR will work with DST to ensure that the in-service curricula are accredited for CME, thereby ensuring the sustainability of PEPFAR-funded activities beyond their completion.

Long-term PEPFAR priorities in HRH will support local institutions to transition from being TA recipients to becoming national TA providers. PEPFAR priorities in HRH also will support in-country resources for the pre- and in-service training system. For example, the Hanoi School of Public Health, which coordinates 3 regional centers in delivering management and leadership training, will engage with other complementary programs supported by PEPFAR to provide TA and serve in an advisory capacity. This will ensure that the programs are establishing training systems, as well as focusing on TOT, mentoring and supervision, rather than one-off trainings. Pasteur Institute will expand its efforts to create a regional cohort of mentors and trainers to provide provincial-level support to preventive medicine system health workers. PEPFAR will work with medical institutions to design and deliver blended distance-learning modules to in-service doctors in need of CME. This will ensure that medical institutions will institutionalize distance learning opportunities within their schools and develop of future modules.

SI & HEALTH INFORMATION SYSTEM
Program monitoring capacity varies greatly across program areas and provinces. Facility-based services such as counseling and testing (CT), PMTCT, MAT and HIV care have standardized national service delivery forms. Community-based and prevention-focused programs pose the greatest challenge to systematizing data collection and use, because they often are collecting data from overlapping and mobile populations, and they rely on staff with limited data use experience. Nevertheless, there were great improvements in the PEPFAR-supported information system for CT and peer educator-based services in 2011. In the past year, progress has been made to strengthen the capacity of national and local level staffing for partner M&E teams; the development of M&E curricula; TOT in M&E; cascade training at the provincial level; epidemiology/biostatistics training; program monitoring of ART through chart abstractions; ART drug-resistance surveillance; GIS capacity development at national and provincial level; dissemination of methods, findings and practices through workshops and presentations within Vietnam and the region; a pilot "unique-identification system" to reduce redundant program monitoring; and direct TA by USG staff and TA partners.

Another challenge is developing a national health management information system (HMIS) that ensures the ongoing collection and availability of quality information on the epidemic, implemented programs and their impact. In 2011, PEPFAR collaborated with WHO and Rockefeller Foundation, and held a regional HMIS workshop to address technical considerations. This included using an enterprise architecture approach, data exchange standards and unique patient identifiers to strengthen Health Information Systems (HIS) in resource-constrained environments. PEPFAR is working closely with the Hanoi School of Public Health to create curricula for a Health Informatics track to develop in-country capacity in public health informatics.

PEPFAR also provides TA to the national HIV sentinel surveillance (HSS) system and is working closely with key technical partners such as WHO, National Institute of Hygiene and Epidemiology, NIHE, FHI and MOH to add

behavioral data into the GVN HSS system, implement HIV incidence surveillance, and to report precise MARPs size estimates. Surveys of HIV co-morbidity with HCV, HBV, STI and TB are underway. Through central funds, PEPFAR will support PHEs to study the impact of IDU harm-reduction efforts in northwest Vietnam and TB infection control interventions among healthcare workers. In collaboration with the host government, PEPFAR also will support the development of a national research and evaluation agenda.

The SI team also plans to increase its direct technical support of HIS that strengthen the continuum of prevention to care (COPC) across HIV prevention, care and treatment, including the use of mHealth solutions to improve healthcare service delivery.

SUPPLY CHAIN
PEPFAR VN has been supporting the National HIV/AIDS Program to strengthen the supply chain system for ARVs, methadone, OI drugs and CD4 reagents and commodities. Until the beginning of 2011, Vietnam had 3 parallel and independent ARV supply chains. However, after the stock-out of GF project and National AIDS program in April 2011, and significant pressure from PEPFAR, all stakeholders worked together under MOH's coordination to plan the first coordinated national ARV procurement plan. Following this, MOH also established ARV supply coordination advisory and secretary committees, which coordinate pharmaceutical logistics within MOH. Additionally, this unit is in charge of quantifying ARV orders quarterly, with participation and technical support from PEPFAR.

PEPFAR VN aims to have a mechanism for an integrated supply chain management system for HIV commodities, which includes an integrated procurement plan to ensure sufficient commodities for new and existing patients, by 2013. Consequently, in June 2011, PEPFAR organized a planning meeting with GVN agencies in charge of ARV, methadone, lab, OI and TB drug supplies. Stakeholders agreed to establish a combined national HIV drugs and commodities plan. In the future, PEPFAR will provide support to MOH to merge different HIV supply chains for ARV, methadone and lab commodities into a single system. The stakeholders also agreed that other elements of the supply chain system, including storage and distribution, pharmacy services, information management, procurement and distribution planning, policy and procedures, human resources, and supply chain sustainability are concerns that need to be addressed. Both VAAC and the national TB Program (NTP) noted that investing in human resource capacity development will likely increase the sustainability of the supply chain. Therefore, PEPFAR will continue to support existing training to strengthen the central and provincial pharmaceutical supervision system of Vietnam.

GENDER
While the HIV epidemic remains concentrated among male IDUs, a number of gender dynamics contribute to increased HIV transmission and acquisition, as well as to inequitable access to key HIV services. To address some of these dynamics, PEPFAR is mainstreaming gender throughout the COPC response, and is strengthening systems within Vietnam to enable a more sustainable and appropriately gendered HIV response.

Through PEPFAR support and collaboration, several gender assessments have been conducted in recent years, including: a sexual partners of IDUs study; an assessment of the sexual and reproductive health needs of PLHIV; several studies in partnership with the UN and PEPFAR partners to look at gender and HIV; a domestic violence study examining the dynamics among MARPs and their HIV risk; and an intimate partner transmission study.

These studies highlight some of the many ways in which PEPFAR is partnering with UNAIDS, UNWOMEN and other stakeholders to strengthen the capacity of national and provincial levels of the government (across multiple ministries including VAAC and MOLISA) to better understand the gender dynamics and contexts that contribute to HIV vulnerability and transmission. PEPFAR will continue to collaborate with the UN to advocate with GVN for greater inter-ministerial engagement to more effectively mainstream gender into the national HIV response.

Additionally, PEPFAR provides pre- and in-service sensitization and stigma reduction for HTC, STI, and outpatient clinic (OPC) service-providers, as well as training on MSM-specific clinical service needs, such as diagnosis and treatment of anal STIs. This enables provision of targeted care and treatment services to the most stigmatized and

vulnerable populations, including male and female IDUs, FSWs and MSM. Through microfinance activities, in partnership with the Vietnam Women's Union, PEPFAR provides gender sensitization and training to clients, and targets women as priority loan recipients.

The effectiveness of our gender-related programming will be measured through routine program monitoring with gender disaggregation, as well as through ongoing gender and HIV analyses to examine changes in gender dynamics and their potential outcomes.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	8,513,983	0
Total Technical Area Planned Funding:	**8,513,983**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	0	0
HMIN	0	0
HVCT	3,772,731	0
HVOP	4,973,892	0
IDUP	10,054,443	0
MTCT	1,161,472	0
Total Technical Area Planned Funding:	**19,962,538**	**0**

Summary:
EPIDEMIC OVERVIEW
Vietnam's HIV epidemic is concentrated among people engaging in high-risk behaviors and in particular geographic locations where those risk groups are clustered. The national HIV prevalence rate is 0.43% for the general population ages 15-49 . Injecting drug use is the main contributor to the spread of HIV in Vietnam. While prevalence among IDUs is decreasing in some provinces, the epidemic is still high in most provinces surveyed. HIV prevalence among FSWs varies by province, and exceeds 10% in Hanoi, Hai, Phong, Can Tho and Ho Chi Minh City (HCMC). FSWs who also inject show some of the highest prevalence rates of any group in Vietnam, with 60% infected in HCMC.

Another driver of HIV transmission is unprotected anal sex among MSM. Data indicate a growing HIV epidemic among MSM in Hanoi and HCMC, with HIV prevalence there estimated to be up to 16%. The estimated MSM population ranges from 160,000 to 482,000. Overlapping risk behaviors amplify the risk of HIV transmission for FSWs and MSM who also inject drugs and/or sell sex. When MSM engage in risky sexual behavior with women,

low-risk females are susceptible.

As PEPFAR transitions its program from a service-delivery model to focus on technical assistance (TA), the PEPFAR Vietnam (PEPFAR VN) team has undertaken rigorous strategic planning to strengthen an HIV prevention response that is maximally effective and that host country counterparts can sustain, despite decreasing external funding. A standard approach was established to estimate coverage needs of prevention interventions in various geographic locations, and was prioritized to streamline efforts of agencies' implementing partners

ACCOMPLISHMENTS
In the past year, political will for methadone scale-up has significantly increased. The government of Vietnam (GVN) set a national target to reach 80,000 people with Medication Assisted Treatment (MAT) by 2015. In collaboration with GVN and other stakeholders, PEPFAR VN is providing TA and methadone drugs to support the expansion of Methadone Maintenance Treatment (MMT). In addition to co-location and integration of MMT with ART clinics, PEPFAR VN has successfully advocated for piloting a fee-for-service MMT model at the community drug treatment center supported by the Department of Labor, Invalids and Social Affairs (DOLISA) in Hai Phong province. This model utilizes cost-sharing between the local health department, PEPFAR and patients. It also will chart a way for sustainable, community-led drug treatment options. Earlier this year, Hai Phong became the first province to formally agree to transition financing and management of its entire MMT program from PEPFAR to local authorities over 3 years. Steps have been taken to build the addiction workforce through PEPFAR TA provided to the Ministry of Labor, Invalids and Social Affairs (MOLISA), and the Ministry of Health's (MOH) Vietnam Administration for HIV/AIDS Control (VAAC).

Sexual prevention efforts have gained momentum in the past year, with emphasis from MOLISA and its Department of Social Evils Prevention to shift from a detention-based to community-based approach for FSWs that prioritizes sexual harm reduction. There is inter-ministerial and private sector support in scaling-up a 100% Condom Use Program (CUP) to increase condom access and availability wherever transactional sex occurs.

KEY PRIORITIES & GOALS. In the context of transitioning the PEPFAR VN portfolio, the prevention portfolio's goal to avert new HIV infections in Vietnam will be accomplished through linked strategic priorities over the next 2 years by: 1) improving service-delivery, and increasing efficiency and sustainability of the response to foster an environment for prevention interventions, and 2) increasing data collection and use to inform prevention programming.

In Vietnam, prevention interventions target IDUs, FSWs and MSM. Approaches include expanding efforts to prevent HIV acquisition and transmission among MARPs using evidence-based biomedical, behavioral and structural interventions. PEPFAR VN supports a core package of HIV prevention services for MARPs: 1) outreach to promote behavior change (i.e., through peer- and community-based education); 2) access to MAT; 3) access to voluntary HTC; 4) access to condoms and water-based lubricant; 5) access to diagnosis and treatment of STIs; and 6) effective referral to and retention in HIV care and ART treatment.

In COP 12, PEPFAR VN will focus on MARPs-targeted HIV prevention interventions that are prioritized in the national HIV strategic plan, as well as are effective and affordable to resource-poor locations. We will emphasize work that improves program service quality and increases the number of MARPs accessing the core package of services, including 1) reinvigorating BCC messages to promote prevention commodity use, to create demands for HTC and care, support and treatment services; 2) standardizing technical guidelines and SOPs across technical areas; 3) developing innovative strategies and modalities of service-delivery and referral; and 4) advocating for policies that address legal barriers and create an enabling environment for MARPs accessing services. Increased engagement with MARPs and their social networks in planning and implementing HIV prevention interventions should increase the ownership of affected communities to build program sustainability.

The first priority is to increase quality of, access to, and uptake of HIV interventions including condom use, MMT, early and re-testing for HIV, and timely links to care and treatment (C&T) services. Among the implementation

strategies is to support a shift in our condom programming toward a total market approach (TMA), which improves program sustainability by integrating the market for services and commodities supplied through the public, NGOs, subsidized and commercial sectors, and with the total market of consumers segmented by access, willingness to use and to pay. We also will support the national scale-up of 100% CUP. We are collaborating with other development partners to gain support as provincial representatives from multi-line ministries and local authorities define implementation of 100% CUP that ensures availability, accessibility, and use of condoms when and where needed.

HTC is the primary gateway from prevention into C&T services, and has a proven behavioral outcome on sexual risk reduction among those who know their positive HIV status. Uptake remains low among MARPs, particularly FSWs and MSM. HTC services often are sought when CD4 levels have already fallen dangerously low. Linkages to C&T services are tenuous, and as we integrate service-delivery models to promote a continuum of prevention to care (COPC), we will standardize strategies and data collection around linkages from prevention to care.

A priority will be to increase point-of-care HIV diagnosis, and the co-location and integration of HTC and pre-ART and ART services at outpatient clinics (OPCs). We will increase risk perception among MARPs and encourage repeat testing to improve HTC service uptake. We will prioritize support to GVN to adopt a rapid test algorithm including rapid results to increase efficiency of testing, particularly for those populations at high risk and elevated vulnerability who live in difficult-to-reach mountainous areas. In the next year, we will work with GVN to define parameters of successful HTC sites (e.g. client load, positivity rate, MARPs size estimation, staff-to-client ratio, outreach efforts in the area, etc.), and determine actions based on those parameters (e.g., close the site, integrate into existing healthcare setting, or provide additional TA). We will work with the PEPFAR VN team to identify geographic efficiencies in the prevention portfolio to ensure coverage is evidence-based and well-coordinated. In COP 12, we will work closely at the provincial government level to integrate our work plan development with all funding sources for HIV to ensure complementary and de-duplicated service-delivery based on strategic needs across the COPC.

We will integrate prevention messages and services throughout C&T, and increase human resource efficiencies by cross-training staff to ensure HCWs and HIV-positive clients are aware of their HIV transmission risks and learn appropriate prevention strategies. We also will improve multi-directional linkages and referrals across prevention and C&T services, as well as across the continuum of facility to community settings. We will strive to integrate prevention services such as HTC and MAT within existing healthcare settings, including OPCs. We also will develop and evaluate models, and explore stronger private sector partnerships to better link MARPs with STI services.

Another priority is to ensure sustainability of our response by improving efficiency gains through strategic decision-making, and piloting and evaluating new models. We have identified 2 processes during COP 11 implementation that will prepare us for a more streamlined portfolio in COP 12.

Outreach remains the main engine of prevention work in Vietnam, and serves to identify and contact MARPs and provide them with education, risk reduction counseling, referral to testing and counseling, and the skills and/or commodities (bleach, condoms, lubricant, seeking healthcare) to change their behaviors related to risky injecting or sexual behavior. By COP 12, we will have determined appropriate levels of outreach coverage for MARPs by geographic location based on epidemiology, location of hot spots and revised workload of outreach workers. We will coordinate outreach efforts to ensure coverage without overlap. We will explore new methods of outreach, including social networking and client case management, and will expand the responsibilities of outreach workers to encompass the range of COPC by providing links between the community and facility services.

We will strive to ensure the sustainability of the prevention workforce by building a system to meet ongoing training needs for various services and populations. We will explore the use of existing GVN staff to fill critical prevention needs and to reduce reliance on donor-funded contract staff by using village health workers as outreach staff in remote areas, social workers in community settings, and maximizing GVN staff for facility-based services. We have begun identifying TA needs and who is best suited to fill them.

Another priority is to ensure an enabling environment for a sustained HIV prevention response. PEPFAR VN provided TA on the development of the 5-year National HIV Strategy to ensure alignment of GVN and USG HIV prevention priorities, strategies and efforts. We will strengthen collaboration to ensure that the National HIV Strategy on Harm Reduction encompasses injecting and sexual harm-reduction strategies for HIV prevention; continue advocacy for a supportive policy environment to carry out successful harm-reduction interventions; and engage MARPs in all prevention programming.

We will improve data collection to inform prevention programming by: standardizing a system for program monitoring and data use that will be owned at provincial level, rather than with a specific partner; reducing the data collection burden and increasing data use for decision-making; and reflecting prevention priorities in a research agenda developed jointly by PEPFAR and GVN. 3% of each prevention implementation activity will be dedicated to routine program monitoring and data use; 2.5% of prevention funds will be used to conduct program evaluation and operational research to determine the effectiveness and efficiency of portfolio interventions including new models in COP 12. With leadership from the SI TWG, PEPFAR will conduct studies to determine cost per service; determine behavioral outcomes of services provided; obtain a complete service coverage map; finalize size estimations; better understand behavioral outcomes and determinants through qualitative studies; and evaluate the effectiveness of strategies to improve uptake of HIV testing among MARPs and strategies to improve linkage from HIV testing into C&T.

There are many policies and guidelines that impede our ability to efficiently implement HIV prevention programming. National HTC guidelines do not endorse a rapid testing algorithm for same-day test results; there is variable commitment from GVN on MMT, despite successes in scale-up at selected provinces; technical MMT guidelines hamper our ability to pilot new innovations such as take-home doses, satellite and mobile models; HIV and social policies conflict as IDUs and FSWs are considered social evils and government-run detention centers remain the primary method for "treating" IDUs, limiting their ability to access HIV services; the National Guidelines on Comprehensive HIV Programming for MSM remain stalled; and there is no formal acknowledgement of civil society by GVN, hindering the ability of civil society organizations (CSOs) to fully engage and fill gaps in the HIV response.

PMTCT
The 2010 sentinel surveillance showed HIV prevalence among pregnant women at 0.26%, resulting in an estimated 5,000 HIV-positive pregnant women giving birth each year. In 2010, only 35-40% of pregnant women nationwide received HIV testing with 30-50% of those tested immediately before labor, where 32% of HIV-infected pregnant women received ARV prophylaxis. In PEPFAR-supported provinces, 80% of pregnant women receive HIV tests and 90% of those found positive received ART in 2010; the estimated transmission rate ranged from 4.3-10.5%. Challenges for PMTCT include coordinating vertical HIV and MCH systems with shared responsibilities. Many women access care late or use the private sector for ANC, where there is less consistent PMTCT implementation. Progress is being made to increase health insurance (HI) coverage, but many women pay for HIV tests, resulting in delayed testing until time of labor.

Priorities in COP 12 include reducing service delivery support, and shifting to a predominantly TA model by 2015. We will reduce cost norms for staffing and management by 20% at site level and continue the transition of PEPFAR financial support for personnel. We will support HIV testing for ANC clients without HI in COP 12, and establish a trajectory to reduce support every following year. Essential services to be continued in COP 12 are ARV and early infant diagnosis (EID).

In COP 12, distribution and management of ARVs for PMTCT will be transitioned to GVN as a pilot in HCMC. In the pilot, GVN will distribute ARVs, SCMS will provide TA at the provincial level and GVN partners will provide TA to PMTCT sites. Other priorities include 1) continuing TA to GVN to implement the national PMTCT strategy, 2) increasing data use to improve PMTCT program quality, 3) strengthening coordination with other programs, 4) supporting GVN to fully integrate PMTCT with the MCH system, 5) continuing support to GVN to address HIV tests

and other related costs through HI, and 6) supporting GVN to standardize PMTCT training curricula and tools.

HIV TESTING AND COUNSELING (HTC)
HTC is a critical entry-point for prevention, C&T services. The PEPFAR VN HTC program targets MARPs including IDUs, FSWs, MSM, clients of sex workers, sexual partners of MARPs and sexual partners of PLHIV. Although the program is well-established, data from recent surveys and routine program monitoring indicate that a significant need remains in the coverage of testing among MARPs. There is low uptake of HTC among MARPs. According to IBBS 2009, 60-80% of MARPs have not been tested in the past 12 months. There is also a need for standardization and quality improvement of HTC services at general out/inpatient departments in hospitals or health centers. PEPFAR resources are focused on building technical and service provision capacity for HTC providers in provinces with high HIV prevalence and MARP concentrations, primarily in urban districts.

In COP 12, we will use a mix of HTC approaches, including PITC and couple counseling. We aim to improve uptake of HTC among MARPs by: improving targeted risk-reduction messaging, skills in client risk assessment, and proactive linkages with community peer outreach; social marketing of behavior change; sensitization of and stigma reduction among HTC providers; integration of HTC into a pilot men's health clinic and at MMT clinics; and integration of PITC services for TB patients and pregnant women at TB, MCH and PMTCT sites. PEPFAR will support GVN and WHO in implementing Treatment 2.0 in 2 provinces by providing technical expertise on the counseling of discordant couples at pilot sites, and on standardized peer outreach behavioral facilitation methods.

We will strengthen linkages between HTC and C&T services by integrating services; better referral counseling during post-test session for positive clients; incorporating prevention with positives (PwP) and re-testing messaging; integration of HTC and OPC to increase opportunities for point-of-care diagnoses; and strengthening of a bi-directional tracking system between HTC and OPC services.
After years of PEPFAR advocacy, it is anticipated that the Ministry of Health (MOH) will soon approve serial rapid HIV testing algorithms. This would enable us to improve HTC services for MARPs, particularly in remote areas. It also will yield efficiencies in HRH, cost, and potentially improve HTC uptake and return rates in remote areas.

To sustain the national HTC program, PEPFAR VN will provide TA to standardize and improve HTC quality, as well as to build capacity in training and to mentor and monitor programs. A national VCT electronic data collection and reporting system, PrevenHIV software, is in all PEPFAR-supported VCT sites. We will support improved VCT data use at site and provincial levels. As part of our TA transition plan, we will work with GVN to increase its cost-share for HTC services, including identifying efficiencies in human resources across sites by task shifting/sharing, and integrating HTC with C&T sites.

CONDOMS
Despite a large volume of freely distributed condoms accessible through donor programs, consistent condom use among FSWs remains low and is variable across provinces and type of sex worker (venue- vs. street-based) and type of clients (regular vs. casual partners). This is a concern in provinces where HIV prevalence is as high as 18% and 20% among venue- and street-based sex workers, respectively.

PEPFAR conducted a total market assessment for condoms in 2010. Approximately 40% of all condoms available in Vietnam are provided through free distribution from donors; 10% are sold at a subsidized price through social marketing; and 50% are available through commercial brands. GVN recognizes that support for free condom distribution and social marketing will be reduced as donor support wanes. All related departments under MOH such as the Population and Family, MCH, and HIV/AIDS programs are vertically structured, and the linkages across these systems are weak. Improvements in coordination and consolidation of health commodity supply chain management are needed. PEPFAR will support TMA to motivate the private sector and more fully use the market to meet demand.

We will work with the World Bank (WB), Global Fund (GF) and GVN to coordinate and segment the market for limited free condom distribution to MARPs who are unable to pay for condoms. We also will continue social

marketing of behavior change efforts to normalize the purchase and use of condoms nationwide.

POSITIVE HEALTH DIGNITY AND PREVENTION
As part of routine care, PwP services are offered to PLHIV in PEPFAR-supported care, treatment and support activities. These services include adherence counseling and support, risk reduction counseling (injecting and sexual), condom promotion and accessibility, partner testing referral, STI screening/diagnosis/management, referrals to VCT, PMTCT, STI and other services. Where available, PwP services also include safe family planning counseling, group PwP counseling, and PLHIV support groups. These services are largely focused on PLHIV in care and support settings, which are integrated across both OPC and community home-based care services (CHBCs).

Discordant couples counseling is available at both VCT and OPC sites. PEPFAR-supported VCT sites (260) provide Couple HIV Testing and Counseling (CHCT), which includes application of the CDC CHCT protocol. In COP 12, efforts will be made to promote and link PLHIV in OPC and CHBC services, and through prevention services such as HTC and outreach, to VCT-based discordant couple counseling. This effort complements the shift to country ownership and sustainability, as GVN and PEPFAR develop a more efficient, higher volume, and quality continuum of care for MARPs and PLHIV. The integrity of select community-based sites will be retained to serve the needs of more hidden, highly stigmatized vulnerable populations including IDUs and MSM.

With PEPFAR support, PwP core services were included in the National Guidelines for CHBC. CHCT is being integrated into the National HTC Guidelines to ensure HIV counselors are capable of providing couple counseling. Partners implementing robust COPC already have incorporated positive health messages and services into all prevention, care and support interventions.
PEPFAR will continue to mainstream prevention messaging for PLHIV into a strengthened continuum of response, and continue support for integration of a PwP package in national prevention and C&T guidelines.

SPECIFIC MARP GROUPS
IDU interventions. PEPFAR VN supports a core package of HIV-prevention services for IDUs that includes: 1) community-based outreach programs; 2) information and messaging on sterile needles/syringes (N/S) use; and 3) MAT with methadone. Innovative approaches to increase reach to high-risk IDUs with HIV-prevention services will be developed. We will support a network-oriented peer education approach to disseminate drug and sexual HIV risk-reduction information and behaviors among IDUs and their drug and sexual network members. A pilot of community-based field stations for IDUs will be implemented to increase their uptake of prevention and care services in locations where stigma and discrimination exist. New MMT delivery models will be piloted (including satellite and co-pay models) and assessed to inform GVN of best models for quality, cost and efficiency. We will collaborate with donors and stakeholders to ensure adequate access to sterile N/S including 1) exploring most effective and efficient channels for distribution, 2) strengthening used N/S collection and disposal systems; and 3) analyzing IDUs' N/S-seeking behaviors and market gaps to identify potentials for social marketing and sustainable N/S programming. In COP 12, we will support MMT at 50 clinics with more than 14,000 patients. TA will be provided to GVN to develop cost-effective, affordable/sustainable service delivery modalities (e.g., mobile, satellite, co-pay), build human capacity (e.g., staff training, clinical supervision/mentoring) and related systems (e.g., program M&E, QA, supply chain management). This will support GVN's capacity in expanding, managing and monitoring the national MMT program. We will collaborate with MOLISA to build local capacity in science- and evidence-based drug addiction treatment approaches, including implementing a voluntary, community-based addiction treatment model to address HIV-related and drug use issues.

Sexual prevention interventions. PEPFAR VN supports a core package of HIV prevention services for FSWs and MSM that includes: 1) BCC/community-based outreach programs; 2) condom social marketing and distribution; and 3) STI diagnosis and treatment. PEPFAR VN will support innovative approaches to increase reach to FSWs and MSM, including social network-based intervention and facilitation of community ownership in health education and promotion of HIV sexual risk-reduction behaviors. Notably, combined sexual and drug-associated risk-reduction messaging will be incorporated into all behavioral interventions to address overlapping HIV risk among FSWs who

also inject drugs. Because access to STI diagnosis and treatment services among MARPs, especially FSWs and MSM, remains limited, PEPFAR will link them with STI services through public and private sectors.

Deeply entrenched stigma and low-risk perception among MSM amplifies vulnerabilities in this population. MSM are difficult to reach, so PEPFAR VN aims to improve risk perception and increase uptake of HIV services, including sensitization and training of service-providers to better serve MSM populations. This includes anal STI screening and treatment; internet-based networking to distribute messages and strengthen social linkages and support; and piloting 2 men's clinics to provide comprehensive health services for MSM.

Linkages with HIV care, support, and treatment. In COP 12, PEPFAR VN will support the improvement of linkages to ensure MARPs receive COPC. Behavior change messages will emphasize the importance of early knowledge of HIV status, as it leads to early entry into care and effectiveness of treatment. Peer outreach programs will use a case management approach to intensively work with MARPs, assess their needs and refer them to HTC and appropriate services. PITC will be offered through TB, reproductive health/STI, antenatal care, and MMT to capture those at risk. MARPs-oriented sensitization sessions will be provided across PEPFAR-supported service providers, including outreach workers, counselors, and clinicians, to increase needs awareness, reduce stigma and discrimination, and address barriers to accessing HTC and other services among these populations. Loss to follow-up after HIV diagnosis, delayed care and late presentation for treatment remain concerns.

Enabling environment. PEPFAR-VN will work with government agencies at central and local levels, including MOH/VAAC, MOLISA, the Ministry of Public Security (MOPS), and its partners to continue advocacy that addresses the conflict between HIV and drug control laws in the implementation of comprehensive harm-reduction programs for IDUs. Advocacy work will strive to increase the government's recognition of the role of MARPs' social networks in HIV prevention, with the aim of improving MARPs' engagement and capacity to provide HIV prevention and care services to their own communities.

HSS/HRH
The COP 12 HRH strategy within the prevention portfolio is to continue strengthening volunteer and non-professional cadres of the prevention workforce through training, mentoring and coaching. These cadres include peer outreach educators and village health workers and social workers at the commune level who are engaged in the referral and service networks. This will leverage existing systems of health workers in a comprehensive approach to reaching MARPs at the service-delivery level. There will be some shifting of outreach teams to better reach different populations. GVN staff will be trained to supervise these teams and coordinate the outreach program.

Given restrictive government policies, the program will prioritize capacity-building of local CBOs to strengthen and sustain their role in providing HIV-prevention services by supporting their applications for legal status to collaborate with other CSOs. Complementary activities will include developing these organizations' capacity to strengthen networking, C&T messaging, monitoring, reporting and use of data for planning and advocacy, and organizational capacity in finance, management and resource mobilization. A human resources challenge unique to this portfolio is that GVN has no staff devoted to prevention service delivery. PEPFAR VN is engaging with GVN at central and provincial levels to address this gap.

MEDICAL TRANSMISSION
PEPFAR has implemented a blood safety program within the military medical system since FY 2006, based on Vietnam Ministry of Defense's (MOD) need for HIV-free blood products for military and civilian healthcare uses. Since FY 2010, we have partnered with the MOD to implement the Injection Safety/Standard Precautions program, responding to primary needs of military and civilian healthcare. With a focus on knowledge as well as skills training, these programs have promoted best practices and improved service quality. They are implemented in the same location as HTC, PMTCT and C&T services, so they maintain linkages among all related HIV support services within selected community hospitals run by Vietnam MOD.

Through PEPFAR support, there has been significant capacity development and technical engagement by the Vietnam National Blood Safety and Injection Safety TWG. With a focus on system strengthening, including policy advocacy and national guideline development, PEPFAR aims to have full GVN fiscal stewardship in the prevention of medical transmission of HIV by 2015.

GENDER
While the HIV epidemic remains primarily among male IDUs, gender dynamics contribute to increased HIV transmission and acquisition, as well as to inequitable access to HIV services. PEPFAR VN will mainstream gender efforts into the prevention portfolio by: providing pre- and in-service sensitization and stigma reduction for HTC, STI and OPC providers; supporting expansion of a sexual partners' intervention, in coordination with GF's civil society efforts, UNAIDS and UNWomen, to empower female sexual partners of male IDUs — who often are FSWs and IDUs themselves in HIV-discordant relationships — to play a more active role in the HIV response. Because HTC uptake is low among MSM and FSWs, we are redoubling efforts to increase risk perception and promote early and repeat testing.

A new activity in COP 12 is a multimedia initiative to address and transform gender norms that condone and perpetuate transactional sex and low condom use. This activity will link with a 2-pronged promotion addressing the normalization of condom use and working with the commercial sector to increase accessibility of condoms through TMA. Also, our pilot men's health clinics will provide male-friendly services to increase MSM uptake of key HIV services and reduce risky behaviors.

SI
In prevention, SI activities focus on creating a culture of data use. PEPFAR VN is committed to ensuring that we and other stakeholders "know the epidemic" and "know the results." The IBBS, considered a valuable source of information on population risks, behaviors and opportunities, is planned for a third round in all PEPFAR focus provinces in 2012. Plans are underway to expand the inclusion of behavioral data within the annual HIV sentinel surveillance system (HSS+) to improve understanding of high-risk behavior trends and their association with biologic markers.

While sentinel surveillance is focused on MARPs, there is a need to improve the overall quality of implementation to ensure validity and representativeness of the result, especially at the provincial level. Modeled estimates such as the "HIV Estimates and Projections Project," rely on unvalidated assumptions that vary in their accuracy by province and region. Efforts are underway to evaluate internationally recommended MARPs size-estimation methodologies in select provinces. The findings inform size-estimation efforts in all provinces.

A major challenge in building a culture of data use is filling the gaps of missing data and improving data quality. We will work closely with GVN and implementing partners to conduct routine data quality assessments (DQA) in the field, to work with MOH to standardize DQA processes and tools, and to support MOH in developing National DQA Guidelines for HIV programs.

Notable achievements include the development of a 3-year program, Data-for-Decision Making, which has been providing technical support, training, mentoring and coaching to the PEPFAR provinces since 2009 in strategic planning and data use for evidence-based decision-making. PEPFAR VN was key in assisting GVN to develop and standardize its routine M&E systems for MMT, peer-education, HTC and HIV C&T.

CAPACITY BUILDING
PEPFAR VN has invested significantly in helping GVN sustain HIV programming from the central to community level. We also are building the capacity of VAAC and the Provincial AIDS Committees (PACs) in all PEPFAR-supported provinces in managing, planning and implementing HIV prevention programs through PEPFAR partners. We are strengthening the capacity of local research and development institutions, NGOs, community-based organizations, faith-based organizations, academia and the private sector. We also are building the capacity of MARPs networks, as well as self-help and self-support groups at the community level.

In COP 12 we will continue to work with these systems, organizations and individuals as we transition from service delivery to TA for implementation and TA for program management. Our goal is for these institutions to take an active role in the local response, and for GVN to lead, manage and monitor internal and external efforts to address HIV in Vietnam . At the central level, PEPFAR continues to provide TA to the MOH and related ministries to develop and implement evidence-based policies, technical guidance and pilot programs.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	11,575,620	0
HTXS	7,646,227	0
PDTX	1,066,023	0
Total Technical Area Planned Funding:	**20,287,870**	**0**

Summary:

ADULT TREATMENT

Context, Accomplishments and Challenges

In Vietnam, all HIV treatment activities are implemented through and coordinated by the government of Vietnam (GVN). Since PEPFAR Vietnam (PEPFAR VN) began in 2005, the number of ART sites has increased from 2 to over 300, of which 90 are PEPFAR-supported, including 4 outpatient clinics (OPCs) within the military medical system. As of Dec. 2011, 57,552 adults and children have received ARV treatment in Vietnam, of which 63% or 36,212 ART patients were directly supported by PEPFAR. The Vietnam Ministry of Health (MOH) estimates that by 2012, AIDS-related mortality will be reduced by 45-50%, or 21,000 deaths will have been averted. PEPFAR and its implementing partners provide funding, commodities, technical assistance (TA) and program management support to GVN and local organizations to increase Vietnam's capacity to address HIV.

GVN's most recent Estimates and Projection Project (EPP) modeling estimates indicates a treatment need of 108,800 (EPP 2011 estimates ART coverage to be 46.1%). This may be partially explained by low HIV counseling and testing uptake among MARPs. HIV testing in the past 12 months was less than 30% among injecting drug users (IDUs) and men who have sex with men (MSM), and less than 45% in female sex workers (FSWs) .

In FY 2010, PEPFAR and GVN conducted a joint National ART Outcome Evaluation for more than 7,600 patients at 30 randomly selected OPCs in 16 provinces. Preliminary results show that 66.1% had a documented risk assessment, of which, 61.8% reported a history of IDU. TB was reported in 14.6% of patients. The majority of patients had a low baseline CD4 count at ART initiation (median 91 cells/mm3), but their immunological response increased on ART. The proportion of patients retained on ART at 1 and 2 years were 85% and 80%, respectively. This is one of the highest national retention rates worldwide.

HIV drug-resistance (HIVDR) monitoring has been supported by PEPFAR, including a HIVDR threshold survey at VCT sites in 2 cities, and HIVDR monitoring survey at 4 clinics in FY 2011 and FY 2012. PEPFAR has worked with MOH and WHO to incorporate data collection for HIV drug-resistance Early Warning Indicators (EWI) and UNGASS indicators into routine program monitoring. Results from a 2010 EWI survey at 42 clinics showed an average first-line retention rate > 80% after 12 months on ART, approaching more than 90% in many clinics.

National ART guidelines are being revised according to 2010 WHO guidance, and PEPFAR's partners continue to provide technical input into the process. PEPFAR also supports MOH and its Vietnam Administration for HIV/AIDS

Control (VAAC) in developing national viral load testing guidelines. At the request of MOH, PEPFAR provides training and viral load (VL) tests for patients with suspected treatment failure at PEPFAR- and non-PEPFAR-supported clinics in 6 provinces. Although the percentage of patients on second-line regimens is reported below 5%, it may in fact be higher due to insufficient provision of VL tests for treatment failure screening, low capacity of healthcare staff in identifying eligible patients, and unavailability of appropriate laboratory activities. Broader VL testing coverage is a focus for COP 12 and COP 13.

Through its care and treatment (C&T) program, PEPFAR also focuses on health systems strengthening and service quality improvement at health facilities. With technical and financial support from PEPFAR, MOH established a HIVQUAL TWG to coordinate quality improvement (QI) activities across partners, develop a national QI plan and pilot HIVQUAL in 5 provinces. This activity will be strengthened and prioritized this year and in subsequent COPs, with expansion to pediatrics and the continuum of prevention to care (COPC). PEPFAR Vietnam (PEPFAR VN) also has supported MOH to study the cost of C&T. ARV patient numbers have doubled without a doubling of the budget. There is evidence that economies of scale are reducing PEPFAR program treatment costs.

OGAC's guidance for PEPFAR VN to shift from a service-delivery model to TA presents both an opportunity and a challenge. As we prioritize greater country fiscal ownership of the ARV treatment program, we also need to strengthen the government's technical capacity to maintain and integrate the program into the national health system.

Access and Integration
Recent MOH data estimates that the nearly 60,000 ART patients by the end of 2011 account for approximately half of those in need, at CD4= 250. With new guidelines for ART at CD4 = 350, only 38% of eligible patients meet the need. New ART guidelines recommend TDF and ZDV-based first-line regimen for new patients, and a review of switching existing patients to TDF or ZDV. While this may reduce the long-term d4T-related complications and mortality, it will increase the national budget requirements for treatment. Nearly 80% of ART patients are on first-line regimens using d4T. GVN has set a target of 105,000 patients on ART by 2015, based on the estimated need and raised CD4 threshold. Without definitive financial support from GVN or other sources, including PEPFAR, we are not confident these targets will be achieved. A Jan. 2012 OGAC assessment of PEPFAR VN's C&T portfolio recommended we maintain our current funding for ARV drugs, given level funding for the country program, and continue to assist GVN to increase the number of adults on treatment to 105,000 by 2015 by contributing treatment costs for at least 59,000. This extent of support is only possible if PEPFAR VN funding remains constant at the current level.

The linkage to HIV care remains another challenge for the treatment program; many pre-ART patients drop out of care and only return when they have late-stage disease. Poor patient referrals and low pre-ART retention from PMTCT, VCT and TB settings to ART clinics results in many patients who do not access ART early. PLHIV groups' roles in providing treatment adherence and referrals are not standardized. Stigma and discrimination, low HCW capacity, and lack of communication and advertisement for treatment are additional factors. PEPFAR continues to focus on integrating treatment with care, prevention and TB/HIV services to ensure quality care while maximizing program efficiency. TB screening is required and implemented in all clinics in addition to cotrimoxazole prophylaxis. PEPFAR supports GVN to implement 3 I's at health facilities, including provision of Isoniazid Preventive Therapy (IPT) for HIV-eligible patients. With COP 11 funds, IPT will be implemented in 14 OPCs in 7 provinces for both pre-ART and ART patients, and expanded in COP 12. The linkage between ART and MCH sites will be strengthened in the future. Home-based care (HBC) activities will be standardized, socialized and linked to clinics to attract patients. To increase access to and retention in care, PEPFAR will support GVN to develop guidelines on service quality and referrals, train HCT counselors on benefits of early ART, and encourage PLHIV groups, HBC teams and peer educators to support referrals, retention in care, and treatment adherence.

Vietnam was selected to pilot the WHO Treatment 2.0 initiative, which will promote simplified ARV regimens at the local level of the healthcare system; provide HCT for MARPs and IDUs at methadone maintenance treatment (MMT) sites; and promote greater involvement of PLHIV groups and peer educators in home-based C&T

adherence. Results of this 1-year pilot will inform MOH's direction for a decentralized response to HIV in Vietnam.

PEPFAR provides limited support for treatment to detainees in GVN's compulsory detention centers for drug users, known as 06 centers, but will continue its activities to link detainees to OPCs during detention and upon release, without providing direct support to the centers. Data estimates as many as 40% of the estimated 200,000 IDUs in Vietnam are living with HIV . It is estimated that HIV prevalence among detainees in 06 centers is higher than the 10-60% HIV prevalence rate among IDUs outside of centers in different provinces.

Fiscal and technical transition of the treatment program is a priority for PEPFAR VN in COP 12. Following a year of intensive negotiation and advocacy with GVN at national and sub-national levels, select provinces are accepting and open to planning a transition with PEPFAR. Until recently, existing program structures made negotiation on costs and services difficult, as donor programs, including the Global Fund (GF), are managed by GVN through separate project management units.

Negotiations with GVN have identified the health insurance (HI) system and private sector as potential solutions for transitioning ARV procurement costs. HI is authorized to pay for selected ARVs, but does not routinely do so. Barriers include inconsistent GVN ARV supply chain systems, as well as confidentiality and cost associated with HI cards. MOH anticipates 2014 to be the earliest that national HI could cover ARVs.
The private sector also provides limited support for PLHIV. In 2010 and 2011, PEPFAR VN supported MOH to identify mechanisms for HI to cover C&T costs for PLHIV in 2 provinces and to develop guidance for health facilities' HIV services, including ART.

The Vietnam health system will need to be streamlined across provinces to integrate OPCs into the system. This integration will impact program and staffing structures. PEPFAR, WHO and other agencies will work with GVN on standardizing cost norms and developing task-shifting models to retain existing workers.

Quality and Oversight
In COP 12, PEPFAR will support HIVDR testing for patients with suspected treatment failure. An HIVDR monitoring survey is being considered in COP 12, and the activity scope will be based on results from COP 11, budget availability and WHO's new guidelines on HIVDR. The National Pharmaceutical University in collaboration with VAAC is running pharmacovigilance at pilot ART sites. PEPFAR will coordinate with other partners to support pharmacovigilance activities. Adherence support is included in the ART program to improve patient outcome.

Sustainability and Efficiency
Following years of advocacy, a national taskforce for ARV quantification and forecasting was established so all different donors, including GF and PEPFAR, can negotiate their contribution to the cost of national ARV procurement, and thereby align with the national program. PEPFAR also is negotiating with GVN to transition human resource support in addition to supply of ARV commodities. This process is a priority given projected declining budgets.

Transition of the treatment program from international partners to GVN is led by PEPFAR VN and the MOH, with significant discussion and planning alongside provincial government leadership. GVN will develop a roadmap for cost-sharing and cost-transition, with intent for early phase implementation this year. Transition will begin with service-delivery cost reductions, maximizing the use of government HCWs and reducing project staff. Other transition strategies include decentralizing ART services, task-shifting from physicians to other HCWs, and patient cost-sharing. Provincial People's Committees will also assume increasingly larger financial responsibility for the program.

To increase ART access, PEPFAR and GVN will develop alternative, cost-effective, treatment models, such as using 1 OPC to provide treatment for neighboring provinces or districts and for difficult-to-reach populations, in particular for mountainous areas with high HIV prevalence. The linkage and referrals between ART sites and VCT, TB/HIV and other programs, and standardization of a package of care services will be strengthened.

In its shift to TA, PEPFAR will address service quality. Strategies for each partner to maximize TA but reduce overlap will be developed. In addition to supporting VAAC, PEPFAR will provide TA to through trainings and workshop for Provincial AIDS Committees (PACs) and DOHs to strengthen their capacity to oversee service quality.

PEDIATRIC TREATMENT
Context
There are approximately 5,670 HIV-positive children in Vietnam (2% of all PLHIV), with 3,023 children nationwide receiving ART. The current Vietnam's National HIV/AIDS Strategy sets a target to care for 100% of HIV-positive children by the end of 2010 but there was not an implementation plan to reach this target. The next national HIV/AIDS strategy to 2015 is still in development.

The concentrated epidemic in Vietnam poses challenges to geographical coverage, and makes it difficult to develop expertise and infrastructure, and a targeted nationwide response. A handful of sites in urban areas provide care to large numbers of children, but facilities in the rest of the country are not prepared to meet minors' needs.

Accomplishments
PEPFAR remains the largest program supporting treatment to infected children since pediatric services were added to the program in 2005. Since 2006, PEPFAR has partnered with the Clinton Health Access Initiative (CHAI) to coordinate procurement and distribution of ARVs and CD4 reagents. PEPFAR has developed training curricula and protocols, supported clinical mentoring and provided TA to create a comprehensive pediatric support package for sites supported by GVN and GF. By the end of July 2011, pediatric ART was available at 42 sites in 23 provinces, including 11 specialist pediatric clinics, 28 integrated family centered care clinics, 2 orphanages and 1 hospice. PEPFAR collaborates with MOH, CHAI and GF to transition pediatric ARVs from CHAI to national resources, and in 2012 is bridging the transition with a 1-year pediatric drug supply by PEPFAR.

As of Dec. 2011, 2,519 children were receiving ART from PEPFAR (81% of all children on ART nationally); 549 children were newly initiated on ART during the past 12 months. Given enrollment rates, epidemic data, system capacity and attrition, PEPFAR VN targets placing 2,800 children on ART by Sept. 2013 and 3,200 by Sept. 2014.

There are site quality differences based on donor, time in operation, urban/rural location and other factors. To address the differences, PEPFAR established pediatric training networks at national pediatric hospitals in Ho Chi Minh City (HCMC) and Hanoi. PEPFAR provides technical support at these sites to train, supervise and mentor new or inexperienced doctors. Training and clinical learning structures are being taken up by GVN. The training and support package consists of onsite clinical mentoring, clinical bedside training, courses, online and telephone communication, case conferences and workshops. The training structures also build relationships between clinicians, which in turn facilitate patient referrals.

In FY 11, PEPFAR supported MOH to conduct a national pediatric ART evaluation in 20 pediatric clinics. This assessment will inform MOH and other stakeholders, provincial DOH, provincial HIV/AIDS centers and sites to improve their programs. To move toward strong evidence-based programming, PEPFAR is examining existing data on care quality and retention.

GOALS AND STRATEGIES FOR COP 12 & COP 13
In COP 12 and 13, PEPFAR will continue to contribute towards Vietnam's national target of 105,000 on ARV treatment by 2015, while transitioning its service delivery portfolio and HRH accountability to the MOH and strengthening its scope as a TA model program. This transition will be a significant step toward long-term sustainability of HIV treatment programs in Vietnam. Transition will be carefully planned to avoid abrupt changes in resources and staffing so that quality ART services for new and existing patients can be maintained.

Throughout this transition, continued treatment access remains an objective in COP 12. While we have already

given early notification to the GVN that PEPFAR may not be able to continue its current level of ARV procurement in the immediate years ahead, pending notification of our COP 13 funding levels, our care and treatment program will continue to maintain its enrollment rate of antiretroviral treatment for adults and children in our focus provinces, continuing to support the GVN to attain its 2015 targets. To support this we will plan to rapidly shift HRH costs back to the GVN through joint, detailed transition planning at the provincial government level. This is described further in the HRH section.

In the coming year, PEPFAR VN will focus increasingly on QI, through HIVQUAL, as part of its transition of service delivery. PEPFAR will support MOH in integrating HIV clinics into hospitals. Increasing hospital ownership of OPCs will offer opportunities for QI and full integration of HIV treatment into the existing health system. PEPFAR will continue to provide TA to MOH to develop the health care workforce, both in pre- and in-service settings, through development of training curricula, training of trainers (TOT), guidelines, and job aids.

PEPFAR VN is working with MOH and other donors to develop a minimum service package for C&T to standardize services among different treatment programs and be feasible for sustainability. PEPFAR will work with MOH to provide TA to national program-supported sites.

PEPFAR VN will review site performance, promote using full capacity of treatment sites and consider closing sites with low workload while reviewing models such as satellite clinics to serve a broader catchment area. PEPFAR will work with partners and other donors to review costs of management, operations and services, gradually reducing those costs.

With regard to pediatric treatment, PEPFAR VN will improve identification of infected children in communities and strengthen referrals/linkage from point-of-testing to OPCs. PEPFAR will support MOH to expand early infant diagnosis (EID) for exposed infants through laboratory capacity building and QA. In collaboration with the MOH, we will also establish HIVDR monitoring sites, following WHO protocol.

HUMAN RESOURCES FOR HEALTH
PEPFAR currently supports human resource costs at 90 of the 315 ART sites nationwide, in addition to HRH costs at other organizations and institutions engaged in HIV work. As described above, PEPFAR VN has begun dialogue with GVN to rapidly transition its support for HRH to the provincial level governments. If PEPFAR VN funds remains level from the previous year, savings made by shifting HRH will be re-directed to expand our TA support; with decreased funding, HRH transition will be on pace with our budget decline.

PEPFAR will address human resources gaps by initiating task shifting where feasible. For example, PEPFAR activities will continue to employ site-level supporters for treatment adherence to counsel and monitor patients and make necessary home visits. Crucial to patient adherence, these community-based treatment supporters are embedded in many OPCs. Another approach will be to strengthen counseling quality. Peer educator counseling training within the VCT program will be revised to increase referrals to the treatment system. At the OPC level, PLHIV peer educator skills will be strengthened through training and mentorship by GVN and other staff.

SUPPLY CHAIN
Through SCMS, PEPFAR has been supporting the National AIDS Program with supply chain system strengthening for ARVs, CD4 reagents and methadone commodities. Until recently, Vietnam maintained 3 parallel ARV supply chains, for PEPFAR, GF and the National Program. To close a gap in the GF and national program ARV drug stock-outs in early 2011, PEPFAR encouraged MOH to undertake more transparent planning and to create 1 national system for quantification and forecasting processes across the drug procurement program. We now are working with GVN toward a unified national supply and procurement chain, which will allow ARV financing to become one component of ARV procurement and supply chain mechanisms.

MOH has established ARV supply coordination advisory and secretary committees, and the secretary committee acts as a central logistics pharmaceutical unit under VAAC. The unit is in charge of quantifying ARV orders

quarterly, with participation and technical support from PEPFAR and other stakeholders.

With the aim to have a mechanism for an integrated supply chain management system for all HIV commodities, PEPFAR and GVN agencies agreed to establish a combined national HIV and TB drug and commodities supply chain. PEPFAR will support VAAC to merge different supply chains for ARV, methadone, and lab commodities into a single system. Both the VAAC and the National TB Program agreed that developing human resource capacity will increase the sustainability of the supply chain. PEPFAR will support this by investing in central and provincial pharmaceutical supervision systems.

LABORATORY
GVN approved the National Laboratory Strategic Plan (NLSP) in 2009, this addresses quality management system (QMS) and biosafety; however, this plan is not yet fully implemented. Biosafety and waste management systems in health facilities are not strictly controlled. Support for M&E and national biosafety guidelines are under development.

There are no national policies standardizing and linking practices across different diseases. The NLSP is the first document that proposes creating national standards that will be applied to labs across all MOH departments. The establishment of the Bureau of Quality Management and 3 quality control centers is the first step in implementing NLSP recommendations. These 2 bodies will work to develop regulations, guidelines and standards for QA in all laboratory sectors and create External Quality Assurance (EQA) programs for laboratories across all disease control programs. In 2011, PEPFAR implemented a master's level certificate program to educate laboratory technicians from MOH and national institutions involved in regulation and guideline development. An outcome of this program is to establish a foundation of QMS knowledge across disease control programs. PEPFAR also provided TA to GVN to create national testing guidelines for CD4 and HIV Serology and support the development of viral load guidelines.

Vietnam's Bureau of Accreditation accredits laboratories using APLAC standards but to date few laboratories have obtained ISO 15189. PEPFAR supported 6 national and provincial laboratories to apply for accreditation in 2011. In Feb. 2012 SLMTA was introduced into Vietnam by PEPFAR. This program guides facilities in a step-wise approach to implement and improve QA practices leading to accreditation. PEPFAR also supports the implementation of electronic laboratory information systems (LIS) in 8 hospitals and HIV testing laboratories, with an additional 7 sites under deployment. The LIS improves laboratory result quality and the efficiency of data management with barcode technology, instrument interfacing and electronic data storage.

PEPFAR is also supporting TB infection control (IC) measures at the policy level by providing TA to develop national IC guidelines.

The sustainable impact of PEPFAR TA is exemplified through the Quality Management Training for laboratory managers. This training, developed by CDC, was delivered several times throughout the country, primarily to provincial level lab technicians. Over time, the lectures were delivered through GVN institutions, and the program is now fully managed and provided for by GVN.

Currently there is no national coordinating body responsible for the supply chain management of reagents and test kits. GF project staff in Vietnam have miscalculated the needs for CD4 reagents in the past, leading both to stock-outs and overstock. PEPFAR has lent support to GVN and prevented interruption of testing services. With no guidelines to harmonize equipment procurement, laboratory equipment and supplies are purchased at the provincial level, often with minimal input from laboratory personnel. This has resulted in a lack of consistency between provinces and the purchase of inappropriate instrumentation and supplies. PEPFAR continues to advocate with the Vietnam Administration for Medical Services (VAMS) to exercise its authority over the provinces and require national level approval for future procurements.

GENDER

IDUs, FSWs and MSM, account for more than 80% of PLHIV in Vietnam, with a narrowing case ratio between men and women, particularly among FSWs and IDUs, and among male and female patients in some OPCs. PEPFAR supports ART for HIV-infected persons based on eligibility for treatment, regardless of their gender. Given lower HIV prevalence in women, approximately 30% of patients on ART at OPCs are female, according to VAAC's 2008 ART outcome evaluation. In support of PEPFAR's gender programming goals, OPC staff counsel patients to bring their partners to clinics to receive counseling in HIV prevention, and HIV testing and treatment if they meet clinical criteria. Pregnant women are counseled about PMTCT. At this time, GVN is revising national HIV treatment guidelines based on 2010 WHO recommendations to include the option for HIV-positive pregnant women to receive ART for PMTCT at 14 weeks and initiate ART if CD4 =350. National treatment guidelines also include post exposure prophylaxis for non-occupational HIV exposure, including rape, but this activity hasn't been implemented in practice. PEPFAR supports local NGOs to establish clubs for HIV-positive persons including women and empower them for positive living, seeking HIV care, adhering to ART and providing HBC for other PLHIV and affected children, in addition to working with provincial stakeholders to build supportive environments for more equitable gender norms. PEPFAR encourages a family-centered approach to C&T services for HIV-infected couples and their children at the same OPC.

SI
While scale-up of treatment programs has been prioritized, less emphasis has been placed on electronic information systems. Information on patient management remains project-specific. Nevertheless, patient logbooks, an abstract form between patient-level information and aggregation-level reports, have been developed, standardized and used in all ART sites nationally. Patient information is primarily paper-based and kept at facilities, which limits analysis and use of patient and project level data. A national TWG is working to establish a patient management information system (PMIS) for the country. HCMC, with PEPFAR support, is piloting a PMIS to manage its patients. Aggregated data are reported to the national level per 'Decision28.' Routine monitoring data includes numbers initiated on ART, 12- and 24-month retention rates. PEPFAR program data showed a 12-month retention rate of 83% (IQR 71%-88%) among PEPFAR-supported sites (S/APR2011). Latest PEPFAR reports indicate regional variation in 12-month ART retention (60-95%) although this was not seen across implementing partners (81%-85%). To assist in addressing this, PEPFAR will support implementation of HIVQUAL to improve data quality and outcomes though a facility-owned process.

Surveys have been implemented to assess service provision quality (WHO's 'Early Warning Indicator' survey, PEPFAR-supported national ART evaluation survey, HCMC ART outcome evaluation). Surveys indicate late initiation of ART (CD4<100), although it has risen in the past 5 years. ARV drug-resistance monitoring is conducted every 1 or 2 years, depending on monitoring type. Given the number of people on ART and their ongoing demand for healthcare services, a system to provide data more routinely and timely is a priority.

Challenges for the treatment information system include a lack of standardized aggregation and reporting forms across parallel reporting systems at the facility and district-levels. These are due to limited integration of national and project-specific reporting systems, as well as limited collaboration across program areas at all levels. PEPFAR supports VAAC to move toward an integrated reporting system. PEPFAR also supports cross-program collaboration between treatment and M&E groups at VAAC, PACs and itself to strengthen the treatment information system as an integral part of the improved HIV information system.

CAPACITY BUILDING
Capacity-building objectives for government, private sector and civil society in ART focus on strengthening the capacity and involvement of mass and social organizations, and PLHIV self-help groups for increased access to services and support for treatment adherence.

PEPFAR will integrate these approaches by:
- *Individual: Improving pre-service training (curricula and teaching); improving in-service training; institutionalize standards, accreditation; and professionalizing community PLHIV as treatment supporters and treatment adherence counselors.*

- *Organization: Supporting VAAC to develop a plan for care coordination, referrals and linkages between outpatient HIV treatment services, HIV-services (VCT, ANC, TB, STI), and community and home-based care (CHBC) to allow for COPC; supporting GVN to develop electronic data management systems; supporting MOH, Ministry of Public Security (MOPS), Ministry of Labor, Invalids and Social Affairs (MOLISA) to build capacity through trainings and mentoring on HIV care and treatment (HCT) services in closed settings.*
- *System: Assisting MOH to develop policies and guidelines to implement core HIV treatment package and alternative integrated ART models, and assisting GVN to implement SOPs to integrate HCT into the existing primary healthcare system.*

PEPFAR will support the following strategies with national government, civil society and/or other stakeholders: support GVN leadership in planning and implementation; build provincial and district-level program management capacity; improve multi-sectoral coordination; build civil society capacity; and build private sector capacity. In addition, PEPFAR VN will work with UN and other agencies including CHAI to conduct onsite clinical and programmatic mentoring and trainings at 13 GF and national program sites, with UNICEF to promote operational linkages of RH, MCH, PMTCT services, and with GF to use existing GVN-supported social workers and other community-level staff in the HCT programs.

To measure how GVN can take a greater role in leading and managing the response with quality standards, PEPFAR VN will support GVN to develop and implement a national QI program for HCT services; develop TOT training with master trainer teams; provide mentoring and in-service training; develop solutions to supply chain gaps and institutionalize a sustainable supply chain management system; develop 1 GVN national HIV commodity distribution system; develop a pooled procurement system; improve capacity of national and regional public health institutes, and nursing and medical schools to provide in-service and pre-service training on HIV-related programs monitoring and management, as well as disease detection, prevention and control; identify and address capacity needs among civil society organizations (CSOs) delivering HIV services; and develop technical and program management skills of CSOs and community-based organizations.

PPP in HIV/AIDS Care and Treatment provision
Expanding the private sector's participation in service provision will be critical to increasing the availability of affordable, high-quality HIV services for individuals and communities in Vietnam. Because the private sector is more sensitive to market demands and local needs, their participation has the potential to improve overall access to and quality of HIV services. The private sector, in partnership with the public health sector, can contribute to service coverage expansion and address gaps in an efficient, accountable and responsive manner.

In COP 12, with the goal to sustain the continuum of prevention to treatment and advance priorities in treatment provision, private-sector providers will be linked to public health facilities providing TB/HIV services. The project aims to increase TB and HIV case detection by enhancing referrals from the private sector to existing public-sector prevention and treatment services. With OGAC central funds, we will also develop a PPP with a Vietnamese microfinance organization and PACs to facilitate the delivery of comprehensive microfinance, social and health support for HIV-infected and affected families.

MARPs
The national HIV prevalence rate is 0.43% for ages 15-49, and the HIV epidemic is concentrated among the most-at-risk-populations of IDUs, female sex workers (FSWs), and men who have sex with men (MSM). Data estimates that as many as 40% of IDUs are living with HIV. While prevalence among IDUs is decreasing in some provinces, the epidemic is acute and worsening in select provinces including HCMC (48%), Hai Phong (48%), Dien Bien (56%) and Quanh Ninh (56%). HIV prevalence is also high among FSWs, including both street- and venue-based, averaging 16% in hot-spot cities with larger populations, such as HCMC, Hanoi, Hai Phong and Can Tho. There are an estimated 65,000 (range: 29,000-101,000) FSWs in Vietnam. An emerging risk group is MSM. Data indicate a growing HIV epidemic among MSM in Hanoi and HCMC, with HIV prevalence estimated to be up to 16% in those locations. The estimated MSM population ranges from 160,000 to 482,000.

MARPs-targeted care services are addressed within the intervention continuum of HIV prevention to clinical care and ART. Key to early detection of infection and referral to clinical services is HIV counseling and testing. Individuals who test positive are linked to clinical care including ART, increasingly housed in the same complex as counseling and testing services, and provided access to support services including HIV/TB, food/nutrition, social support groups, Positive Health Dignity and Prevention, risk-reduction counseling, case management and, as appropriate, treatment for mental health and substance use disorders. Supplementing the minimum package of services available for IDUs, we are supporting national scale-up of MMT. Through training to address issues of stigma and discrimination, we aim for all care services to welcome and serve MSM populations. Both street- and venue-based FSWs also are referred to a complete package of care services ranging from condom promotion, STI diagnosis/treatment and VCT to clinical care and support services for those who are HIV-infected.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
VN.347	Number GVN officials trained in policy analysis and implementation	0	Redacted
VN.348	National HSS plan developed and updated with clear justification about preventive medicine, the social work for HIV/AIDS prevention	0	Redacted
VN.352	Number of advocacy meetings with senior GVN leaders held by GF, WB, USG	15	Redacted
VN.353	Number of community and NGO-supported staff trained in the areas of: service delivery, M&E, quality improvement, and strategic planning	0	Redacted
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known	402,000	

	HIV status (includes women who were tested for HIV and received their results)		
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	80 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	1,200	
	Number of HIV-positive pregnant women identified in the reporting period (including known HIV-positive at entry)	1,500	
	Life-long ART (including Option B+)	500	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	235	

	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	500	
	Single-dose nevirapine (with or without tail)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Sum of regimen type disaggregates	1,235	
	Sum of New and Current disaggregates		
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	10,750	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of	n/a	Redacted

	'Prevention with PLHIV (PLHIV) interventions		
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	20,517	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	20,000	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	0	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive	126,490	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	41,100	
	By MARP Type: IDU	60,900	
	By MARP Type: MSM	22,350	
	Other Vulnerable Populations	2,140	
	Sum of MARP types	126,490	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	627,000	Redacted
	By Age/Sex: <15 Male	570	
	By Age/Sex: 15+ Male	156,980	
	By Age/Sex: <15 Female	480	
	By Age/Sex: 15+ Female	468,970	
	By Sex: Female	157,550	
	By Sex: Male	469,450	
	By Age: <15	1,050	
	By Age: 15+	625,950	
	By Test Result: Negative	614,230	
	By Test Result: Positive	12,770	
	Sum of age/sex disaggregates	627,000	
	Sum of sex	627,000	

	disaggregates		
	Sum of age disaggregates	627,000	
	Sum of test result disaggregates	627,000	
C1.1.D	Number of adults and children provided with a minimum of one care service	85,804	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	
	By Sex: Female	31,071	
	By Sex: Male	54,733	
	By Age: <18	5,139	
	By Age: 18+	80,665	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	85,804	
	Sum of age disaggregates	85,804	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	62,098	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	

	By Age/Sex: 15+ Female	0	
	By Sex: Female	21,300	
	By Sex: Male	40,798	
	By Age: <15	3,270	
	By Age: 15+	59,883	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	62,098	
	Sum of age disaggregates	63,153	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	35 %	
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	21,880	Redacted
	Number of HIV-positive individuals receiving a minimum of one clinical service	62,098	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients	2,420	

	who received therapeutic and/or supplementary food during the reporting period.		
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	439	
	By Age: 18+	1,982	
	Sum by age disaggregates	2,421	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	77 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	47,580	
	Number of HIV-positive individuals receiving a minimum of one clinical service	62,098	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or	3 %	Redacted

	ART) who started TB treatment		
	Number of HIV-positive patients in HIV care who started TB treatment	1,996	
	Number of HIV-positive individuals receiving a minimum of one clinical service	62,098	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	n/a	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	1,520	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	0	
	By timing and type of test: virological testing in the first 2 months	0	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9	0	

	and 12 months		
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	11,342	Redacted
	By Age: <18	3,525	
	By Age: 18+	7,817	
	By: Pregnant Women or Lactating Women	0	
	Sum of age disaggregates	11,342	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	8,000	Redacted
	By Age: <1	100	
	By Age/Sex: <15 Male	320	
	By Age/Sex: 15+ Male	4,640	
	By Age/Sex: <15 Female	280	
	By Age/Sex: 15+ Female	2,760	
	By: Pregnant Women	100	
	Sum of age/sex disaggregates	8,000	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	45,000	Redacted
	By Age: <1	120	

	By Age/Sex: <15 Male	1,820	
	By Age/Sex: 15+ Male	27,430	
	By Age/Sex: <15 Female	1,580	
	By Age/Sex: 15+ Female	14,170	
	Sum of age/sex disaggregates	45,000	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	83 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	7,470	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	9,000	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age disaggregates	0	

H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	173	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	39	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	289	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	15,289	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	180	


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7345	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	17,971,242
7348	United Nations Joint Programme on HIV/AIDS	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	523,000
9972	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	170,000
9973	Hanoi School of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
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	GHP-State	3,700,000
9976	Ministry of Health, Vietnam	Host Country Government Agency	U.S. Department of Health and Human	GHP-State	10,500,000

			Services/Centers for Disease Control and Prevention		
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	GHP-State	439,500
9998	Pasteur Institute	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	454,400
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	GHP-State	1,000
10000	TBD	TBD	Redacted	Redacted	Redacted
10001	TBD	TBD	Redacted	Redacted	Redacted
10118	Vietnam Administration for Medical Sciences	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	10,000
10831	Clinical and Laboratory	NGO	U.S. Department of Health and	GHP-State	180,000

	Standards Institute		Human Services/Centers for Disease Control and Prevention		
10832	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	190,000
11605	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
11609	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of East Asian and Pacific Affairs	GHP-State	10,000
11613	TBD	TBD	Redacted	Redacted	Redacted
12340	Institute of Population, Health and Development	NGO	U.S. Department of Defense	GHP-State	0
12341	Vietnam Nurses' Association	Implementing Agency	U.S. Department of Defense	GHP-State	0
12736	Foundation for Innovative New Diagnostics	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	315,000

			Prevention		
12750	FHI 360	NGO	U.S. Agency for International Development	GHP-State	150,000
12909	U.S. Pharmacopeia	Implementing Agency	U.S. Agency for International Development	GHP-State	150,000
12976	Development Center for Public Health	Implementing Agency	U.S. Department of Defense	GHP-State	0
13007	Vietnam National TB Program	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	324,293
13073	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	350,000
13131	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	40,000
13147	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	200,000
13234	KNCV Tuberculosis	NGO	U.S. Agency for International	GHP-State	735,000

	Foundation		Development		
13306	FOGARTY INTERNATIONAL CENTER	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	0
13759	Research Triangle International	Private Contractor	U.S. Agency for International Development	GHP-State	1,199,000
13779	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	130,000
13942	University of California at Los Angeles	University	U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration	GHP-State	250,000
14048	Hennepin Faculty Associates-Addiction Medicine Program	Private Contractor	U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration	GHP-State	100,000
14086	TBD	TBD	Redacted	Redacted	Redacted
14156	TBD	TBD	Redacted	Redacted	Redacted
14159	FHI 360	NGO	U.S. Agency for	GHP-State	9,859,850

			International Development		
14326	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	420,000
14336	Hanoi Medical University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	555,000
16739	JHPIEGO	University	U.S. Agency for International Development	GHP-State	75,000
16778	TBD	TBD	Redacted	Redacted	Redacted
16803	TBD	TBD	Redacted	Redacted	Redacted
16817	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	0
16916	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 17,971,242	
Funding Source	**Funding Amount**
GHP-State	17,971,242

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the SCMS project is to strengthen supply chain systems for HIV commodities, including forecasting and procurement, distribution, storage and dispensing. The SCMS project provides HIV commodities to 32 provinces and will provide technical assistance (TA) on supply chain management at the national and provincial levels. The government of Vietnam (GVN) has set a goal of providing 72,000 patients with ARV treatment by the end of Sept. 2013. With the increased number of people on ARVs, SCMS will need to increase its TA interventions at the facility level, increasing its support from 22 to 167 patient sites, since Aug. 2008. SCMS project staff will intensify site-level supervision visits, in conjunction with GVN staff and with Provincial AIDS Committees (PACs) staff, to reinforce standard pharmaceutical management practices at each facility. As PEPFAR funding in Vietnam is reduced, the sustainability of the national HIV supply chain will be a priority in COP 12. The SCMS project will continue to provide evidence and TA to GVN on the development and operational progress of a national supply chain system and other supply chain system-strengthening activities. No vehicles will be purchased for this project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	750,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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
Governance and Systems	HLAB	960,000	0

Narrative:

The Supply Chain Management System (SCMS) project, with PEPFAR support, has been ensuring an uninterrupted supply of HIV-related laboratory commodities. In COP 12, the project will maintain a supply chain of reagents, maintenance and QA activities required to provide quality testing services for adult, pediatric and PMTCT patients. Commodity-related funding will cover the procurement and distribution of reagents and supplies for 9 BD machines and 2 early infant diagnosis (EID) machines. The project will provide technical assistance (TA) to the Vietnam Administration for HIV/AIDS Control (VAAC) to establish a National Lab supportive supervision mechanism through which capacity and responsibility to ensure the quality of lab supply chain services at the site level can be transferred to VAAC and provincial level management. The project also will provide TA to VAAC for the integration of supply chain planning and distribution activities for lab reagents and supplies across the different partners and program areas of VAAC with funding under OHSS. The objective of this activity is to create harmonization and standardization across the board to effectively utilize resources at all levels of the supply chain to create a sustainable supply chain system for lab supplies managed by GVN.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	200,000	0

Narrative:

The SCMS project supports the Vietnam Administration for HIV/AIDS Control (VAAC) in establishing an integrated supply chain system that can ensure the availability of effective, safe, quality and economical commodities to HIV patients. COP 12 funding will build on supply chain-strengthening activities initiated in COP 11 with VAAC. The major barriers to the supply chain system include the fragmentation of the supply chain under different program categories; absence of organizational structures, and unclear roles and responsibilities; and ambiguous policies, procedures and framework for pharmaceutical supply chain. Under the OHSS budget code, the project will continue its support to VAAC and the Ministry of Health (MOH) to strengthen the supply chain system through integration across commodities and donors in Vietnam. The following are the primary focus areas in which technical assistance (TA) will be provided: -Strengthen supportive supervision mechanisms for facilities to improve the quality of pharmaceutical and supply management services at the facility level. -Strengthen the supply chain management information system to improve effective and evidence-based decision making at all levels of VAAC. -Strengthen the human resource system to define the supply chain-related organizational structure, roles and responsibilities, and to improve the quality of pharmaceutical and supply management activities at all levels of VAAC. TA will be provided to VAAC to strengthen the supply chain system in the TAs stated above. These activities will help to overcome those barriers and will result in a more sustainable supply chain system. The project also will develop the capacity of VAAC in these areas by involving it in establishing policies, procedures and frameworks, and providing formal capacity-building for trainers. This consensus and coordination will help to harmonize and standardize the services across the board. The funding from other sources (i.e. Global Fund and the National program) also will be used to establish a functioning national HIV supply chain system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	4,275,622	0

Narrative:

Since 2008, the SCMS project has ensured uninterrupted supply of methadone as a critical harm-reduction intervention. In COP 12, the project will support 12,500 patients at 50 treatment sites with no additional scale-up. $1.6 million of IDUP funding will be used to procure methadone and support logistic-related activities. $200,000 will be used for capacity building, QA and coordination activities necessary to strengthen the system for methadone supply chain management. To ensure the quality of services, the project will establish a supportive supervision mechanism that will be implemented at different service provision levels by continuous monitoring, planning and performance evaluation. Additionally in COP 12, the project will work with the Vietnam Administration for HIV/AIDS Control (VAAC) to integrate the methadone supply chain within the HIV supply chain. This will include integration in supply-chain planning, distribution, supportive supervision and rational use of methadone at the site

level. Because sustainability of the methadone and ARV supply chain is a key priority in COP 12, the project will transition key functions of supply chain management to VAAC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	60,000	0

Narrative:

The SCMS project provides support to 62 PMTCT sites, including support to the Vietnam Administration for HIV/AIDS Control (VAAC) on procurement planning and commodity distribution. Dispensers at PMTCT sites receive training on reporting, stock management and dispensing both in workshops and during site supervision visits. In 2010, the project started working on rationalization of site management, decreasing the number of visits to sites each year. This rationalization will continue along with continued dialogue with other stakeholders. COP 12 activities in this budget code will strengthen the capacity of VAAC to standardize supply chain services at the facility level, including MTCT, the supportive supervision mechanism at the Provincial AIDS Committee (PAC) level and other supply chain-related activities at different levels of the system. COP 12 MTCT activities also will be linked with OHSS activities to develop an integrated national supply chain system, which includes MTCT sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	11,575,620	0

Narrative:

The Supply Chain Management System (SCMS) project, with PEPFAR support, has been ensuring an uninterrupted supply of HIV-related pharmaceuticals and supplies in Vietnam since 2006, to cater the needs of PLHIV. With COP 12 funding, the project will support up to 57,000 patients and maintain supply chain of ARV and opportunistic infection medicines required for adult, pediatric and PMTCT patients. Funding also will be used to support planning, coordination, QA and monitoring for commodity distribution. Since 2010, SCMS has focused on national procurement strategic planning by providing technical assistance (TA) to the government of Vietnam (GVN) to strengthen its capacity to forecast annual requirements and quarterly orders for HIV-related pharmaceuticals and supplies. Strengthening GVN capacity in forecasting and quantifications is critical to the sustainability of the HIV supply chain, as these functions will be gradually transitioned to GVN beginning in COP 12. In FY 2011, the SCMS project provided HIV commodities to national and Global Fund (GF) programs as they were experiencing a stock-out. To avoid future stock-outs, SCMS has worked with national and GF programs to integrate supply chain planning. Under this mechanism, the capacity of the Vietnam Administration for HIV/AIDS Control (VAAC) and all other partners are being developed to conduct annual and quarterly procurement planning activities to ensure the effective utilization of available resources and to avoid stock-outs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	800,000	0

Narrative:

Currently, the SCMS project provides technical assistance (TA) to the Vietnam Administration for HIV/AIDS Control (VAAC) to develop an efficient supply chain management system that can ensure the availability of quality pharmaceutical and supplies services at all levels of the system. In COP 12, the project will work with the government of Vietnam (GVN) to define a standardized package of supply chain services needed at different levels within the national HIV program, from a national to communal level. Once a standard set of services is determined, SCMS will provide formal training and on-the-job coaching and mentoring. Additionally, the project will monitor and evaluate the quality of services provided at different levels against defined standards and through continuous monitoring. The project will ensure the ownership and sustainability of supply chain interventions by transferring the skills and responsibility of supply chain management activities to government staff, and by advocating for routine planning cost inclusion in the HIV budget. Human resource development and standardization of services will enable VAAC to harmonize service levels within the organizational model of supply chain and sustain those activities in a cost-efficient manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	100,000	0

Narrative:

The targeted number of pediatric patients in COP 12 and COP 13 are 3,360 and 3,700, respectively. Starting in COP 12, the project will provide technical assistance (TA) to the government of Vietnam (GVN) to strengthen the supply chain information management system at all levels within the HIV program. This will enable the national program to improve its quality in data recording, reporting, analysis, evidence-based decision making and feedback. The project will continue providing TA to strengthen the capacity of health professionals on different components of supply chain management at the national and provincial levels, to improve the quality and effectiveness of services regarding pediatric medicines and supplies, such as pediatric ARVs, opportunistic infection medicines, early infant diagnosis services and viral load testing.

Implementing Mechanism Details

Mechanism ID: 7348	**Mechanism Name: UNAIDS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Joint Programme on HIV/AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 523,000	
Funding Source	**Funding Amount**
GHP-State	523,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The UN in Vietnam plays a key role in providing high-level advocacy to strengthen the national HIV response. Its work, implemented primarily by UNAIDS and WHO, supports targeted prevention interventions for MARPs and treatment, care and support for PLHIV. In COP 12, the UN Resident Coordinator, which serves as the secretariat for all UN agencies in Vietnam, will continue to strengthen the coordination of donors and the government of Vietnam (GVN) across the HIV sector at all levels. UN activities also will provide key strategic information interventions to strengthen the evaluation capacity of GVN and increase the involvement of key populations to understand the epidemic. Geographic coverage will be at the national level. Hiring vehicles to support program implementation and monitoring is required from time to time. Vehicles for staff transportation will ensure timely, effective and quality delivery of project activities implemented in collaboration with government and other local partners.

Cross-Cutting Budget Attribution(s)

Key Populations: MSM and TG	170,758

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7348**
Mechanism Name:	**UNAIDS**
Prime Partner Name:	**United Nations Joint Programme on HIV/AIDS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	180,000	0

Narrative:

In COP 12, a key focus of the UN will be to further facilitate capacity-building efforts for data analysis, and to promote evidence-informed resource allocation through provision of technical assistance (TA) at the national and regional level (through the Regional Institutes). Key COP 12 activities will include: -Support WHO in hiring a mid-level health information systems (HIS) technical advisor. The advisor will provide technical support in the application of qualitative and quantitative methods in the conduct of eHealth and HIS architecture, information and communications technology (ICT) project management, and analytic studies related to the use of health information for decision-making. The advisor will increase the health informatics capacity of the Ministry of Health (MOH) and Vietnam Administration for HIV/AIDS Control (VAAC) in planning, designing, developing, implementing and evaluating eHealth and HIS solutions, management and sharing; integrating evidence into the management processes; and in promoting the application of appropriate health information technologies; -Support the finalization of the new National HIV Strategy 2011-2020, and support the VAAC and the National SI/M&E TWG in the implementation of the National M&E plan and its program of action under the new national strategy. -Continue work with the VAAC to develop a set of "geographic prioritization criteria" to classify different geographic areas according to the type or severity of the HIV epidemic, to prioritize provincial-level resource allocations. -Improve routine HIV surveillance by providing trainings and expert TA to develop a new sentinel surveillance protocol that relies on more rigorous methods and includes training materials. -Provide technical support to country efforts to improve the routine M&E system by addressing the link of HTC to case reporting and data collection systems — unifying paper/pencil and digital reporting. UN will also support the field test and expand the PMTCT monitoring system that includes measures of impact, cross-cutting with the MTCT program by supporting better retention of exposed infants.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	343,000	0

Narrative:

In COP 12, the UN Resident Coordinator will continue to leverage comparative advantages in policy advocacy and partnership building among government, civil society, international partners and other stakeholders. It will cement

existing strong relationships and build new relationships with new leaders at central and provincial levels, focusing in particular on strengthening commitment and capacity for a sustainable HIV response (through the use of proven harm-reduction practices; the involvement of key affected populations; and mainstreaming HIV into socioeconomic development planning) and increased domestic resources for the response. Priorities include: 1) Ensure that new leaders at all levels have knowledge of HIV and the response in Vietnam; 2) Continue support to the National Committee on AIDS, Drugs and Prostitution Prevention and Control to build its capacity to advocate for a sustainable response and national funding; and 3) Support targeted provinces to increase coordination and the sustainability of provincial responses, and provide best practice examples for other provinces. COP 12 OHSS activities also will strengthen the capacity within the Ministry of Health (MOH) to: 1) Provide technical support to facilitate the establishment of Health Partnership Group (HPG) TWGs in key areas of the sector (health information, HRH, health financing, environmental health management, etc.); 2) Promote high-level policy dialogue in health among all relevant stakeholders through quarterly HPG meetings, HPG core group activities and TWGs; 3) Facilitate the review of the implementation of aid-effectiveness principles in Vietnam's health sector, including through the Statement of Intent, and ensuring the participation of provincial stakeholders, as well as disease programs; and 4) Promote the use of the Joint Annual Health Review (JAHR) as a basis for stronger and more effective policy dialogue among all stakeholders in health, including through a stronger linkage between JAHR and the planning process, as well as greater involvement of Ministry of Health (MOH) departments and disease programs in the process.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 170,000	
Funding Source	**Funding Amount**
GHP-State	170,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

APHL assistance in Vietnam aims to improve data management in clinical and HIV testing laboratories and support implementation of laboratory training, curriculum development and technical assistance activities to increase laboratory testing capacity and improve laboratory quality. These goals and objectives are directly linked to the Vietnam Partnership Framework section 2.1.c Improve Laboratory Systems.

APHL's general laboratory activities focus at national level institutions and laboratory information systems (LIS) activities are centered in HCMC and Hanoi because of the higher disease prevalence and proximity (ease of implementation) to the local IT vendor and GVN programs. The Vietnam LIS program has been developed with country ownership and cost-effectiveness in mind. The key aspects of this sustainable approach are: implementation by the GVN; use of open-source software; local and cost effective IT software development; and local maintenance and support. LIS activities in Vietnam were initially implemented primarily by APHL but since the initial LIS pilots in Hanoi and HCMC, there has been a steady transition to government ownership of the LIS program while still utilizing a local IT company for implementation and software programming expertise. As a result, the role of APHL has moved towards providing technical assistance. Monitoring and evaluating of LIS activities is conducted through site monitoring. Each implementation site is monitored by GVN at least once per quarter and more frequently during initial deployment. PAC HCMC developed a site monitoring form in 2011 which will be utilized by GVN for all sites.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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
Governance and Systems	HLAB	170,000	0

Narrative:

The Association of Public Health Laboratories (APHL) is recognized for its work within the US to safeguard the public's health by strengthening public health labs and internationally, APHL provides direct, in-country technical assistance (TA) to numerous PEPFAR-supported countries on lab methodologies, equipment selection, lab management, quality assurance, and safety. In FY 2012, APHL will continue to support the development and the deployment of nationally available, site-specific, free and open-sourced laboratory information systems (LIS) in Vietnam. This work includes linking the LIS to other health information systems through data exchange programs, improving quality of available open-sourced software in Vietnam and assisting the GVN to take over management of the LIS program. APHL will also support the continued development of the lab curriculum at Hanoi School of Public Health, utilizing their technical expertise on advanced HIV test kit evaluations, and providing training resources related to lab management.

Since Vietnam LIS project began in 2006, APHL has provided TA for the initial LIS pilot and more recently its expansion and continued development. The LIS is operational at 8 HIV testing and hospital laboratories and is under deployment at 6 additional sites.LIS improves quality assurance of lab testing and results by reducing data entry errors using a barcode system and automatic data exchange, improves lab management with reports and worklists, and reduces workloads by generating routine reports and interfacing with analytical instrumentation. In the pilot phase, APHL helped select an appropriate LIS for Vietnam, strengthened paper-based systems, and developed the initial deployment contract with a local IT vendor. APHL also added functionality to the LIS specific to Vietnam's needs, while helping to maintain a partnership with the Open Source collaborative to ensure Vietnam benefited from improvements made in US. With COP 12 funding, APHL will organize a LIS technical seminar in Vietnam, contract the development of an enhanced version 2.0 of the Vietnam LIS software and support the implementation of a new HIV rapid test kit algorithm to support WHO's Treatment 2.0.

Implementing Mechanism Details

Mechanism ID: 9973	**Mechanism Name: HSPH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Hanoi School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Hanoi School of Public Health (HSPH) will focus increasingly on transitioning towards being a technical assistance (TA) provider to GVN partners rather than on direct implementation of training activities. This approach will include promoting institutionalization of the curricula developed on management, impact evaluation, and total quality management to GVN at the regional and provincial levels. Participating provinces will be chosen in line with PEPFAR transition plans nationally.

Institutionalization will occur at multiple levels, ensuring that courses are offered to students at the HSPH and other health, medical and training institutions. This includes the nationally mandated in-service curricula for HIV staff at the health service delivery level. Technical and financial support will be given to the regional training centers in the Ho Chi Minh City Pasteur Institute and the Danang Preventive Medicine Center, as well as the Vietnam Public Health Association to provide these trainings and follow-on mentorship and coaching. In line with transitioning to a TA resource for the country, HSPH will collaborate and guide other Vietnamese partners implementing PEPFAR-supported training programs, notably with the Vietnam Administration for AIDS Control (VAAC) in the MOH to provide TA in the roll-out of HIVQUAL, focusing on measurement of impact, follow on training and support to trainees, and network development. HSPH will support a similar initiative with the Ministry of Defense TQM training program developed with COP 11 and COP 12 funding.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	220,000

TBD Details

(No data provided.)

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**
Governance and Systems	HVSI	200,000	

Narrative:

The HSPH currently has bachelors, masters, and doctorate level degrees in public health, as well as a wide range of in-service training opportunities to serve health professionals on a national scale. COP12 funds (year two of a five year cooperative agreement) will be used to further develop and enhance the capacity of the HSPH to train and develop a high quality and relevant public health workforce for Vietnam. Specific activities include: Continue to develop a Bachelors of Public Health Informatics (PHI) 'track' within the existing HSPH undergraduate curriculum. This curriculum will be based upon standardized competencies that are appropriate for Vietnam. This program seeks to increase capacity and availability of public health workers to improve the acquisition, integration, and display of information, with the goal of improving both individual and population health. This program will train between 15-25 students per class. In 2011, HSPH conducted need assessments on a national scale to analyze the current demand for this track. The long-term view is that PHI will soon be an institutionalized course for not only the undergraduate but at the graduate level as well.

In collaboration with local and international institutions, the HSPH will seek to enhance the quality of its epidemiology training by a systematic review and adjustment of its current course offering, increased training of

existing faculty and partner staff, faculty exchanges with external institutions, and increasing the availability of 'hands-on' research opportunities for faculty and students. In the year 2011, with technical support from UCSF, HSPH organized successfully 3 training workshops in the field of Epidemiologic/Biostatistics for a total of more than 80 participants coming from different institutes, universities, government and non-government organization across Vietnam. In 2012, HSPH will continue to provide these training models but will focus more on practical exercises. We will also extend the training/research collaboration with local institutes such as Pasteur Ho Chi Minh (South) and Pasteur Khanh Hoa (Central) in the field of applied Epidemiologic/Biostatistics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	

Narrative:

OHSS funds will be used to consolidate the Vietnam Leadership and Management Training Program (VLMTP) as a TA repository for capacity development training systems in the country. Building on a program of impact evaluation and piloting different leadership approaches at the provincial level, HSPH will develop and pilot monitoring and TA tools, including manuals on tailoring curricula, pre- and post-test assessments, gathering baseline indicators and appropriate ME framework for management and leadership training provided at the provincial level. The tools will be shared with academic and medical institutions to promote similar management curricula in their undergraduate and graduate programs.

The VLMTP, in collaboration with CDC, has created a monitoring and evaluation tool to evaluate the training programs supported by HSPH. This tool will capture the participants' improved knowledge and skills along with the progress of their applied projects.

In addition, a smaller proportion of OHSS funding will go towards capacitating faculty within the Social Behavioral Sciences Department to design, implement and evaluate HIV related socio-behavioral science courses in partnership with other local institutions. The course topics will be chosen based on a needs assessment and coordination with the Ministry of Health.

Implementing Mechanism Details

Mechanism ID: 9974	**Mechanism Name: HCMC PAC**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 3,700,000	
Funding Source	**Funding Amount**
GHP-State	3,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) is to provide an effective and sustainable response to the HIV epidemic in HCMC and surrounding southern provinces, by making efficient and effective use of limited resources and maximizing coordination of public health service delivery resources. The objectives are to: 1) strengthen the quality of and increase access to HIV services for MARPS and those who are HIV-positive; 2) strengthen public health systems and increase collaboration across programs to provide HIV services; and 3) strengthen the workforce to improve service delivery.

The geographic coverage area is HCMC and surrounding southern provinces. Target populations are HIV-positive individuals, IDUs, female and male sex workers (street- and venue-based), and MSM. Target populations are consistent with the epidemiologic data for populations at highest risk for getting infected, transmitting HIV in HCMC, and in need of HIV care and treatment services. For cost-efficiency the IM plans to combine and decrease service-delivery sites; increase utilization of HCWs and save money by reducing duplication of staff and HCW allowances; combine positions/roles to serve multiple functions; and incrementally transfer PEPAR staff to government of Vietnam (GVN) positions and to other GVN ministries. This is being planned in collaboration with HCMC People's Committee.

To transition to the partner government, there will be a gradual, incremental increase in funding from the HCMC People's Committee to support streamlined PEPFAR-funded activities and staff. The IM will implement client paid services; increase involvement from the private sector; and use the National Heath Care system to finance HIV drugs when available.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	9974		
Mechanism Name:	HCMC PAC		
Prime Partner Name:	Ho Chi Minh City Provincial AIDS Committee		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	684,340	0

Narrative:

CDC-supported HIV care and support programs promote a package of core services that includes routine clinical care (fungal and OI treatment, ARV-related laboratory monitoring services, and screening for Hepatitis B and C), and care and support (CTX prophylaxis, PITC of HIV and TB, INH prophylaxis and infection control).

HIV/Hepatitis co-infection is a major program concern. The prevalence of Hepatitis B and C among ARV patients in Ho Chi Minh City (HCMC) was 14.4% and 53.3%, respectively, and baseline liver toxicity (ALT>120) is also high (5%). CDC will advocate implementing WHO 2010 Guidelines for early initiation of ART regimens that contain Tenofovir for patients with HIV/HBV co-infection and work with PAC to develop and implement an observational cohort study of HIV and HIV/Hepatitis co-infections to evaluate clinical outcomes and inform program planning.

CDC will continue to support the core adult care service package for PLHIV at 11 outpatient clinics (OPCs), applying a family centered approach that improves linkages between care and treatment (C&T) services and

prevention programs, and tracking of referrals. CDC also continues support for mobile clinics that provide services to remote areas in HCMC. HCMC PAC is in the process of decentralizing ARV dispensaries at the community level and will conduct a year-end assessment of this pilot.

Other major challenges are a high percentage of LTFU post-registration at OPCs (40%) and late presentation for ART. CDC, PAC and other stakeholders will develop strategies to increase awareness of HCWs on the benefits of knowing HIV status and early access to and retention in C&T. With consent by the Ministry of Health (MOH), CDC will work with PAC to provide HIV C&T using a rapid test algorithm and to decrease turnaround time. CD4 testing will be provided for patients at their initial visit. Peer educators and PLHIV networks will be mobilized to track referral of VCT clients.

CDC will work with PAC and other stakeholders to strengthen the existing health system and transition a program to the government of Vietnam (GVN) that is more cost-effective. CDC has been working with PAC to transition project staff to GVN employees, and will simplify district service-delivery sites with low caseloads to satellite sites, while maintaining some comprehensive sites. CDC will continue to support linkage and referral between the HIV and other health programs (i.e., TB and MCH) and will work with PAC and HCMC Department of Health (DOH) to conduct a pilot on streamlining facility-based services like ART, methadone maintenance treatment (MMT), and VCT, and integrating them into the existing primary healthcare system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	105,000	

Narrative:

As designated by the government of Vietnam, Department of Labor, Invalids and Social Affairs (DOLISA) is the core body of the OVC program at the city level. In the past, DOLISA worked closely with PAC in coordinating all OVC players in HCMC and successfully conducted information, education and communications (IEC) activities and raised community awareness of HIV. A major difficulty is lack of skillful human resources in the DOLISA system. A core priority for COP 12 is capacity-building for caregivers, OVC staff and OVC. The HCMC PAC M&E system will supervise and monitor OVC activities. HCMC PAC will work with local partners to improve the quality of OVC services in HCMC, and to ensure comprehensive care and support for OVC is aligned with Decree No. 84 on care and support for children infected/affected by HIV. Technical assistance will be provided to DOLISA to strengthen and mobilize government resources to reach the national strategic goal of ensuring that the needs of most children affected by HIV infection are met by 2020.

Current support for OVC efforts includes mapping by PAC of all OVC support-services, identification of gaps/needs for OVC and gaining feedback from OVC players to improve the quality of the OVC program. In 2010, more than 900 OVC received 1 OVC service supported by CDC. Many capacity-building activities for OVC staff at all levels

and OVC were conducted with TA from CDC, PAC and DOLISA.

COP 12 objectives for HCMC PAC OVC activities include improving the quality of OVC services by providing support to 1,000 OVC at 3 OVC sites for food and nutrition, healthcare, education and vocational training, shelter and care, psychological support and protection. Focus will be to reduce direct service-delivery, increase capacity-building, and mobilize alternative resources to fill gaps. Training in care and support, HIV prevention, home-based care, psychological support, and economic improvement of OVC will be provided to OVC providers and caretakers. A second objective is to improve human resource capacity of OVC/DOLISA staff. Activities will include strengthening M&E activities at PAC; training city/district staff on data collection and use for quality improvement; building capacity of government to take over the OVC program; training DOLISA staff at non-PEPFAR sites on the OVC program; and provide TA for service-delivery supported by GVN funding. A third objective is to support the city's OVC program by: providing TA to DOLISA on OVC plan-of-action roll-out; building the coordination mechanism of HCMC OVC program to maximize resources and for resource/experience sharing; and providing TA to DOLISA program management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	234,000	

Narrative:

Core activities include HIV PITC for TB patients, intensified TB case finding (ICF), isoniazid preventive therapy (IPT), and TB infection control (IC). These activities are aligned with Vietnam national HIV and TB policies and strategies. In COP 12, a transition plan will be made to gradually shift PITC from a project framework to the national TB program. In accordance with the PEPFAR strategy to increase sustainability and government ownership, HCMC PAC plans to increase the proportion of technical assistance (TA) as the financial contribution for service-delivery will be increasingly borne by the national budget and other sources.

HCMC PAC, as the national HIV authority within HCMC, coordinates TB/HIV activities across different donors and partners to maximize partner strengths and resources, minimize duplications and to ensure donor support is aligned with PAC priorities. The HVTB budget allocated for HCMC PAC will support TB/HIV activities in the public sector.

All core TB/HIV activities (e.g., PITC, ICF, and IPT for adult and pediatric patients) implemented in HCMC are part of national TB and HIV policies. Revision of national guidelines for PITC, ICF, IPT and IC to make them more comprehensive and aligned with HIV programs in accordance with WHO recommendations is in progress and will provide the legal basis to make these activities sustainable. Trainings of TB and HIV providers on TB/HIV activities are ensured as part of human capacity development. As part of COP 12 activities, PAC will work with service-delivery sites to reduce staffing costs, provide new and refresher training to government staff in clinics

providing routine PITC and ICF, and ensure that targets and core indicators continue to be met.

TB/HIV indicators are regularly collected and reported by HCMC PAC and Pham Ngoc Thach TB and Lung disease Hospital as part of the HIV and TB M&E systems, and used mainly for program improvement and planning. In FY 2010, 97% (13,460/13,916) of registered TB patients in HCMC have known their HIV status including 1,689 previously known and 11,771 receiving PITC after TB diagnosis. More than 95% of HIV-infected individuals were screened for TB, and 1,307 diagnosed and treated with active TB. There were 864 HIV-infected patients started on IPT, and 266 healthcare staff trained in TB/HIV. The low proportion (46%) of HIV-positive TB patients receiving ART is a challenge. Potential solutions include strengthening referrals/linkages and advocacy to revise current national ART guidelines according to WHO recommendations to start ART in HIV-positive TB patients irrespective of CD4 cell count.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	107,000	

Narrative:

The pediatric care and support program started in Ho Chi Minh City (HCMC) in 2005. Today, pediatric OPCs are closely linked to the PMTCT program. The 3 CDC-supported pediatric outpatient clinics (OPCs) provide care and support to HIV–infected and exposed children referred from PMTCT sites. Services include clinical examinations and formula provision for infants 6 weeks through 18 months. Additional services include PCR-DNA testing for early infant diagnosis (EID), CTX prophylaxis, OI and ARV treatment, nutritional supplements, psychosocial support, transportation and hospitalization fee support.

Challenges and priorities for COP 12 include addressing the needs of a growing population of perinatally HIV-infected adolescents, transitioning nutritional and other support services to the government of Vietnam (GVN) and other donors, continuing to address the supervision and quality of pediatric HIV care and support services, and transitioning HIV-infected children to other OPCs. In COP 12, the pediatric care and support program will improve linkages to other health and social welfare programs, and begin planning the transition of adolescents into adult care services.

Currently, there are 1,500 HIV-exposed and infected children receiving CDC-supported care in HCMC and 570 on CTX prophylaxis. In COP 12 a target of 1,620 children will receive care and 600 will be on CTX.
In COP 12 HCMC PAC objectives are to: 1) continue providing service-delivery support to HIV-infected and exposed children at 4 pediatric OPCs by gradually transitioning food and nutrition support to other donors; continue providing psychosocial and other support for pediatric clients, organize training courses on Prevention with Positivies (PwP); reproductive health (RH) for adolescents with HIV; establish support groups, provide disclosure counseling to HIV-infected children and psychological support after disclosure; and strengthen linkages

with other health and social welfare programs; 2) build capacity of site staff on quality improvement of care and support services including introducing the HIVQUAL model to 2 pediatric OPCs, encourage knowledge and experience sharing between OPC staff; provide technical assistance (TA) to new OPCs to build capacity of site staff on service-delivery and program management ; 3) support OPCs piloting the transition of adolescents into adult services and scale-up the model in the following years; engage the involvement of PLHIV groups and social workers in the transition process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	211,715	0

Narrative:

Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) is the main PEPFAR partner providing clinical care and support for PLHIV in HCMC, including treatment monitoring. HCMC PAC continues to expand programs focused on HIV prevention, treatment and care activities, as well as to improve laboratory infrastructure and program M&E, and to provide training to professionals working in numerous health facilities in HCMC.

PEPFAR funds support HCMC PAC to provide training for clinical laboratories and the implementation of a laboratory information system (LIS). When there is sufficient justification (no other local source of funding), we also support procurement of laboratory equipment. HCMC PAC provides laboratory support to all 24 preventive medicine centers (PMC) and 24 district hospitals in HCMC, as well as the HCMC provincial level Preventive Medical Center and several city hospitals, such as Pediatrics #2 and Pham Ngoc Thach. A significant portion of this support has been for training and implementation of the LIS in HIV-testing facilities (PMCs) and hospitals. The electronic LIS is a valuable tool that has improved the quality of laboratory results and data management with barcode technology, electronic exchange of data between instruments, and the LIS software and rapid generation of summary reports. PAC HCMC has deployed the LIS in 8 HIV testing and hospital laboratories, and within the next 12 months will complete installation at 2 district level hospitals. Another activity implemented in HCMC is the deployment of barcode technology at outpatient clinics (OPCs) and PMTCT sites. In the future, OPC sites will have a patient management system (under development), so future emphasis will be given to exchanging data between the patient management system at the OPCs and the LIS at the district-level PMCs. PAC HCMC has provided annual training for district-level laboratories on CD4 testing, biosafety, HIV rapid tests, and internal quality control (IQC).

In COP 12, PEPFAR support to PAC HCMC will continue to strengthen the quality of the laboratory network for HIV-related testing through trainings, onsite monitoring and LIS. PEPFAR will continue to shift away from the purchase of equipment. Focus will be on the institutionalization and sustainability of training and LIS programs, and support for the Center for Standardization and QC in Medical Laboratory of Ho Chi Minh City (CSQL) for the

development of EQA software and capacity building.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	273,000	

Narrative:

The Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) will continue to provide primary technical oversight for M&E, health management information system (HMIS), and human capacity development (HCD) activities in the province in a number of ways. First, PAC will perform routine program monitoring and reporting for ART, PMTCT, VCT and community outreach activities, focusing on data QA and providing technical assistance (TA) at the service-delivery levels. PEPFAR funds will support contracted staff, training, implementation of QA tools and supervision at all levels across all PEPFAR program areas. PAC also will collaborate with technical local institutions and universities around capacity-building activities to strengthen HIV program management and data collection, management and use. Moreover, PAC will continue an HMIS integration to support centralized client registration for HIV services in 24 districts within the HCMC province. HCMC PAC is receiving technical support from the International Training and Education Center for Health (I-TECH) on integrating information systems supporting HIVS programs in HCMC, including an updated patient index, standardized PMIS systems and a new information system for the PMTCT program. The project will transition to the second phase, where all information systems will be linked to enable data exchange and better referral of HIV patients from entry point-of-service to chronic clinical care and treatment for HIV patients. PAC also plans to roll-out new information systems citywide. HCMC PAC will complete the development of information systems that had been prioritized in 2011. The roll-out will include a series of trainings for end-users, managers and IT support, and possibly daily operational support to ensure appropriate and effective use of the new information systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	234,000	

Narrative:

In FY 2011, Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) provided VCT to 16,000 individuals (12.7% HIV-positive), and more than 500 couples (22% discordant and 21% concordant positive). All PEPFAR services (2011 SAPR) provided PITC through PMTCT to 202,052 pregnant women (0.3% HIV-positive) and through TB programs to 15,085 TB patients (3.3% HIV-positive).

PEPFAR will build the capacity for PAC to ensure HIV care & treatment (C&T) service provision in select areas across HCMC. Last year, HCMC PAC trained 137 participants on topics related to CHCT, PITC at STI setting, and basic VCT training.
After years of continued advocacy, PEPFAR anticipates that rapid testing algorithms would be approved and PAC

will implement these in select HCMC sites.

In COP 12, 11 PAC HTC sites will serve 19,000 clients. However, efficiencies in HTC will be explored through potential consolidation of sites based on technical criteria to be developed by PAC, and through possible consolidation of staffing roles. Additionally, opportunities for cross training of counselors (MMT, VCT, ART, etc) will be explored in HCMC.

PAC strategy also will focus on: 1) ensuring a mix of HTC modalities including outreach-based/mobile, community-based, and government health facility-based; 2) partnering more closely with community-level interventions, including outreach workers, and social marketing programs to ensure focused sexual and injecting risk-reduction messages; 3) developing clear bi-directional linkages with methadone maintenance treatment (MMT) clinics to serve IDUs, and their sexual and injecting partners; 4) adding precision risk assessment to increase counseling quality; 5) collaborating in a pilot men's clinic, training HIV C&T providers in MSM sensitization and an advanced understanding of co-occurring risk behaviors; 6) integrating core concepts of Prevention with Positives (PwP) in post-test counseling and in linkage efforts with outreach; 7) promoting CHCT at VCT sites and other HIV-related services.

Almost all VCT and outpatient clinic (OPC) sites are co-located, and it is reported that 67% of all HIV-positive VCT clients accessed OPCs in the past 5 years in HCMC. Tracking efforts include a care card that facilitates linkages from VCT to OPC. PAC will strengthen a bi-directional referral system between prevention and C&T to facilitate patient enrollment, including a focus on referrals in counseling, knowledge of early treatment benefits, piloting CD4 testing, referral to patient support groups, standardizing PwP messages, and re-testing messaging.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	

Narrative:

By September 2013, 8,716 FSWs (and 150 MSM) will be reached with behavior change communication focused on sexual risk reduction and access to preventive commodities (sterile needles/syringes (N/S), condoms) (where applicable, injecting risk-reduction messages will be provided); and 4,355 FSWs (and 75 MSM) will be referred to HTC, STI, HIV care and treatment, and methadone maintenance treatment (MMT) (where applicable).

In COP 12, PAC plans to transition away from PEPFAR support for program operation and commodities to greater technical assistance (TA). The government of Vietnam (GVN) will cover a greater proportion of salaries for staff overtime and train outreach workers using provincial staff with minimum financial support from PEPFAR. Efficiencies will be gained through: 1) revising the geographic focus based on epidemiological information; 2) revising the targets by piloting a network contact approach, focusing on highest risk MARPs and eliminating

duplication of efforts by other partners; 3) collaborating with public and private sectors to establish and improve linkages/referral to STI services; 4) coordinating with GVN and other partners in developing BCC messages across care and treatment (C&T), and prevention; 5) expanding outreach workers' responsibility to support C&T. Program monitoring will be conducted routinely through program-level data reporting, site visits and program reviews.

Core interventions for FSWs include: 1) community-based outreach; 2) promoting/distribution of condoms; and 3) referring FSW clients to HTC, SW-friendly STI clinics (to be piloted by PEPFAR partners) for routine checkup and treatment; 4) Prevention with Positives (PwP) messages through both prevention and care services, and other relevant clinical services; 5) drug use-associated risk-reduction messaging and linkage to N/S and/or MMT services where possible.

PEPFAR supports PAC in its efforts to ensure the same package for MSM. PAC is finalizing a plan for HIV prevention among MSM. PEPFAR will support prevention in MSM through multiple partners (including SMART TA/USAID). Focus will be on using existing outreach workers who may encounter MSM in high-risk areas. PAC also will support referral of MSM (through HIV C&T and outreach efforts across HCMC) to 1-3 pilot "male friendly" clinics focusing on the sexual health needs unique to MSM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	233,000	

Narrative:

In COP 12, Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) will continue to provide a minimum package of HIV services for IDUs in high-prevalence areas in HCMC. Nationwide, about 90-95% of IDUs are male; 54% were under 30 years of age; 70% had used drugs for 5 years or more; and 36% had been in drug detention centers (IBBS 2009).

Additionally, 16.1% of IDUs are infected with HIV (2010 HIV Sentinel Surveillance), but the prevalence varies significantly by province (7-29%, Sentinel Surveillance 2010). Key HIV risks among IDUs include needles/syringes (N/S) sharing (25% in HCMC, and 7.3-54.1%, varying by province); inconsistent condom use with both SWs and regular partners (from 60-40% in HCMC from 2000-2009); <50% of IDUs know their HIV status, and < 40% received free N/S in the past 6 months (IBBS 2009).

PEPFAR will continue its support to HCMC PAC to establish and ensure provision of a core package of services. Based on varied ecological factors including, size estimation, burden of HIV infection, risk behaviors, and other donor support present, PEPFAR and HCMC PAC will determine specific support for PEPFAR technical assistance (TA) and/or service delivery.

Core interventions include: 1) peer-based outreach to promote behavior change, utilization of "case management" approach to facilitate risk-reduction, and referral to HTC and relevant clinical services for 3,750 IDUs in selected areas; increased efforts in outreach and linkages will be given to IDUs who report multiple risk behaviors, such as sex work or MSM, or are HIV-positive; 2) procurement and distribution of sterile N/S (in coordination with other donorsthrough outreach and other appropriate modalities; condom promotion and distribution; 3) methadone maintenance treatment (MMT) for 1,000 IDUs in 3 MMT clinics in provinces, in addition to the PEPFAR-supported MMT clinics in HCMC; 4) sustained bi-directional referral systems and linkages among outreach, MMT, HTC, psycho-social support, STI, HIV care and ART treatment services.

Routine program data for outreach programs, including distribution of N/S and condoms, will be used to monitor program performance at provincial and central levels. Efforts will be made to include meaningful, interim behavior change indicators into government of Vietnam (GVN) monitoring systems. Monitoring site visits will be conducted on a regular basis by PAC staff to assure quality using standard checklists. Supervisors will be trained on enhanced supervision skills and use of field observation and case conferencing. HCMC PAC will continue to collaborate with FHI360 to provide training, technical support and clinical supervision to MMT clinics using standard tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	301,000	

Narrative:

The PMTCT program supported by CDC-Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) covers 56 sites. In 2010, 120,000 pregnant women received HIV care and treatment (HCT) and 620 received ARV prophylaxis. The MTCT rate was reduced from 6.3-4.3% in 2009. PAC has a fully functional M&E system that collects monthly data from PMTCT sites, which is reported to the national M&E data systems. HCMC PAC is responsible for monitoring PMTCT program quality for the province, and will continue to receive TA to do this. PAC is aligned with national PMTCT policies and guidelines, which are prioritizing early HCT and CD4 testing, early ARV initiation for pregnant HIV-positive women, and referral for continuum of care. Key challenges for the PMTCT program include late access of HIV-positive pregnant women to ART and high rates of LTFU of mother-infant pairs after delivery. Targets for COP 12 for HCMC PAC include 120,000 women tested for HIV who receive results, and 650 HIV-positive pregnant women receiving ARV prophylaxis.

COP 12 priorities are continued capacity-building of local government and maintaining PMTCT services in the province. CDC will continue to encourage the use of other resources to support the PMTCT program by increasing the involvement of the health insurance system, encouraging self-pay in covering HIV-testing service fees, and advocating the government of Vietnam (GVN) and/or HCMC to support at least 20% PMTCT staff. The goal will be to increase the number of women who receive early HCT and ARV at ANC by integrating HCT with syphilis and

Hepatitis B screening.

In COP 12, PEPFAR will continue to support PAC to: 1) ensure provision of essential services such as HCT, formula and early infant diagnosis (EID), and gradually hand over formula support to GVN; 2)strengthen the referral system; 3) build linkages with other programs to build capacity of community outreach staff and counselors at outpatient clinics (OPCs) and MCH staff on primary prevention; 4) increase uptake of PMTCT services; 5) increase male involvement in PMTCT; and 6) integrate PMTCT information, education and communications (IEC) activities into annual IEC of other programs. Focus also will be on building capacity of staff to ensure that health workers are capable of providing PMTCT services and supervising the program. Training will be provided on routine data collection and using data to monitor and improve service quality. PAC and MCH center will co-lead planning and management of PMTCT program in the city. An online PMTCT data management system will be developed and shared between PAC and MCH system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	986,945	0

Narrative:

In July 2011, 17,436 patients received ART, with 10,614 on active ARV treatment; 1,858 were LTFU and mortality on ARV was 1,662.
In COP 12, CDC will provide technical assistance (TA) to PAC for several trainings on various capacity-building topics: 1) HIV clinical management (module 1, 2, 3) for newly recruited doctors and other healthcare providers in Ho Chi Minh City (HCMC) with TA from HAIVN and Tropical Disease Hospital in HCMC; 2) HIVQUAL for OPC staff, including support staff and management, and establishing a committee to increase collaboration between measuring outpatient (OPC) performance and developing a QI plan to improve services; 3) Early warning indicators (EWI) for OPC staff on how to collect and use data to improve treatment adherence and drug-resistance prevention; 4) linkages and referral of ARV patients to HIV services and how to improve treatment adherence for ART support groups; 5) improving skills of HBC groups.

PAC provides supervision to the adult treatment program by mobilizing experienced OPC doctors, HAIVN and tropical disease hospital staff as supervisors who provide clinical mentoring for OPCs monthly using QI tools developed by PAC HCMC. CDC will collaborate with SCMS to improve ARV and OI pharmaceutical management. PAC will organize regular monthly clinical conferences for HIV doctors of ART networks in HCMC to discuss adverse effects and switching patients to second-line regimen.

PAC has developed and implemented standardized core monitoring indicators for paper-based monthly reports for all OPCs that are sent to PAC for analysis. Provincial supervisors use findings from site visits to improve program performance. Due to limited data use at the site level for program improvement, PAC is planning to pilot ARV

service QI surveys at 3 pilot sites using HIVQUAL, so that field staff will learn how to measure performance and make QI plans.
CDC will provide TA to create a community-based PLHIV network that is able to coordinate all home/community-based care (HCBC) in HCMC. PAC will strengthen facility and HCBC systems supporting care and treatment activities and expand HCBC activities to 10 outlets providing services in clinical management, palliative care and treatment adherence. Pastoral Care will be the network coordinator that is linked to OPCs with oversight from PAC. The network, along with peer educators for MARPs, will assist OPC staff in increasing early access to care and reducing LTFU. PAC will setup support groups for ART patients to improve treatment adherence and organize 4 training workshops for self-help group facilitators to improve their capacity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	180,000	

Narrative:

The pediatric treatment program in HCMC started in 2005. CDC supports 3 pediatric outpatient clinics (OPCs) that provide services for HIV-infected and exposed children referred from PMTCT sites. HCMC PAC is aligned with national pediatric care and treatment guidelines to provide ART to all positive children <1 year, irrespective of CD4 count. As done nationally, HCMC clinics provide CD4 monitoring bi-annually and VL testing based on CD4 results. Monitoring and supervision is provided by PAC, and results are reported to the national level.

This year, the pediatric treatment program is scaling-up pediatric treatment services, integrating with adult OPCs for family centered care, and adding support for pediatric treatment at existing adult OPCs. In COP 12, the pediatric treatment program will improve linkages with other program services (adult care and treatment, PMTCT, MCH, OVC). Transiting adolescent HIV-infected patients to adult OPC services will be piloted, QI systems will be developed, and adherence support strategies will be strengthened to include PLHIV and community support to patients and families, in addition to support from healthcare providers.

Currently there are more than 900 children on ART. Targets for 2012 include 250 new pediatric patients on ART, for a total of 1,300 pediatric patients continuing to receive ART.

Pediatric treatment priorities for PAC in COP 12 are to: 1) continue supporting service delivery at 4 pediatric OPCs; scale-up the family centered care model; develop and pilot a model for PITC in pediatric patients in high-risk clinical settings; and refine existing services to a minimum package of essential services for HIV-infected children; 2) provide QI of treatment services at OPCs through capacity-building of OPC staff; strengthening the mentoring/supervision system; maintaining training activities at a pediatric tertiary care center for service-providers and students in HCMC and regionally; provide TA to newly established OPCs to build capacity of site staff on service-delivery and program management; apply HIVQUAL at 2 pediatric OPCs in HCMC; and use

data for QI; 3) organize regular meetings to strengthen the linkages with adult treatment, PMTCT, and home-based care programs, and establish functional linkages between programs and the community to reduce LTFU and improve long-term outcomes. Specifically, they will engage PLHIV groups and social workers to provide treatment adherence and other psychosocial support, and aid adolescents' transition into adult treatment programs.

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	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 10,500,000	
Funding Source	**Funding Amount**
GHP-State	10,500,000

Sub Partner Name(s)

Bach Mai Hospital	National Hospital for Obstetrics/Gynecology	National Institute of Dermato-Venereology
National Institute of Infectious and Tropical Diseases	National Pediatrics Hospital	Vietnam National TB Program

Overview Narrative

In collaboration and with technical support from CDC Vietnam, the Vietnam Administration for HIV/AIDS Control (VAAC) supports the National Strategic Plan for HIV/AIDS in Vietnam with the following objectives:

1. Achieve primary prevention of HIV infection;

2. Improve the care and treatment (C&T) of HIV/AIDS, STIs and related OIs;

3. Strengthen the capacity of Vietnam to collect and use surveillance data and manage national HIV programs;

4. Improve the quality and capacity of laboratory testing associated with HIV and OIs.

VAAC is the national coordinating body for HIV activities, providing coverage at the national, regional and provincial levels. VAAC has direct subcontracts with 28 provinces and 7 national institutes.
Cost efficiencies will be gained through:
-revising the geographic focus based on epidemiological information;
-transitioning out of direct service delivery provision;
-integrating current services into government healthcare facilities; and
-improving linkages/referral to services provided by GVN and other partners.
PEPFAR's support to the government of Vietnam (GVN) in program operation and commodities is at the beginning of a transition period in COP 12 to shift to technical assistance. PEPFAR will support integration of VAAC project structure into the GVN Provincial AIDS Committees (PACs), engage regional institutes in provincial-level activities, and provide support for strategies set by authorities at the central and provincial level.
CDC technical teams will work closely with LIFE GAP (LG) and VAAC staff on a monthly basis to provide TA and routine monitoring of activities. Program monitoring will be conducted routinely through program-level data reporting, a robust PEPFAR monitoring system, site visits and program reviews.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	305,000
Human Resources for Health	300,000

TBD Details

(No data provided.)

Key Issues

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	1,391,074	0

Narrative:

In FY 2011, CDC continued to fund and provide technical assistance (TA) to the Ministry of Health (MOH) to provide adult care and support services that include routine clinical care and a minimum package of care (please refer to Care TAN for definitions of service package). Services will be provided at 31 adult outpatient clinics (OPCs) and/or referred to other available HIV support services in 20 provinces.

PEPFAR partners in 24 provinces have received OI drugs and other medications funded through the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) cooperative agreement. As of Aug. 2011, 17,810 clients and 911 HIV-infected people received HIV outpatient services and CHBC services, respectively; 1,456 HIV-affected people received CHBC services; STI services were provided at 1,839 HIV-infected patient visits; and 720 healthcare staff received new and refresher training on HIV clinical care, palliative care, CHBC, STI and program management. In FY 2012 and FY 2013, MOH/VAAC will maintain adult care and support services at 31 OPCs in 20 provinces and CHBC services in 10 provinces, focusing on improved linkages between prevention and care and treatment C&T) services. Collaborating with TB staff, the VAAC will implement isoniazid preventive therapy (IPT) at all adult OPCs and improve referrals of HIV-infected people who are suspected of having TB. A continuum of prevention, care and treatment (C&T) model will be continued in Son La, a northwest province with a high burden of IDUs and HIV. Given the burden of Hepatitis, MOH/VAAC will closely work with experts from the CDC to review existing activities related to HIV and Hepatitis B co-infection and advocate for implementation of the WHO 2010 treatment guidelines. An observational cohort study of HIV, HIV and Hepatitis B and C co-infections in 2 provinces evaluating clinical outcomes and informing program planning will be conducted. Health insurance coverage for HIV diagnosis and treatment and integration of medication supply chain management into the existing healthcare system will be promoted. As an effort of gradual transition of service delivery to the government of Vietnam (GVN), CDC will continue to support MOH/VAAC to develop legal documents, promote health insurance coverage for HIV-infected people, streamline staffing structure, expand quality improvement at HIV OPCs, provide care and support in-reach model to HIV- infected residents of rehabilitation centers and improve service linkages between prevention, C&T. Capacity-building activities for HIV service-providers will be consolidated to avoid overlapping effort and resources between PEPFAR partners and other stakeholder-supported programs. Funds include $458,000 for adult OI and $10,000 for pediatric OI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	99,431	0

Narrative:

The Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) will maintain support for 4 provinces (Thai Binh, Thanh Hoa, Long An, Thai Nguyen); with a target to support 1,350 OVCs annually. In the next 2 years, VAAC will focus more on supporting project provinces to leverage resources for the program. Activities include building up multi-sectoral partnership among the HIV/AIDS Provincial center, Department of Labor, Invalid and Social welfare (DOLISA), Department of Education and Training, Women's Union, Youth Union, etc.; advocacy for the government of Vietnam (GVN) funding to OVC program through involvement of People's Committee, Department of Finance, and Department of Investment and Planning. PEPFAR will fund quarterly meetings, advocacy and strategy development workshops. VAAC will support capacity-building for related systems; the strategy is to build capacity then transfer tasks of coordination and leadership to DOLISA. For staff directly involved in the provision of support for OVC, PEPFAR support will fund training on specialized skills and knowledge areas, such as psychological needs assessment and intervention, and life-skills. PEPFAR also will fund the VAAC to carry out the following activities: -An annual experience sharing and best-practices workshop among 4 provinces and with participation of other PEPFAR partners; -Basic support for OVC under OGAC guidance, but with highest priority given to local or GVN programs; -Project sites will gather information and compile a directory of existing support and the procedures for referrals (to include the National under 5 Malnutrition Control and Prevention program, the degree 67/ND-CP of monthly allowance support for people with hardship conditions, policy of reducing or waiving school fees for pupils with hardship conditions, including orphans). In COP 12, PEPFAR funds and local resources will complement each other to maximize usage and comprehensively cover the needs of OVC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	418,787	0

Narrative:

Core activities include HIV testing and counseling (PITC) for TB patients, intensified TB case finding (ICF), isoniazid preventive therapy (IPT), and TB infection control (IC). All these activities are aligned with national HIV and TB policies and strategies. With COP 12, a transition plan will be made to gradually shift PITC from a project framework to the National TB Program (NTP) as part of the routine standard of care. The Ministry of Health (MOH) will support NTP to improve program quality through technical assistance (TA) models. In accordance with PEPFAR strategy to increase sustainability and government ownership, MOH plans to increase the proportion of TA as the financial contribution for service-delivery is to be increasingly borne by the national budget and other sources. MOH is in the process of developing the National Strategy on HIV/AIDS Prevention and Control for 2010–2020 with a Vision to 2030. In context of multiple donors and partners working on TB/HIV, VAAC has shown the "one national AIDS coordinating body" principle to draw other stakeholders into collaborative activities and to coordinate those activities at the national level. Such good coordination minimizes unnecessary duplications. MOH is revising national guidelines on collaborative TB/HIV activities including PITC, ICF, isoniazid preventive

therapy (IPT) and IC according to WHO recommendations. This will provide the legal basis to make these activities sustainable. MOH continues to work with NTP to build human capacity through in-country training programs where significant numbers of people are trained locally. TB/HIV indicators are regularly collected and reported by the Vietnam Administration for HIV/AIDS Control (VAAC) and NTP as part of the national HIV and TB M&E systems. These indicators are used mainly for program improvement and planning. In the first three quarters of FY 2010, 92% (24,508/26,521) of TB patients who were registered in 119 PITC sites in 26 provinces have known their HIV status, including 1,078 previously known and 23,430 receiving PITC after TB diagnosis. More than 90% of HIV-infected individuals were screened for TB in HIV care settings, and 810 diagnosed and treated with active TB; 604 HIV-infected patients were started on IPT. A total of 170 healthcare staff were trained in TB/HIV. A low proportion (40%) of HIV-positive TB patients receiving ART and few clients presenting at district PITC sites are big challenges. Potential solutions include strengthening referrals/linkages, advocacy to revise current national ART guidelines according to WHO recommendations to start ART in HIV-positive TB patients irrespective of CD4 cell count, and shutting down PITC sites with very few clients to ensure program cost-effectiveness.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	192,255	0

Narrative:

The partner will maintain support to the current 20 provinces with 25 outpatient clinics (OPCs) targeting 2,250 infected children and 850 exposed infants referred from PMTCT program. The partner will support project sites and the national program to implement the updated care and treatment (C&T) guidelines. The partner will continue central coordination with the U.S. government, Global Fund (GF), and the government of Vietnam (GVN) institutes and hospitals including NIHE, PI, and pediatric hospitals for early infant diagnosis (EID) aimed at shortening total turnaround time and timely initiation of ART for infected infants. Activities include training for new staff, development of SOPs and onsite technical assistance (TA). In COP 12, service will be expanded to provinces where PMTCT and pediatric programs exist. The Ministry of Health (MOH) continues to support the Health Insurance department to implement the Circular of Health Insurance for HIV/AIDS patient,s which is being planned for development in FY 2012. The Vietnam Administration for HIV/AIDS Control (VAAC) will continue to coordinate TA support with other PEPFAR partners (HAIVN, SCMS, SMART TA) at project sites. With TA from HAIVN, the partner will fund Pediatric Hospital Number 1 in Ho Chi Minh City and the National Pediatric Hospital in Hanoi to build clinical capacity via hands-on training for needed sites/staff of PEPFAR and non-PEPFAR programs.

VAAC will focus more on improved access to children in the country through the following approaches: -Improve HIV case detection at in-patient wards; -Strengthen infectious diagnosis and treatment of OIs for doctors working at different departments in hospitals; -Support training for general physicians and the improvement of referrals between hospitals and the HIV OPCs; and -Strengthen linkages between PMTCT and pediatric sites. Sites with less than 80% of successful referrals will be reviewed for solutions. VAAC will review staffing structure in

regard to workload level, and how to best utilize GVN hospital staff. Cost norms will be reviewed systematically with other program areas. All clinics will be directed to take advantages of health insurance as a resource for OI medicines when appropriate. The partner will provide support for GVN to establish a policy for procurement of formula milk from the GVN budget. In collaboration with the TB/HIV program, the partner will support the implementation of isoniazid preventive therapy (IPT) at HIV clinics in selected provinces. Activities will include development of SOPs, training for healthcare staff, supply of INH, and TA. Funds will mainly come from HVTB. Support for nutrition and transportation will be maintained for children. MOH will implement national nutrition guidelines for HIV patients and collaborate with PEPFAR partners that supply therapeutic foods for severely malnourished children. In provinces with OVC programs (7 PEPFAR focus provinces and Thai Binh), pediatric clinics will improve referral systems to refer infected children to OPCs for clinical care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	459,521	0

Narrative:

LIFE GAP (LG) is PEPFAR Vietnam's largest partner for HLAB. Its mandate is to improve the quality and capacity of laboratory testing associated with HIV (and OIs). This includes HIV diagnostic testing, disease staging (CD4) and treatment monitoring (clinical chemistry, hematology and where available viral load). LG also supports a variety of laboratory quality management systems (QMS) activities. Activities supported by LG in the past include: 1) quality management training (identification and training of site quality managers) for lab managers from 28 LG provinces. This introductory quality management training was developed by PEPFAR staff in 2010, and this year was fully handed over to the government of Vietnam (GVN) for continued implementation. 2) Laboratory site monitoring program using the WHO Lab Assessment tool and a cadre of trainers representing various Ministry of Health (MOH) institutions. PEPFAR also supported the creation of a dedicated database for storage and report generation. 3) CD4 training provided to all testing labs in Vietnam (45), using Master Trainers (trained by ASCP). 4) Improvements to the national STI Program (National Hospital of Dermatology and Venereology, NHDV). SOPs development and training for specimen collection. Technical assistance (TA) to update STI training packages (guidelines). Technical training to develop capacity/expertise of NHDV staff. TA for NHDV to create a national STI-EQA program. Support for NHDV to deliver basic STI diagnostic training to provincial labs. 5) Strengthening of the CD4 Testing Network (National Hospital for Tropical Diseases). CD4 EQA Program (panel and report generation), national coordinator for EQA, site monitoring, participation in international/regional CD4 meetings. 6) Support for the largest clinical hospital in northern Vietnam, Bach Mai. Including procurement of EQA panels for microbiology, TA for Bach Mai staff to improve their capacity to train microbiologists at the provincial and district levels, training for physicians for test requests and results interpretation. 7) Laboratory information system, maintenance of system at 8 sites, implementation at 4 new sites, 2 staff at LG, bar-coding at 12 sites, instrument interfacing at 12 sites, and support for data exchange between information systems at 4 sites. 8) National CD4

Conference. 9) Strategic planning, development of a 5-year, national HIV laboratory plan. COP 12 funding will be used to continue all of these long-term activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	558,500	0

Narrative:

There is support to build capacity and strengthen the monitoring and reporting system of the LIFE GAP (LG) project. LG is also a mechanism through which PEPFAR provides support to the M&E unit at the Vietnam Administration for HIV/AIDS Control (VAAC), the national HIV/AIDS authority. Support to LG M&E provides goes directly to the provincial level and in particular project activities, while support to VAAC goes to the central level providing impact to the overall M&E system at the national level. 1) Support to LG will include: -Support project data management including training and monitoring activities to improve data collection, storage and processing, utilization and maintenance of project's web-based reporting system; -Setup mechanism and support "province to province" experience exchange; -Improve capacity for M&E project officers at the central and 28 provincial-levels through defined curricula and competencies, onsite mentorship, and routine data-quality assessments and feedback to evaluate and improve M&E system implementation. 2) Support to VAAC will include: -Strengthen surveillance: VAAC works closely with the surveillance TWG to develop a national strategy for sentinel surveillance, update and approve a revised surveillance protocol and its SOPs. Assessment of the HIV case reporting system and its procedures through a defined protocol. -Strengthen HIV information systems: PEPFAR SI has supported development of the national centralized data warehouse and online GIS system. The work enables linkages among multiple databases to allow single access to all existing HIV data. With a web-based GIS interface, the system increases data quality, data utilization and better support program planning at central and provincial levels. PEPFAR SI will support to maintain the system, expand the linkages and database, and scale-up utilization of the system. PEPFAR SI will support VAAC to continue its work toward integrated HIV information. Reporting forms and mechanisms at service-delivery level will be standardized across projects. -Standardize data QA (DQA) tools and processes: PEPFAR has supported VAAC to develop DQA tools. In COP 12, PEPFAR will support standardization of DQA's tools and processes across projects, program areas and administrative levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,705	0

Narrative:

The Vietnam Administration for HIV/AIDs Control (VAAC) will inaugurate its new 5-year cooperative agreement in COP 12—and OHSS funds will go toward the implementation of an overarching and strategic HSS program in line with government of Vietnam (GVN) HSS priorities articulated in the National Strategy on HIV. Funding will go

toward expanding a pilot on health insurance for PLHIV at the provincial level after assessment and evaluation, as well as using the findings from piloting and assessing an integrated-service delivery model in 2 provinces to revise and contextualize these models in other provinces. In close coordination and collaboration with other CDC and PEPFAR-funded health education programs with the Hanoi Medical University, the Department of Science and Training and the Hanoi School of Public Health, funding will go toward institutionalizing an Ministry of Health (MOH)-approved and accredited HIV curricula in top medical and training universities in the country. Finally, HRH issues remain a key priority for GVN—an assessment conducted in COP 11 will provide the roadmap for VAAC to lead activities related to retention and integration of HIV health workers within the national AIDS program and health system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,828,128	0

Narrative:

All prevention services through PEPFAR Vietnam are focused on MARPs. An estimated 60-80% of MARPs have not been tested in Vietnam (IBBS 2009). In 2011, PEPFAR and the Vietnam Administration for HIV/AIDS Control (VAAC) provided VCT to 46,860 individuals (6.8% HIV-positive), and more than 866 couples (12% discordant and 8% concordant positive). All PEPFAR services provided PITC through PMTCT to 202,052 pregnant women (0.3% HIV-positive) and through TB programs to 15,085 TB patients (3.3% HIV-positive). PEPFAR will continue building the capacity for VAAC to ensure HTC technical and services provision. In COP 12, 61 VAAC VCT sites will serve 115,000 clients across 28 provinces. VAAC will increase efforts in testing coverage by: -ensuring a mix of HTC modalities, outreach-based, community-based, and government health facility-based; -finalizing revised national HTC guidelines to include CHCT and PITC; -partnering more closely with community-level interventions, including outreach workers and social marketing programs to ensure focused sexual and injecting risk-reduction messages; -developing clear bi-directional linkages with methadone maintenance treatment (MMT) clinics to serve IDUs, and their sexual and injecting partners; -adding precision risk assessment to increase counseling quality; -training HTC providers in MSM sensitization and an advanced understanding of co-occurring risk behaviors; -integrating core concepts of prevention with positives (PwP) in post-test counseling and in linkage efforts with outreach efforts; -promoting CHCT at VCT sites and other HIV-related services. After years of continued advocacy, PEPFAR anticipates that rapid testing/rapid results algorithms will be approved and VAAC will pilot these in select provinces in 2012. It is estimated that 50-70% of HIV-positive VCT clients nationwide accessed outpatient (OPCs) within 12 months of diagnosis at VCT in 2010. Current tracking efforts are not standardized and include phone calls, paper-based referral forms and log books. In partnership with care and treatment, VAAC HTC will strengthen a bi-directional referral system to facilitate patient enrollment, including a focus on referrals in counseling, knowledge of early treatment benefits, piloting count CD4 testing at select VCT sites, referral to patient support groups, standardizing PwP messages, and routine re-testing messaging. VAAC will institutionalize and build HTC training capacity at the Ministry of Health's (MOH's) regional public health institutes to sustain and

transition HTC trainings to the government of Vietnam (GVN). Last year, LIFE GAP trained 219 participants on topics related to CHCT, PITC at STI settings and basic VCT training. VAAC also will continue to enhance the national electronic HTC data base that includes data on PITC, VCT and CHCT. Efficiencies in HTC will be explored through potential consolidation of sites based on technical criteria to be developed by Provincial AIDS Committees (PACs), and through possible consolidation of staffing roles. Additionally, opportunities for cross-training of counselors (MMT, VCT, ART, etc.) will be explored in Ho Chi Minh City.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	311,116	0

Narrative:

In FY 2012, PEPFAR will continue to support the Vietnam Administration for HIV/AIDS Control (VAAC) in delivering community-based outreach to promote behavior change among FSWs in areas with high concentration of FSWs in 9 provinces — Hanoi, Haiphong, Son La, Thai Nguyen, Quang Ninh, Nghe An, Thanh Hoa, Khanh Hoa and Ba Ria-Vung Tau (size est. 17,000, total 68,000 for Vietnam, EPP 2001). The HIV prevalence in FSWs is 4.1% nationwide, but is greater than 10% in select provinces. FSWs are at increased risk for HIV because of low consistent condom use with clients (<40% of FSW in Hanoi, HCMC and Dong Nai) and drug injection (20-30% in Hanoi and Ho Chi Minh Cith). Less than 50% of FSWs in most provinces know their HIV status(Vietnam IBBS 2009).

Core interventions for FSWs include: 1) community-based outreach, utilizing a "case management" approach to facilitate behavior change; 2) promotion and distribution of condoms to highly vulnerable FSWs; ensuring access and availability to quality condoms for all FSWs (complementary to the Total Market Approach being adopted in by VAAC in Vietnam); and 3) referring FSW clients to HTC, SW-friendly STI clinics (to be piloted by PEPFAR partners) for routine checkup and treatment, Prevention with Positives (PwP) messages through both prevention and care services, and other relevant clinical services. Drug use-associated risk-reduction messaging is incorporated in the core service package to address multiple risk behaviors prevalent among FSWs, and drug-injecting FSWs will be linked to needles/syringes (N/S) programs and/or methadone maintenance treatment (MMT) services where possible. Approximately 15,000 FSWs will be reached through otherinterventions. In addition, VAAC will collaborate with other partners (i.e., FHI, PSI and HPI) to 1) train/refresh FSW outreach workers and develop innovative approaches to better ensure FSWs' access to the core package of services and to better address low levels of risk-perception; 2) advocate for sustainable condoms programming (i.e., social marketing and total market approaches) and expansion of the 100% condom use program (CUP) in selected locations; 3) develop more effective and efficient outreach models by piloting behavior change facilitation through FSW networks. Routine program data for outreach programs, including distribution of N/S and condoms, will be used to monitor program performance at provincial and central levels. Efforts will be made to include meaningful, interim behavior change indicators into the government of Vietnam (GVN) monitoring systems. Monitoring site

visits will be conducted regulalry by VAAC/Provincial AIDS Committee (PAC) staff to assure quality, using standard checklists. Supervisors will be trained on enhanced supervision skills and use of field observation and case conferencing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,533,566	0

Narrative:

In COP 12, the Vietnam Administration for HIV/AIDS Control (VAAC) will continue to provide a minimum package of HIV services for IDUs in high-prevalence areas in 28 provinces (size estimate 130,000; total 217,500 for Vietnam, EPP 2010). About 90-95% of IDUs are male; 54% were under 30 years of age; 70% had used drugs for 5 years or more; and 36% had been in drug detention centers (IBBS 2009). Nationwide, 16.1% of IDUs are infected with HIV (2010 HIV Sentinel Surveillance), but the prevalence varies significantly by province (7-29%, Sentinel Surveillance 2010). Key HIV risks among IDUs include needles/syringes (N/S) sharing (7.3- 54.1%, varying by province); inconsistent condom use with both SWs and regular partners (20-40%); <50% of IDUs know their HIV status, and < 40% received free N/S in the past 6 months (IBBS 2009). PEPFAR will continue its support to VAAC to establish and ensure provision of a core package of services in all provinces. Based on varied ecological factors including, size estimation, burden of HIV infection, risk behaviors and other donor support present, PEPFAR and VAAC will determine specific support for PEPFAR TA and/or service delivery. Core interventions include: 1) Peer-based outreach to promote behavior change, utilization of "case management" approach to facilitate risk-reduction, and referral to HTC and relevant clinical services for ~35,000 IDUs in selected districts of 24 provinces. Increased efforts in outreach and linkages will be given to IDUs who report multiple risk behaviors, such as sex work or MSM, or are HIV-positive.

2) Procurement and distribution of sterile N/S (in coordination with other donors, including World Bank/Global Fund ATM) through outreach and other appropriate modalities; condom promotion and distribution; 3) Methadone maintenance treatment (MMT) for 4,500 IDUs through 17 MMT clinics in provinces (Hanoi, Thai Nguyen, Hai Duong, Quang Ninh, Nam Dinh, Danang and one TBD); 4) Sustained bi-directional referral systems and linkages among outreach, MMT, HTC, psycho-social support, STI, HIV care and ART treatment services. Routine program data for outreach programs, including distribution of N/S and condoms, will be used to monitor program performance at provincial and central levels. Efforts will be made to include meaningful, interim behavior change indicators into government of Vietnam (GVN) monitoring systems. Monitoring site visits will be conducted on a regular basis by VAAC and Provincial AIDS Committee (PAC) staff to assure quality using standard checklists. Supervisors will be trained on enhanced supervision skills, and use of field observation and case conferencing. VAAC will continue to collaborate with FHI360 to provide training, technical support and clinical supervision to MMT clinics using standard tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	680,000	0

Narrative:

The PMTCT program supported by CDC-Ministry of Health (MOH) covers 230 sites providing PMTCT services. In 2010, 130,000 pregnant women received HTC; and 560 received ARV prophylaxis. LIFE GAP (LG)-MOH is aligned with national PMTCT policies and guidelines that prioritize early HTC, CD4 testing and early ARVs for pregnant HIV-positive women, and referral for continuum of care (CoC). Challenges for the PMTCT program include late access of HIV-positive pregnant women to ART and high rates of LTFU of mother-infant pairs after delivery. Targets for COP 12 for LG-MOH include 120,000 women tested for HIV with receipt of results, and 650 HIV-positive pregnant women receiving ARV prophylaxis. COP 12 priorities will be to: 1) Continue reducing direct-service delivery support: Scale down the coverage of the PMTCT program by halting support for inefficiently implemented sites. Support the government of Vietnam (GVN) to develop financial strategies to support the PMTCT program light of declining PEPFAR funding, such as involving the health insurance system or self-pay for HIV testing service fees. Reduce unit cost by reducing the cost norms of many PMTCT services, including staffing, training and management costs, reducing support for HIV testing gradually but ensuring essential services such as HIV testing, ARV and early infant diagnosis are provided. With health insurance and self-pay, PEPFAR supports free HIV tests for 60% of pregnant women at antenatal clinics ANCs, providing ARV for HIV mothers and their exposed children. 2) Build capacity for MCH/PMTCT staff at the provincial level: Organize training on PMTCT and related programs for provincial staff. Provincial Project Management Units PPMU will hold some training courses for PMTCT staff at the district level, support VAAC to provide technical assistance (TA) and onsite training for the national PMTCT program, build capacity of PMTCT staff at the site level on data collection, analysis and using data for QI. Work with the Vietnam Administration for HIV/AIDS Control (VAAC) and MCH to standardize training curricula, TA/QA tools and SOPs using the national PMTCT program. The National Hospital for Obstetrics and Gynecology (NHOG) and Tu Du Hospital will be the TA bodies for the PMTCT program in providing training, mentoring, coaching. 3) Integrate PMTCT into the existing health system, such as nutrition, MCH, vaccination programs: Collaborate with the MCH department in planning and monitoring the PMTCT program, support MCH in rolling out the integrated MCH-PMTCT reporting system, and integrate IEC activities into annual IEC of the health programs such as reproductive health program, population and family planning, nutrition and vaccination programs. 4) Strengthen linkages with other programs to increase PMTCT uptake, reduce LTFU and promote CoC: Strengthen referrals and linkages between PMTCT sites and MCH services, outpatient clinics (OPCs), STI, VCT, and community-based programs by consolidating training, collaborating in implementing activities, and regular meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,362,659	0

Narrative:

As of July 2011, with support from PEPFAR, the Ministry of Health (MOH)/LIFE GAP (LG) provided care and

treatment (C&T) services for 17,205 adult HIV-infected people, including 11,199 patients on active ART at 30 outpatient clinics (OPCs) in 20 provinces. In COP 12, the Vietnam Administration for HIV/AIDS Control (VAAC) will not open new ART sites but maximize capacity of existing ART sites and apply creative models to increase patient uptake and ensure patient's equitable access to treatment. VAAC will expand a mobile care and treatment model to provide HIV treatment for difficult-to-reach populations in mountain areas and rehabilitation centers. An additional model is to use existing OPCs to provide ART for eligible patients living in neighboring non-HIV clinic districts and provinces. LG's anticipated adult ART target by the end of Sept. 2013 will be 20,000 adult patients. To improve quality and sustain the treatment program, MOH will work with PEPFAR and other donors to develop a national capacity-building plan for the HIV health system and implement it in the next COP with clear function for each relevant partner to maximize their technical assistance (TA) but reduce overlap with others. The standardization of national ART training curricula and using national TA team to mentor for OPCs with steadily replacing external TA will be continued in COP 12. In addition, MOH will use its hospital-based clinics, mostly at the provincial level, to mentor district OPCs. MOH tracks clinical outcomes and ART site's performance through ART program evaluations and routine reports as well as HIV drug resistance (HIVDR) surveys including EWI, threshold and monitoring surveys in selected sites. Their results from ART evaluation and an EWI survey in 2010 indicated that the majority of patients started ART at low CD4 count, but their immunological response improved and an average first-line retention rate was greater than 80% after 12 months of ART. Clinical performance was changed but still needs to be improved. MOH will select some of these tracking activities to continue in COP 12. Moreover, with technical and financial support from PEPFAR, MOH will expand quality improvement activities to other adult clinics based on the results of a HIVQUAL pilot in COP 11. MOH will continue performing viral load tests for ART patients with suspected treatment failure by applying national viral load guidelines to ensure patients are being switched correctly to ARV second-line regimens. Transition of treatment from PEPFAR to the government of Vietnam (GVN) was started in COP 11 and remains a priority in COP 12 and beyond. MOH has set national targets of 82,800 and 105,000 patients receiving ART by 2013 and 2015. In the absence of definitive financial support from GVN or other sources, it is difficult to achieve these targets. Therefore, MOH will work closely with PEPFAR and the Global Fund (GF) to develop transition strategies for human resourcse through the increase of GVN staff's involvement and capacity, integration of HIV treatment into existing health system and primary care, financial and technical coordination among donors, drugs and commodities procurement, social mobilization and health insurance's participation, etc., to pursue goals of program sustainability and country ownership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	364,258	0

Narrative:

VAAC will maintain support to 21 treatment sites in 20 provinces, contributing to the achievement of national pediatric treatment targets. It is expected that 300 and 250 infected children will newly enroll in the treatment program, increasing the number of children receiving ARV treatment to 1,750 and 2,000 by the end of Sept. 2013

and Sept. 2014, respectively.

Continuing toward the integration of HIV services into the existing general healthcare system, the Vietnam Administration for HIV/AIDS Control (VAAC) will continue supporting capacity building for pediatric doctors and nurses who provide HIV treatment to children. The National Pediatric Hospital in Hanoi and Pediatric Hospital Number 1 in Ho Chi Minh City (HCMC) are supported as the 2 leading hospitals on Pediatric HIV in the country. VAAC will continue working with PEPFAR partner HAIVN to facilitate hands-on training, clinical mentoring and case conferencing in these hospitals. MOH will use experienced local experts to provide technical assistance(TA) to national program sites.

MOH will no longer plan to organize clinical training but will coordinate with HAIVN for these courses. In COP 12and COP 13, MOH will support training on the revised patient charts, log books, and forms that are under development.

VAAC will work with stakeholders to expand HIVQUAL to selected pediatric sites to improve quality. Supervision to clinics will be delegated more from the central level to province level to increase provincial ownership.

In collaboration with the adult treatment program, the partner will continue implementation of viral load (VL) testing of children with suspected treatment failure in 50-70% of project provinces. The partner will consider supporting the implementation of national guidelines for VL testing.

Based on the results of national pediatric ARV evaluation, MOH will work with related partners and donors to find solutions for improvements. The results will be disseminated in national care and treatment (C&T) conference, as well to provinces for their actions.

To accelerate early treatment for children, activities will include training on updated treatment guideline for doctors; utilize TA from PEPFAR partners (HAIVN) for onsite TA; and make sure early infant diagnosis (EID) is offered on time with acceptable turnaround time. The partner will review the existing referral SOPs from PMTCT and TB programs for efficiency.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 439,500	
Funding Source	**Funding Amount**
GHP-State	439,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Institute for Hygiene and Epidemiology (NIHE) supports HIV/AIDS programs through quality HIV surveillance and capacity development activities for epidemiologic studies. Through its HIV Reference Lab, NIHE also supports expanded and improved HIV diagnostic testing. This activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems; Objective 2.1 c: Improve Lab Systems through improved strategic planning and management).With a focus on quality data, NIHE will monitor HIV prevalence, incidence and behavioral trends among MARPs nationwide and transfer epidemiologic skills to provincial HIV/AIDS centers. NIHE's HIV EQA and IQC services support all confirmatory labs in Vietnam. Support for the development of testing guidelines by MOH also has a national impact.NIHE is a Ministry of Health institution with a well established GVN funding stream. Through capacity development within the national systems, key biologic and behavioral indicators are captured using more resource intensive, PEPFAR-funded surveys that may eventually be replaced by government-owned HIV surveillance systems. NIHE will lead a national surveillance and survey technical working group (TWG) to identify where surveillance is most needed; consolidate efforts among government, donor, and research bodies to limit redundant studies and achieve cost-savings.The cooperative agreement monitoring plan for NIHE includes quarterly partner monitoring visits and bi-annual meetings to review project progress and outcomes. With regard to lab activities, NIHE's HIV serology EQA and IQC programs are ideal monitoring and evaluation tools and will continue to be used to determine areas that need improvement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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
Governance and Systems	HLAB	280,000	0

Narrative:

The National Institute of Hygiene and Epidemiology (NIHE) is a national level MOH institute and home to the Vietnam HIV Reference Laboratory. The mandate of this laboratory is to support HIV-associated surveillance and diagnostic testing. NIHE provides training on HIV testing, administers an HIV serology EQA program (120 participating labs) and certifies/monitors laboratories to perform confirmatory testing. More recently, NIHE has started to build an associated national IQC program. NIHE will have a key role in development and dissemination of a new national HIV diagnostic algorithm offering same day results (using rapid tests). An extensive HIV test kit evaluation was completed in summer of 2011. The test panel was challenging and representative of clinical specimens; the results indicate that several algorithms with high sensitivity and specificity can be constructed. NIHE is also a resource for Vietnam's Ministry of Health (MOH) in setting policy and developing national testing guidelines.

COP12 funding will be used to support the following activities:
1. Development of a national HIV testing training package in collaboration with Pasteur Institute in Ho Chi Minh City. This will be built around the new rapid test algorithm.
2. Expansion of EQA program to include HIV screening labs, as the current EQA program only supports confirmatory labs but there is a need for all HIV testing sites to participate.

3. Full implementation and monitoring of an IQC program for HIV serology testing in HIV laboratories in the northern region of Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	159,500	0

Narrative:

As the Vietnam HIV/AIDS Surveillance Committee Chair, NIHE will coordinate and conduct surveillance, surveys, and other epidemiologic studies to provide critical data for effective monitoring and responses to the HIV epidemic in Vietnam. Specific activities include:

1. Strengthening the national sentinel surveillance system (HSS) through continued training, quality assurance, and widespread use of surveillance data. NIHE has recently completed a pilot integrating behavioral markers into HSS. The integration provides data on injecting and sexual risk behaviors and preventive practices at limited additional cost. Funds will be used to cover the additional costs of collecting behavioral data.

2. Size estimation of most at risk populations. NIHE is testing different methodologies and will support and guide up to 10 Provincial AIDS Centers (PACs) in applying appropriate methodologies. NIHE will subcontract with the PACs for data collection in the field.

3. Conducting incidence surveillance to obtain new HIV infection rates among most at risk groups. In collaboration with the Ho Chi Minh City Pasteur Institute, CDC GAP Atlanta, and CDC Vietnam, NIHE will conduct incidence surveillance to obtain incidence rates among most at risk groups for measuring the extent to which HIV transmission is occurring and provide evidence of intervention impact. CDC recently supported the validation of two tests for recent infection (TRI) and will apply these assays on stored blood specimens of multiple, existing cross-sectional studies in Vietnam. Funds will be used for specimen collection and training, quality assurance visits, and consumables for laboratory testing.

4. Capacity development, in collaboration with the Ho Chi Minh City Pasteur Institute, around second generation surveillance in building technical capacity for all regional institutes and fundamental skills building for PACs, including basic epidemiology courses. Funds will be used for holding workshops to apply epidemiological principles for collecting and interpreting provincial data and for attendance at surveillance workshops and conferences with accepted abstracts.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 454,400	
Funding Source	**Funding Amount**
GHP-State	454,400

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The HCMC Pasteur Institute is a regional Public Health Institution reporting directly to the National Ministry of Health (MOH). The CDC project primarily supports the government of Vietnam's ability to build a sustainable response to its national HIV/AIDS epidemic by strengthening its laboratory infrastructure, supporting epidemiological surveillance, and strengthening quality management capacity for preventive medicine staff.

The Pasteur Institute is well established and is a key institution with a mandate and legal authority from the MOH to supervise and coordinate all activities to prevent and control communicable diseases including HIV/AIDS in the 20 provincial AIDS centers (PACs) and the 20 preventive health centers in southern Vietnam. The target populations served include HIV-positive patients as well as those at risk for acquiring HIV.

The strategies to become progressively more cost efficient include limiting the amount of laboratory equipment purchased and integrating the purchase of reagents into the routine activities of the Pasteur Institute laboratory. Laboratory Improvements in testing quality will be monitored and evaluated through Quality Control of the tests performed in the laboratories through the use of Internal Quality Control and External Quality Assessment results. Furthermore, the capacity building programs will monitor and evaluate the trainings by supporting the national Vietnam Leadership and Management Training Program evaluation framework. The framework will capture the progress and successes of the applied projects from the training.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

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**
Governance and Systems	HLAB	209,900	0

Narrative:

The HIV/AIDS Department of the Pasteur Institute of Ho Chi Minh City (PI HCMC) is a national level laboratory supporting southern Vietnam with the following responsibilities: 1) Surveillance of HIV infection for southern Vietnam; 2) Oversight direction of HIV/AIDS labs in 20 southern provinces, including training, continuing education, assay certification, quality control, laboratory assessment, and technical assistance; 3) HIV/AIDS diagnosis and follow-up of patient, virologic testing, CD4 testing and genotyping for HIV-1 resistance; 4) Research activities on HIV/AIDS pathogenesis, treatment, prevention, implementation/standardization of new lab techniques for HIV/AIDS. PEPFAR has supported the following PI HCMC activities in the past: 1) Evaluation of HIV Commercial Test Kits for use in Vietnam; 2) Development of national serum bank; 3) Strengthening of competence of provincial lab staff in the area of HIV Serological Diagnostics; 4) Conducting Quality Assessments for Provincial Laboratories in southern Vietnam; 5) Strengthening of Capacity for Immunology Platform (C4 testing); 6) Provision of QA for laboratory testing related to Early Infant Diagnosis and Viral Load. COP12 funds will be used to continue support for those activities listed above along with the following new activities: 1) Support to select HIV/AIDS laboratories to obtain international accreditation (ISO), including provision of advanced quality management knowledge for provincial and general hospital laboratories in the South. 2) Pipette calibration service. 3) Post-market evaluation of HIV Commercial Test Kits for use in Vietnam. 4) Support for improved HIV testing at provincial laboratories through training (theory and hands- on) and QA (IQC and EQA panels).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	134,500	0

Narrative:

Collaboration will continue with the Hanoi School of Public Health (HSPH) to enhance the quality of epidemiology training and presentation of courses to the southern region of Vietnam. In 2011 3 workshops in the field of Epidemiology/Biostatistics were conducted in Hanoi by HSPH and the University of California, San Francisco (UCSF). Collaboration with the National Institute of Hygiene and Epidemiology (NIHE) to strengthen the national sentinel surveillance system will continue training, quality assurance, and improved use of surveillance data. Funds will be used for field travel to conduct quality assurance. In collaboration with NIHE, technical capacity will be developed within the HIV/AIDS surveillance department at PI HCMC and PACs around second generation surveillance. Funds will be used for holding workshops for the PACs to apply epidemiological principles for collecting and interpreting provincial data and for attendance at conferences for select staff with accepted abstracts. Integration of STI, hepatitis, and other HIV-related disease surveillance into existing cross-sectional surveys will be developed by HCMC PI working with NIHE to coordinate these related disease surveillance activities. Funds will be used for testing specimens and for quality assurance.

In collaboration with NIHE, CDC GAP Atlanta, and CDC Vietnam, PI HCMC will conduct incidence surveillance to obtain incidence rates among most at risk groups for measuring the extent to which HIV transmission is occurring and provide evidence of intervention impact. PI HCMC recently supported the validation of two tests for recent infection (TRI) and will apply these assays on stored blood specimens of multiple existing cross-sectional studies. Funds will be used for specimen collection and training, quality assurance visits, and consumable supplies for laboratory testing

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	110,000	0

Narrative:

Building on seven years of support from Hanoi School of Public Health to conduct regional quality improvement and project management courses, PI will establish an autonomous training center under the Vietnam Leadership and Management Training Program (VLMTP). While they will continue to receive direct TA from HSPH to conduct QI and Program Management trainings, PI will be responsible for coordinating and providing trainers for these courses. Furthermore, PI will be responsible for the quality of the training sessions by providing refresher training courses for the trainers and developing a monitoring tool to assess the improvement of skills and knowledge of trainees. Additional funds will also be used to coordinate activities with HSPH including: 1) The monitoring and

evaluation tool to be used to track successes and progress of applied projects from the trainings; 2) PI will be responsible for linking course participants to the national VLMTP database. They will also actively coordinate, organize and participate in alumni network activities; 3) PI will coordinate coaching/mentoring workshops with HSPH to develop and implement workshops directly aimed at building the capacity of trainers to provide coaching and mentoring as a key component of the Quality Improvement course success. 4) PI will be actively involved in a joint effort aimed at building capacity and awareness of quality improvement activities among PAC and PMC leadership. 5) PI will work in coordination with HSPH, Danang PMC and other provincial training centers to update course curriculum for QI and Project Management.

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	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 1,000	
Funding Source	**Funding Amount**
GHP-State	1,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal is to strengthen the capacity of The Ministry of Labor, Invalids and Social Affairs (MOLISA) in opiate addiction treatment; to provide social support services through effective evidence-based approaches that will contribute to the reduction of opiate use; and to improve the quality of life while reducing HIV infection and transmission among opiate users in Vietnam. This addresses and contributes to all three objectives of the Partnership Framework between the U.S Government and the GVN.

The cooperative agreement includes the following three strategies: 1) Strengthening MOLISA systems of

surveillance and information management to improve health benefits to those addicted to opiates and sex workers; 2) Building capacity for MOLISA staff working in the addiction treatment system to ensure the provision of effective and qualified addiction treatment services at treatment facilities; and 3) Developing pilot models to provide evidence-based approaches for community-based addiction treatment. The first strategy was developed to strengthen the systems of monitoring and information management for MOLISA. The second strategy focuses on building capacity for MOLISA staff that provide opiate addiction treatment. The third strategy aims to change the approach toward one more solidly based on evidence and science. All staff supported by PEPFAR are current MOLISA staff, which will lead to a more sustainable transition to local ownership.

One of the two treatment sites is located in Thai Nguyen province and the other is in Ho Chi Minh City. Regular and ongoing monitoring will be conducted by the MOLISA team and staff at the sites, but evaluations will be conducted by an external team from Hanoi Medical University.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000

TBD Details

(No data provided.)

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
Governance and	HVSI	0	0

Systems			

Narrative:

For the first two years, the activities include the rapid assessment of the MOLISA reporting system on opiate users and sex worker management; a review and revisions of the data collection form, as well as management and reporting processes, and pilot the upgraded software for online reporting. Using COP12 support, PEPFAR will support MOLISA to:

- Continue data collection, management and reporting at 2 pilot sites.

-Standardize Data Quality Assurance (DQA) procedures and pilot in select sites. Initiate mechanisms for data use at agreed upon levels.

- Support capacity building with use of data collection, management and processing in accordance with MOLISA plan to expand the reporting system into other key provinces.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

OHSS funding for this project will continue to expand the training system for Department of Labor, Invalids and Social Affairs (DOLISA) social workers to upgrade their capacity to deliver effective and evidence-based drug treatment counseling and support at the commune and provincial levels. A key activity for this phase of the project is evaluation and assessment of capacity development activities to date, with the aim of consolidating best practices and transferring the curricula to trainers within the DOLISA system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,000	0

Narrative:

In 2010 UNODC estimated there were about 200,000 opiate addicts in Vietnam, and similarly a 2009 report from the Ministry of Public Security gave an estimate of 150,000. In HCMC, the estimated number of addicts in 2011 was about 20,000, and an estimated 8,000 in Thai Nguyen province. The HIV prevalence among IDUs in Thai Nguyen and HCMC in 2009 was 36.1% and 42.1% respectively. The project prioritizes its interventions to focus on provinces where the number of opiate users and HIV prevalence are among the highest in the country.

1) Capacity building for MOLISA staff working in the opiate addiction treatment system: During the first two years, the activities include a training needs assessment, institutionalization of training material, and provision of training of trainers. In COP12, we propose to:

- Continue to support the basic training courses on addiction and effective evidence-based methods of opiate addiction treatment, on case management and relapse prevention for staff providing addiction treatment services;

- Monitor, supervise and evaluate the performance of training for trainers programs in meeting the demand for capacity building for staff; *- Continue to support the implementation and supportive supervision of the curriculum application at MOLISA training institutions.* *2) Develop pilot models providing evidence-based, community-based addiction treatment approaches: In the first two years, the activities will include a review of current opiate treatment services, establishing community-based models, develop SOPs with monitoring and evaluation frameworks for the model, and implement services for addiction treatment.* *It is projected that approximately 500 clients per province will be enrolled in the pilot model. Since the pilot is under development, the exact enrollment criteria and quality assurance mechanisms are not yet finalized. The pilot model will include the following core package of services for addiction treatment and support: 1) Intake assessment and brief intervention; 2) Discussion of treatment plan and implementation; 3) Medication and non-medication therapies; 4) Substance use monitoring; and 5) Referrals and linkages. Patients will enroll in services voluntarily and both outpatient and inpatient services will be available.* *In COP 12, we propose to:* *- Continue to provide clients with services at these sites;* *- Maintain regular monitoring, supervision and technical assistance;* *- Evaluate the pilot sites and report outcomes to advocate for the expansion of the model utilizing GVN funds.*

Implementing Mechanism Details

Mechanism ID: 10000	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 10001	**TBD: Yes**
REDACTED	

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 10,000	
Funding Source	**Funding Amount**
GHP-State	10,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Support for the Vietnam Administration for Medical Services (VAMS) is a critical component of PEPFAR's ongoing commitment to health system strengthening since the majority of clinical laboratory testing is conducted at provincial level hospitals. This Ministry of Health (MOH) department, formerly known as the Division of Therapy, is a management department responsible for authorizations, supervision, monitoring, and management of all technical aspects related to the health care and treatment systems in Vietnam (including public/private hospitals and all medical care units with consultation and treatment activities). VAMS's main objectives in medical services include the development of quality management systems for laboratories (building networks and creating policies), establishing national guidelines for testing, the development of laws/regulations, and the development of national technical standards. For HIV-related activities, a memorandum of understanding has been signed with the Vietnam Administration for HIV/AIDS Control (VAAC), which tasks VAMS with developing the National Laboratory Strategic Plan (NLSP) and strengthening laboratory quality management systems.

Since 2009, CDC has supported VAMS for the following activities: 1) Creation of the National Laboratory Strategic Plan for Vietnam (completed/approved in 2010); 2) Creation of the Bureau of Quality Management (BQM), and it is currently working on a national laboratory quality standards circular; 3) Appointment and support of 3 Quality Control Centers (QCC) for implementing laboratory standards and EQA programs with responsibility for laboratory QA programs and will provide support for laboratory accreditation, both nationally and internationally.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,000

TBD Details

(No data provided.)

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
Governance and Systems	HLAB	10,000	0

Narrative:

In Vietnam, strengthening capacity of laboratory management and quality control is urgently needed. According to statistics from MOH, Vietnam has 1063 public and 94 private hospitals, each with its own medical laboratory department/office. In addition, there are thousands more clinics and other treatment and laboratory facilities around the country that fall generally under the treatment system. Many of them are substandard in managing quality control and most lack resources to meet even minimal requirements related to quality control. In particular, quality monitoring procedures are seldom implemented in a productive way, often due to a lack of consistent direction from the central level, as well as the lack of an effective overall management network that includes policies, guidelines and standards for quality control in laboratories.

COP 12 funds will allow VAMS to implement the following activities:
1) Continued development of rules, regulations, legal policies, and national guidelines for laboratories and laboratory testing to make fundamental, comprehensive and coordinated changes in all aspects of medical

laboratory quality management and control to ultimately improve and assure the accuracy and safety, along with optimal efficiency in the provision of national health services, treatment and patient care. *2) Implementation of a newly developed laboratory certificate and training program, Strengthening Laboratory Management Towards Accreditation, to facilitate better structure and quality of services provided by labs at all levels across the country.* *3) Development of laboratory standards for different levels of health facilities that will be followed by all medical laboratories to ensure the quality of laboratory tests.* *4) Implementation of activities described at the NLSP to help enforce national efforts towards developing sustainable laboratory health systems.*

Implementing Mechanism Details

Mechanism ID: 10831	**Mechanism Name: CLSI LAB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 180,000	
Funding Source	**Funding Amount**
GHP-State	180,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Clinical Laboratory Standards Institute (CLSI) is a major player in Vietnam for development and implementation of QA practices. Its primary accomplishments in this area include technical assistance (TA) for the development of national level laboratory-related strategic plans. CLSI has also increased the number of laboratory technicians in Vietnam with a thorough understanding of quality management systems (QMS) and an understanding of how to implement in accordance with national policy.

This activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems for people's health and welfare, Objective 2.1 c: Improve Laboratory Systems through improved strategic planning, systems management, coordination, training and accreditation).

Nearly all activities supported by CLSI have an impact at the national level. Through its training activities, CLSI is building a group of Vietnam Laboratory Technicians already working within the MOH who have assumed responsibility for QMS activities. Although it is difficult to quantify improvements related to the activities supported by CLSI, it is clear that its support has made a significant contribution to the understanding of QMS by key members of MOH (including one deputy minister). The implementation of several other laboratory activities has also been successful because of an improved understanding on the part of MOH staff.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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
Governance and Systems	HLAB	180,000	0
Narrative:			

CLSI is a global, nonprofit, standards-developing organization that identifies best practices, voluntary consensus standards, and guidelines through a unique consensus process that balances the viewpoints of government, industry, and health professions. CLSI activities in Vietnam are currently involved in building laboratory capacity through the provision of laboratory standards and guidelines, and providing technical assistance, training, and technology transfer to individuals and organizations. *CLSI has supported the following activities in the past: 1) TA to Vietnam MOH for development of the National Laboratory Strategic Plan, NLST and the TB Laboratory Strategic Plan; 2) Planning and coordination of the SE Asia Quality Management Symposium, held in Bangkok, Thailand Spring 2011. This symposium marked the introduction of the Quality Management Systems (QMS) to Vietnam and included high level MOH staff; 3) Curriculum developed and delivered the QMS for Laboratory Leadership. The goal of this training is to expand the number of Vietnamese laboratory technicians with an increased capacity to create national level laboratory policy.* *COP12 funded activities will include the following: 1) A second delivery of the QMS certificate program to include a wider group of participants from the region (Cambodia and Thailand). 2) Continued TA for VAMS for creation of a seminar on Quality Standards for Labs and implementation of the NLSP. 3) TA to the 3 recently created Quality Control Centers. 4) Delivery of on-site training for implementation of ISO 17043 standards (for EQA providers).*

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 190,000	
Funding Source	**Funding Amount**
GHP-State	190,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

American Society for Clinical Pathology's (ASCP) goal for Vietnam is to provide TA for improved laboratory testing (CD4, clinical chemistry and hematology) and to update/improve curriculum used at four universities in Vietnam for medical laboratory technology degree programs. This activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems for people's health and welfare, Objective 2.1 c: Improve Laboratory Systems through improved strategic planning, systems management, coordination, training and accreditation).

ASCP support for national training packages and Pre-Service has national geographic impact. The target populations are in-service and pre-service clinical laboratory technicians. CDC staff work closely with ASCP management to reduce travel costs by combining several activities into a single visit. ASCP activities are clearly project result oriented and time limited. CDC technical staff work closely with ASCP consultants to monitor/evaluate the quality of TA provided to Vietnam.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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**

Governance and Systems	HLAB	190,000	0

Narrative:

American Society for Clinical Pathology's (ASCP) Department of Global Outreach is a dynamic resource focused on improving global health by exploring, identifying and implementing innovative methods and partnerships that improve laboratory practices. The goal of Global Outreach is to enhance the image of laboratory medicine domestically and internationally.
CDC engaged ASCP under a cooperative agreement to support laboratory training and quality improvement for diagnosis and laboratory monitoring of HIV/AIDS patients in resource-limited countries (PEPFAR supported countries). This program enhances laboratory testing practices and services—thereby improving care and treatment for individuals with HIV/AIDS.

In Vietnam, ASCP consultants have supported the creation of national training packages for HIV disease staging (CD4) and treatment monitoring (clinical chemistry and hematology). A cadre of CD4 master trainers was also created to support ongoing training needs and ASCP consultants participating as subject matter experts in the first national CD4 conference held in the fall of 2010. ASCP also supports PEPFAR efforts to ensure qualified human resources are available in the future to staff clinical laboratories through their support of pre-service curriculum development. In the Spring of 2011, ASCP held a gap analysis of curriculum currently used by Hanoi Medical University (HMU) for Medical Laboratory degree students. Four other medical universities (Ho Chi Minh, Hue, Hai Duong, and Hai Phong) participated in this activity and have agreed to also work with ASCP to improve curriculum. One unexpected benefit will be a 'standardization' of training curriculum in Vietnam for this educational track.

New activities planned for COP12 include: 1) TA for the development of national EQA programs for clinical chemistry and hematology. 2) Support for 4 additional universities to participate in lab curriculum improvement (Ho Chi Minh, Hue, Hai Duong, Hai Phong). 3) Develop post-graduate curriculum framework at HMU. 4) Creation of a student exchange program between a university in the U.S. and HMU.

Implementing Mechanism Details

Mechanism ID: 11605	**Mechanism Name: 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: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM will be used to fund several activities that relate to CDC Vietnam's ongoing operations from headquarters in: 1) supporting technical assistance and management training to university and academic institutions; 2) development of training and guided field experience in surveillance and epidemiology; 3) collaboration and support for regional workshops with other GAP offices in the Asia region and stakeholders such as WHO on surveillance; 4) coordinating evaluation teams to assess the impact of programs and deliver the most effective interventions; 5) arranging for regional technical assistance laboratory bench training and hands-on learning at reduced costs.

OHSS funding will support CDC-SMDP technical assistance to Hanoi School of Public Health (HSPH) and Pasteur Institute (PI) to become in-country technical assistance (TA) providers on monitoring and evaluation (M&E) framework and tools, including pre- and post- training assessment, impact evaluation.

The goal of the Field Epidemiology Training Program (FETP) is to develop a self-sustaining institutionalized capacity to train preventive medicine staff in field epidemiology in Vietnam. The training will be integrated with Vietnam's overall efforts to strengthen capacity for minimizing the risks and impacts of communicable diseases.

CDC-Thailand provides in-service, hands-on learning in the Thai public health labs, and TA visits to Vietnam labs. CDC-Thailand supports Vietnam with quality management systems; implementation of HIV EQA and IQC programs; CD4 and Viral Load EQA programs.

The PEPFAR Laboratory Program has identified 'low cost' technical assistance (TA) for Vietnam. CDC staff supporting the China program have extensive experience in PCR-based technologies and viral load testing.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 11605 Mechanism Name: HQ Activities Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	0	0

Narrative:

Funds in the amount of $255,000 will be used to obtain cost-effective regional technical assistance in collaboration with CDC Thailand utilizing experience and expertise available in Thailand. Thailand has one of the most developed healthcare systems in Southeast Asia which is highly respected for their expertise throughout the region. 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. For Vietnam, CDC Thailand provides in-service, hands-on learning in the Thailand Ministry of Public Health (MoPH) laboratories, and technical assistance visits to Vietnam laboratories. CDC Thailand supports Vietnam in the following areas: quality management systems; implementation of HIV EQA and IQC programs; enrollment and support of Vietnam laboratories in Thailand CD4 and Viral Load EQA programs; diagnosis of opportunistic infections (OI), STIs and non-TB lung infections; and implementation of microbiology EQA programs. In March 2011, CDC Thailand helped organize a Quality Management Symposium for high-level government of Vietnam health officials and laboratory

technicians. The symposium was designed to educate the participants on quality management principles and available interventions, such as SLMTA and the QMS certificate program that could be implemented in Vietnam to improve the quality of laboratory testing.

In COP 12, CDC Thailand will continue the range of quality assurance and microbiology activities. In the area of quality assurance, this includes technical assistance and support for the following: CD4 EQA Program; HIV serology EQA/IQC Program; implementation of SLMTA; viral load EQA and technical assistance for the development of viral load guidelines for Vietnam; test kit evaluations; and the implementation of the WHO QA assessment tool. Support for microbiology activities will continue for Vietnam institutions, specifically technical assistance for OI and STI analytical techniques, establishment of microbiology OI EQA program and technical assistance for non-TB lung infections.
COP 12 funding for this partner has been increased as we will use TA from this partner as a replacement for TA from more costly Laboratory Coalition Partners.

The PEPFAR Laboratory Program will use $80,000 of these funds as it continues to source 'low cost' TA for Vietnam. CDC staff currently supporting the China program have extensive experience in PCR-based technologies and the creation of viral load (VL) testing networks within various developing countries. Vietnam is currently expanding national infrastructure for VL testing, for patients suspected of developing resistance to first line therapy. COP 12 funds will be used to support three VL-specific TA visits from CDC China laboratory experts. TA will be provided at the national level (policy makers) and directly to two selected PEPFAR supported labs and will include recommendations for improved laboratory infrastructure, completion of national VL testing guidelines, creation of a national VL QC program, development of a national quality assurance program, and creation of a national VL testing network.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	335,000	0

Narrative:

PEPFAR funds ($100,000) will be used to support the implementation and operations of Vietnam's Field Epidemiology Training Program (FETP). The program aims to strengthen the capacity of preventive medicine staff to conduct effective communicable disease surveillance and to respond to outbreaks across Vietnam through 2 approaches:
1) the 3-week Field Epidemiology Short Courses (FESC) that have been conducted since 2008 to address the urgent need for training provincial and district preventive medicine staff across Vietnam; and
2) the two-year FETP (classic model) that was launched in 2009 as an on-the-job fellowship program for selected preventive medicine staff at the central and regional levels.

The FETP curriculum is competency-based, and allows fellows to acquire specified knowledge, skills, attitudes and competencies in field epidemiology. The FETP curriculum targets the competencies through classroom based training modules and specified field projects and activities. The specified field projects and activities are directed towards achieving competencies through learning by doing and collaborative problem solving in the field. In addition to conducting these specified field projects, fellows are expected to participate in a range of activities relevant to field epidemiology that underpin the essential day-to-day functions of public health. Applications for the program are accepted on an annual basis with an average class-size of 10-12 fellows.

In collaboration with the National Institute of Hygiene and Epidemiology, the Ho Chi Minh City Pasteur Institute, and CDC GAP Atlanta, CDC Vietnam will conduct incidence surveillance to obtain incidence rates among most at risk groups for measuring the extent to which HIV transmission is occurring and to provide evidence of intervention impact. CDC recently supported the validation of two tests for recent infection (TRI) and will apply these assays on stored blood specimen of multiple existing cross-sectional studies in Vietnam. Funds will be used to procure TRI test kits to be applied on HIV positive specimen.

CDC Vietnam will collaborate with other GAP offices in the Asia region and stakeholders, such as WHO, to organize the 3rd Asia Regional Surveillance Workshop to provide country updates on best practices and lessons learned related to key surveillance areas, and review state-of-the-art international best practices in Asia. The workshop will provide an opportunity to share programmatic and technical issues related to sampling high risk populations, size estimation methodologies, HIV incidence, and effective data use.

Funds in the amount of $134,000 will be used to identify and contract with a local partner to evaluate prevention services targeting most at risk populations in Ho Chi Minh City. The evaluation will assess the impact of prevention on high-risk sexual and injecting behavior over time, including psychosocial health indicators, to help programs deliver the most effective interventions. Funds will be transferred after competitive bidding to the contractor for field data collection, including participant recruitment and interviews.

CDC Vietnam will provide travel expenses to obtain TA from GAP Atlanta and other international experts for complex statistical analysis, sampling methodologies, network analysis studies, evaluation study designs, and other strategic information assistance to support program implementation in Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	65,000	0

Narrative:

OHSS funding will support CDC-SMDP technical assistance to Hanoi School of Public Health (HSPH) and Pasteur Institute (PI) as they shift direction in their capacity development and training programs to become in-country technical assistance (TA) providers rather than training implementers. TA includes guidance on monitoring and evaluation (M&E) framework and tools, including pre- and post- training assessment, impact evaluation, curriculum updates, process revision, mentoring and supervision strengthening, alumni network development and development of articles for publication in international journals. Significantly, SMDP support to HSPH and PI will enhance their collaboration and provision of TA to two other PEPFAR supported management training programs—the HIVQUAL roll out with VAAC and TQM training for the Ministry of Defense health system under DOD funding. SMDP will emphasize developing a training systems approach and encourage HSPH and PI to continue to pilot innovative approaches and to help them develop a TA role in pre-service curricula development for other Vietnamese learning institutions.

Implementing Mechanism Details

Mechanism ID: 11609	**Mechanism Name: Ambassador''s Fund for HIV/AIDS Public Diplomacy**
Funding Agency: U.S. Department of State/Bureau of East Asian and Pacific Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 10,000	
Funding Source	**Funding Amount**
GHP-State	10,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ambassador's Fund for AIDS Public Diplomacy uses PEPFAR funds to support HIV/AIDS-related public affairs activities and promising activities designed by small community organizations and youth groups. These projects, though relatively modest compared to the broader PEPFAR efforts, are making significant contributions to the fight against HIV by addressing stigma and discrimination in the community. Special emphasis will be placed on

funding diplomacy related events that further the broader information sharing goals of the Emergency Plan. With the public coverage generated by PEPFAR, in addition to the experience in grant application and implementation gained, it is expected that funded groups will be able to identify other resources to support their programs in the future. All actvities are evaluated for impact and messaging on an annual basis.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**11609**
Mechanism Name:	**Ambassador''s Fund for HIV/AIDS Public Diplomacy**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	10,000	0

Narrative:

The U.S. Ambassador's Fund for HIV/AIDS Public Diplomacy will continue to support activities to raise general awareness of the HIV/AIDS epidemic among communities with people infected and affected by HIV, and promote community and national-level dialogue on stigma and discrimination reduction against people living with HIV. it will also serve as a platform to increase public awareness of USG/PEPFAR's support for the national HIV

ersponse. The PEPFAR Coordination Office oversees management of this fund, and its staff work with host government authorities for licensing and mutual communication on public diplomacy programs and monitoring grant implementation by government and NGOs to ensure appropriate branding, design, messaging, implementation, and media coverage. Grant awards may range from $5,000-$10,000 each.

Implementing Mechanism Details

Mechanism ID: 11613	**TBD: Yes**
REDACTED	

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Ministry of Defense, Vietnam		

Overview Narrative

The Institute of Population, Health & Development (PHAD) is a Vietnamese NGO that has strong background in HIV prevention and control activities, from research to interventional programs. In partnership with DOD PEPFAR Vietnam, PHAD will strenghthen civil societies' role and technical capacity in responding to the HIV pandemic in Vietnam, contributing to the Partnership Framework's central strategy of building local capacity for future sustainable programs.

Under the DOD PEPFAR program, PHAD will collaborate with Vietnam's Ministry of Defense (MOD) via the

Military Medical Department (MMD) to: 1) prevent HIV transmission through peer education of all male soldiers recruited annually and mobile border guards, those 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; 2) strengthen HTC services in military medical settings (where 80% of patients are civilians); 3) implement the national blood safety standards in military hospitals; and 4) provide necessary support to maintain the HIV care and treatment proram that includes ART, laboratory, HIV/TB and MTCT. These interventions cover the whole nation spanning 8 military regions and 4 military commands (Army, Navy, Air Force and Border Guards).PHAD will use available, standardized national guidelines, SOPs, training/technical assistance (TA) curriculum offerred by mechanisms implementing civilian programs while also offering suitable training/TA to other mechanisms. DOD PEPFAR will further strengthen collaboration with other PEPFAR agencies to effectively reach the target population, including development of standard information, education and communications (IEC) materials used across HTC and OPC site,s and interagency QA and M&E activities

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increasing women's access to income and productive resources
Military Population
TB

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	HVTB	0	0

Narrative:

This activity is a continuation from COP10 with focused on maintaining the high quality services in 2 existing sites in Military Hospital 103 and 175. Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management. Geographic coverage: training for Military Health care system throughout Viet Nam and provide service at 2 provinces (Hanoi and HCMC). Target population: Military Health care staff and TB and TB suspected patients. COP12 key activities: (1) Continuing to provide training, technical assistance and operational support to 2 PEPFAR military supported hospitals: MH 103 (HN) and MH 175 (HCMC); (2) Building capacity of military healthcare staff in TB/HIV at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites); (3) Strengthening referral system between military and civilian; PICT sites to OPC sites; (4) Supporting military healthcare staff to attend other TB/HIV-related trainings/workshops organized by other PEPFAR partners, VAAC, NTP etc.; (5) Conducting quality assurance, quality improvement and monitoring activities. Budget: $42,389. Target: Provide in-service training for 30 Military Healthcare staff; provide HTC service to 600 TB patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Principle activities to be carried out: PFIP 1.1; 1.2 ; 2.2 and 2.3. Geographic coverage: throughout Vietnam from Hanoi, Da Nang, Nha Trang, HCMC to Can Tho. Target population: healthcare workers and all patients. This is a ongoing activity but the focus has been refined to: building stronger collaboration between military laboratory system with existing national civilian laboratory, meeting national standards, and preparing for achieving ISO standards. COP12 activities: - Continue to enhance current training program of Laboratory Quality Management (QM) and roll-out the training to all military hospitals; - Continue to enhance the specific training program of QA/QC (development of SOPs and monitoring for adherence) and roll-out the didactic training with on-site practicum to all military regional and provincial-level hospital with the goal to have all be updated with the national standards; - Providing necessary reagents for HIV care and treatment testing at PEPFAR-supported military hospitals and minimum reagent support for EQA activities; - Providing minimum support for scheduled equipment maintenance (hematology, chemistry, microbiology, etc.); - Providing training on equipment management & maintenance to all military hospitals to maximize utilization of equipments. Sustainable approach will be applied by having in-house military trainers (having attended Training of Trainers/ToT training using COP 11 funding) to deliver the training to other military equipment personnel; - Providing continued coordination support for 1 additional site to implement automated (e-system) laboratory information system (LIS). Continuum

of activity described in COP11; - Providing continued coordination support for the development of 1 ISO-accredited site. Continuum of activity described in COP11; - Providing continued technical assistance and coaching to the implementing sites by DoD PEPFAR, partners and MOD/MMD personnel.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

Principle activities to be carried out: PFIP 1.1; 1.2 ; 2.2 and 2.3. Geographic coverage: throughout Vietnam from Ha Noi, Da Nang, Nha Trang, HCMC and Can Tho. Target population: healthcare workers and all patients in need of safe blood transfusion. This is an ongoing activity but the focus has been refined to promote country ownership and sustainability: building stronger collaboration between military blood safety infrastructure with existing national blood safety program, meeting national standards, and preparing for application of international best practices. While PEPFAR support aims for strengthening of the overall country's blood safety policy improvement with full direction toward blood voluntary donation, direct engagement will be focused on the enforcement of the blood safety guideline implementation and monitoring among military medical system to ensure an accessible, safe and adequate blood supply for routine and emergency need. COP12 activities: - Provide TA support for policy advocacy and revision of the national guideline on blood safety to include guidance on voluntary blood donation and implementation of the EQA activities for blood safety program (national and military medical system); - Provide TA support for development and standardization of SOPs for blood screening procedures and adherence monitoring at regional military blood safety centers; - In partnership with Ministry of Health/ National Institute of Hematology and Blood Transfusion experts and National Red Cross to provide TA support for enhancing capability of staff working at regional military blood safety centers through provision of ToT training in various topics, including policy, laboratory, counseling and testing, and program management; - Regional military blood safety centers/center of excellence will roll-out teach-back training to other military sites (32 military hospitals nationwide) using developed SOPs; - Provide TA on service referral through tracking and continue coaching to ensure effective service linkage among blood safety, counseling and testing and care and treatment clinics among selected military hospitals implementing the comprehensive HIV/AIDS program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This is an ongoing activity. With experience gained in the area of HTC, PHAD will continue this activity within COP 12 funding. Principle activities to be carried out include: 1) Strengthening HTC services in the military setting to support both military and civilian populations in need of HIV counseling (both client-initiated and provider-initiated); to continue incorporating these services into the military's community medical missions to increase service outreach; 2) Enhancing referrals from HTC to other support services within the community; and 3)

Ensuring service-delivery is updated and/or adapted to the military setting following new national guidance/updates, in particular concerning the provider-initiated model and others such as couple counseling; -Geographic coverage: Throughout Vietnam (Hanoi, Ho Chi Minh City, Can Tho, Da Nang and Nha Trang); -Target populations: Populations with high risks of HIV infection (MARPs), blood donors, STIs patients, TB patients, pregnant women; -COP 12 key activities: 1) Providing training and technical assistance (TA) to Ministry of Defense (MOD) managers on data use for monitoring and management; 2) Providing training and TA to military TWG group members on data use for tracking/monitoring/evaluation of HVCT programs; 3) Providing training and TA to onsite staff at 8 implementing sites on data collection/ cleaning/use and reporting; 4) Providing travel expenses for new onsite staff to attend counseling training (10 new counselors to participate in trainings hosted by USAID/CDC's implementing partners); 5) Providing travel expenses for TWG members to conduct TA and monitoring (installation of software and training to support data collection at implementing sites); 6) Providing basic, refresher and supervisory training for all program supervisors and counselors at sites; and 7) Providing didactic training and practicum for laboratory staff working at care and treatment (C&T)sites.

-Targets: 14.000 clients received C&T services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This is an ongoing activity. With experience gained in BCC, PHAD will continue to promote BCC among new military inductees through the peer education program; -Geographic coverage: Throughout Vietnam including all military regions and military corps; -Target populations: New military inductees (18 to 22 years of age); -COP 12 key activities: 1) Training of Trainers (TOT): To provide refresher training for permanent military service personnel across all 8 military regions on HIV awareness, substance-abuse, risk-avoidance, STI prevention and on HTC services (using adapted/updated curriculum from UNAIDS on peer education for military populations), as well as teaching skills to conduct teach-back training to Peer Educators (team leaders at troop level) so that these Peer Educators can provide communication activities within their teams of new recruits during the induction period; 2) Providing training material and packages for continued communication activities at the troop level on: HIV prevention, STI prevention, substance-abuse prevention and management; 3) Upgrading communication tools to promote effective peer education activities, i.e. booklets, flip charts, cue cards, etc.; 4) promoting the "change agent" concept and practices among graduating inductees; 5) strengthening monitoring and supervision by Vietnamese NGOs through enhanced technical assistance and supervision by both Ministry of Defense (MOD) and Vietnamese NGOs at all levels of implementation (i.e. TOT, PE training and troop-level activities); -Target: 8 TOT courses x 35 trainers/course = 280 Trainers. 50,000 new inductees received BCC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	0	0

Narrative:

This activity is a continuation from COP10 with focused on maintaining the high quality services in 2 existing sites in Military Hospital 103 and 175. Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management. Geographic coverage: training for Military Health care system throughout Viet Nam and provide service at 2 provinces (Hanoi and HCMC). Target population: Military Health care staff and pregnant and young women. COP12 key activities:(1) Continuing to provide training, technical assistance and operational support to 2 PEPFAR military supported hospitals: MH 103 (HN) and MH 175 (HCMC); (2) Building capacity of military healthcare staff in PMTCT PICT at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites)

(3) Strengthening referral system between military and civilian; PICT sites to OPC sites; (4) Supporting military healthcare staff to attend other PMTCT-related trainings/workshops organized by other PEPFAR partners, VAAC, etc.; (5) Conducting quality assurance, quality improvement and monitoring activities. Budget: $40,000. Target: Provide in-service training for 30 Military Healthcare staff; provide HTC service to 1000 pregnant women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

This activity is a continuation from COP10 with focus on maintaining the 3 existing OPCs with high quality of its services. Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management. Geographic coverage: training for Military Health care system throughout Viet Nam and provide services at 3 provinces (Hanoi, HCMC and Can Tho). Target population: Military Health care staff and HIV patients. COP12 key activities: (1) Continuing to provide training & technical assistance following the National guideline for HIV to 3 PEPFAR military supported hospitals: MH 103 (HN); MH 175 (HCMC) and MH 121 (CT) by HAIVN- the inter agency partner in charge for HIV clinical technical assistance for PEPFAR supports sites and national program. (2) Continuing to provide operational support to 3 PEPFAR military supported hospitals: MH 103 (HN); MH 175 (HCMC) and MH 121 (CT); (3) Building capacity of Military healthcare staff in ART and other topics related to HIV treatment at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites); (4) Continuing to Strengthen referral system among military sites (HTC sites to OPCs, TB sites to and from OPCs) and between military and civilian sites (for comprehensive PMTCT services, Pediatric care and treatment of HIV, Home based care and other HIV related services in the community); (5) Supporting military Health care staff to attend other care and treatment related trainings/workshops organized by other PEPFAR partners, VAAC, etc.; (6) Conducting quality assurance, quality improvement and monitoring activities; (7) Supporting 3 referral labs that provide lab tests for patients on ART or pre-ART. Budget of $200,000; target: trained for 10 staff on ART; provide

ART to 575 patients. $10,000 for OI drugs.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: DOD

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Ministry of Defense, Vietnam		

Overview Narrative

Vietnam Nurses Association (VNA) is one of the leading professional organizations in Vietnam. It plays a critical role in promoting policy development for the nursing profession, conducting training leadership and management for nurses, and advocating for national infection control policies and guidelines. PEPFAR's partnership with VNA will help achieve the PEPFAR partnership framework goals 1.1 and 2.3. It is expected to have a long-term benefit in policy advocacy at the national level, to strengthen the national system of training among Vietnamese nurses and ultimately to improve of the availability and quality of care and treatment (C&T) services.

With FY 2012 funding, in collaboration with DOD PEPFAR and the Ministry of Defense (MOD), VNA aims to: 1) Strengthen infection control practices through the development and updating of training curriculum following national guidelines; provision of training for selected healthcare professionals; 2) Strengthen HIV nursing care through didactic training and expand the patient-centered nursing care model (for HIV and other infectious diseases care); 3) Strengthen leadership and management capacities of chief nurses of military and civilian hospitals; and 4) Strengthen the National Technical Advisory Working Group (NTAWG) and establish the Military sub-NTAWG on Infection Control and Nursing; and 5) Strengthen the capacity and involvement of VNA as an advocacy professional organization.

Overtime, VNA will transition its role to a supervisory role when teach-back training is taken over by military and

civilian health professionals, who already received training at the trainning of trainers (TOT) level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military 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	0	0

Narrative:

Geographic coverage: Throughout Vietnam with focus on the military healthcare system. -Target population: Healthcare workers with more focus on nurses and all patients. -This is an ongoing activity. Using FY 2012 funding for HIV care, VNA will provide critical capacity-building support to 1) sustain 3 outpatient clinics (OPCs) for HIV patients in the military healthcare system; and 2) strengthen the healthcare workforce in 28 other military hospitals in HIV care, intensive care and integrated infection control, including occupational exposure prevention. COP 12 activities: -Development and finalization of national accredited training curriculum for nurses and infection control specialist (pre-service and in-service);- Providing continued training of trainers (TOT) and teach-back training packages to selected civilian and military healthcare staff;- Promoting policy development in the related areas of nursing and infection control, including national policy on continued medical education (CME), licensure system

for nurses, and an accreditation system for infection control specialists. In addition, as part of the capacity-building activity, training also will be provided to civilian health professionals who are and will be actively engaged in the same area of work as mentioned above; -Promoting and developing the linkage between the civilian and military healthcare system through mixed-participation training. Activities carried out by VNA will be directly engaged in the sustainment and enhancement of HIV OPCs at 3 military hospitals, namely 103 (Ha Noi), 175 (HCMC) and 121 (Can Tho); -In partnership with DOD PEPFAR, the Ministry of Defense (MOD)/Military Medical Department (MMD) and other related partners, continuing to provide routine observation, supervision and oversight through site visits and onsite coaching and mentoring for HIV clinical care, as well as to conduct pre- and post-training tests at all training courses. Target: 500 healthcare professionals receive in-service and pre-service training; 700 HIV patients receive at least 1 clinical care service, 100% OPC patients screened for TB;

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

**Geographic coverage: Throughout Vietnam. *Target populations: The primary target is Vietnam nurses (military and civilians), within and outside of the Vietnam Nurses Association (VNA). The secondary target is healthcare recipients. *Using FY 2012 funding, VNA will continue to strengthen the capacity and involvement of of VNA as an advocacy professional organization.*COP 12 activities:-Strengthening the nursing professional organization (VNA) to advocate for nursing professions: Support in developing technical, program management and policy advocacy skills so that nursing professionals can play a stronger role in developing, advocating and implementing policies, guidelines and strategic plans; -Supporting nurses in the organization to voice concerns within the profession (i.e. formalized scopes-of-practice and standards-of-practice through chapter meetings, professional meetings, etc.)*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

*Principle activities to be carried out: PFIP 2.3; 3.2. *Geographic coverage: Throughout Vietnam with a focus on the military healthcare system.*Target population: Healthcare workers and all patients. *This is an ongoing activity, but the focus has been refined to promote country ownership and sustainability: building stronger collaboration between military injection safety and standard precaution initiatives with the existing national infection control program, meeting national standards, and preparing for the application of international best practices. While PEPFAR support aims to strengthen the overall country's infection prevention and control program policy improvement, direct engagement will be focused on the enforcement of the injection safety guideline implementation and monitoring. *COP 12 activities: - In partnership with WHO in-country experts and other professionals from the National Infection Control Association, to provide technical assistance (TA) support for the*

Military Medical Department (MMD) to establish the sub-Technical Working Group (TWG) on infection control (Military Association of Infection Control); - Provide TA on the development of national guidelines and training curriculum on infection control and standard precautions; -Enhance training on standard precautions for PEPFAR-supported HTC and OPC staff, including other healthcare professionals; - Provide TA for advocacy for labor code changes to have dedicated infection control personnel in the healthcare setting.- Provide TA for an accreditation system for an infection control officer; - Provide TA for quality improvement program implementation at selected civilian and military hospitals; - Provide TA for a hospital-level assessment of pilot HIV and other blood-borne disease transmission prevention through the application of an injection safety program; - Provide minimum support to ensure sustained availability of blood-drawing equipment, safety boxes, gloves, etc., in HIV services.

Implementing Mechanism Details

Mechanism ID: 12736	**Mechanism Name: FIND**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Innovative New Diagnostics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 315,000	
Funding Source	**Funding Amount**
GHP-State	315,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In Vietnam, FIND is implementing a set of activities aimed at strengthening the quality of laboratory services, introducing new / more rapid diagnostic tools, increasing human resource capacity, and supporting the integration of laboratory services for diagnostic testing of tuberculosis (TB) and HIV. This activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems for people's health and welfare, Objective 2.1 c: Improve Laboratory

Systems through improved strategic planning, systems management, coordination, training and accreditation). FIND will support one national reference, five regional reference, one provincial and up to 15 district TB laboratories throughout Vietnam.

Anticipated benefits and outcomes include: 1) FIND will facilitate inclusive meetings to develop plans and policies that garner commitment to goals and implementation. During individual country assessments, FIND and partners will review and discuss policies, plans, and laboratory strategies with in-country leadership to craft the best approaches and objectives to reflect current needs, gaps and challenges. 2) FIND will work to bridge the gap in diagnostic tools, as well as patient care and treatment, by assisting in the development of integrated laboratory networks that include the testing of all HIV patients suspected of having TB and ensuring that TB patients are screened for HIV. Laboratory technicians will be trained to use more sensitive diagnostic tools.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12736**		
Mechanism Name:	**FIND**		
Prime Partner Name:	**Foundation for Innovative New Diagnostics**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	315,000	0
Narrative:			

In September 2010, FIND was awarded a centrally held, five-year cooperative agreement from the CDC to strengthen and integrate laboratory services under PEPFAR. For Vietnam, FIND is implementing a set of activities aimed at strengthening the quality of laboratory services, introducing new / more rapid diagnostic tools, increasing human resource capacity and supporting the integration of laboratory services for diagnostic testing of TB and HIV. FIND's project approach involves country leadership in discussions of laboratory service integration, reviewing past policies and strategic plans to identify needs and gaps, developing national standardized monitoring and evaluation plans, and creating timelines that pave the way forward.

Past activities include: 1) Laboratory assessments for selection of labs to be enrolled in Expand TB project and piloting of slide EQA e-software; 2) Creation and adaptation of training courses for TB laboratories, both management and technical training; 3) Production and delivery of training in TB laboratory management and improvement of TB testing quality/capacity; 4) Full-time in-country senior microbiologist providing TA to the Vietnam National TB Program (VNTP) and regional TB laboratories to improve TB diagnostics towards international standards and accreditation.

Implementing Mechanism Details

Mechanism ID: 12750	**Mechanism Name: Comprehensive Service Delivery**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this activity will be to work with the National Institute of Nutrition (NIN), the Vietnam Administration of

HIV/AIDS Control (VAAC) and other stakeholders to integrate food and nutrition care and support into HIV services. The FANTA III project will not implement any direct services, but it will provide technical expertise to the NIN and VAAC on developing guidelines, SOPs, and training plans and materials so that NIN and VAAC can implement sustainable nutrition interventions for people living with HIV. Geographic coverage will be at the national level. In COP 12, project activities will build on previous nutrition-support efforts. The project will continue to work with the government of Vietnam (GVN) and PEPFAR-implementing partners to integrate food and nutrition care and support into HIV services to support care and treatment (C&T) objectives. Targeted capacity-building assistance will be provided to GVN to enhance nutrition assessment, counseling and support (NACS) skills among HIV-service providers. In COP 12, program activities will be gradually transitioned to nutrition and social protection programs within GVN to ensure program sustainability. All activities will have strong M&E components for QI. No vehicle will be purchased for this project.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	90,000
Human Resources for Health	60,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12750**
Mechanism Name:	**Comprehensive Service Delivery**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	150,000	0

Narrative:

The FANTA III project will work closely with the government of Vietnam (GVN) to help strengthen the nutrition system to provide nutrition assessment, counseling, and support (NACS) services for PLHIV. In COP 12, the project will continue to strengthen the capacity of the National Institute of Nutrition (NIN), Vietnam Administration of HIV/AIDS Control (VAAC) and PEPFAR-implementing partners to provide quality nutrition services at facility and community levels. FANTA III also will work with GVN to integrate nutrition indicators into the national M&E system and incorporate data collection processes into existing information systems. As key nutrition activities are transitioned to GVN ownership, which began in COP 11, a focus of COP 12 activities will be to develop strong QA systems to ensure the effectiveness of NACS services. FANTA III will collaborate with NIN and VAAC to incorporate nutrition into the Ministry of Health's (MOH's) existing QI systems, and to introduce QI approaches in a pilot at selected NACS sites. The QI principles to improve healthcare delivery include 1) focusing on the client; 2) making changes to improve healthcare delivery systems; 3) using change to improve processes and systems; and 4) setting up teams of healthcare providers to test and implement the changes. The collaborative QI methodology will help teams from different clinics, hospitals and other levels to work together to improve particular aspects of a healthcare system. FANTA III will provide technical assistance (TA) to NIN and VAAC to introduce the QI methodology, and to conduct regular supportive supervision and mentoring visits to NAC sites in the 9 PEPFAR-priority provinces. Specific activities include: 1) establishment of an administrative/technical unit within NIN and/or VAAC with responsibility for establishing QI policy to monitor implementation of the National Nutrition and HIV Guidelines; 2) refresher training in each of the 9 PEPFAR-priority provinces; 3) supportive supervisory/mentoring visits to each of the 9 provincial hospitals and a select number of ART sites at the district level; and 4) development/adaption of QI tools and job aids.

Implementing Mechanism Details

Mechanism ID: 12909	**Mechanism Name: TA for Local Methadone Production**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Pharmacopeia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	

Funding Source	Funding Amount
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Along with supporting treatment services, PEPFAR/Vietnam is working closely with the Government of Vietnam (GVN) in the transition process. Commodities transition appears to be the most challenging component, especially ARVs, not only because of its financial burden to GVN but also of the whole pharmaceutical, logistics and financing structures are not ready yet. Vietnam has very limited pharmaceutical market that failed can provide best international price and doesn't have a simple process to procure internationally neither. As a result, ARVs procured in country are between 3-17 times higher than PEPFAR procured ARVs and 2-3 times higher than Thailand, its neighbor country. This South to South exchange will support a study tour for relevant GVN managers to Thailand to learn about Thai experience in ensuring non-interrupted ARV supply chain for HIV program. The study tour will focus on ARV local production, procurement, logistics and financing systems.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12909**

Mechanism Name:	TA for Local Methadone Production		
Prime Partner Name:	U.S. Pharmacopeia		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	150,000	0

Narrative:

This is 2010 Partnership Framework money.

? Work closely with the Government of Vietnam to select potential manufacturers to produce methadone locally.
? Recommend two best companies for production based on Good Manufacturing Practices assessment of manufacturing plants of companies selected. Provide recommendations for addressing GMP deficiencies.
? Develop quality specifications for local production of methadone.
? Establish and validate process control and QA/QC. Develop other necessary technical documents as required for licensing authorization.
? Submit application to DAV for license to produce methadone in Vietnam, in accordance to the DAV requirements. Help the company to consolidate and respond queries from DAV as appropriate. Apply to DAV for registration number or marketing authorization.
? Develop post-marketing surveillance program within the supply chain to ensure the quality of locally produced methadone.
? Follow up and help the manufacturer to maintain GMP compliance and product quality throughout the supply and distribution chain.

Implementing Mechanism Details

Mechanism ID: 12976	**Mechanism Name: Development Center for Public Health (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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Ministry of Defense, Vietnam		

Overview Narrative

The Development Center for Public Health (DCPH) is a Vietnamese NGO. Since FY 2008, DCPH has become an implementing partner with the U.S. Department of Defense PEPFAR (DOD PEPFAR) to provide technical assistance in areas of health system strengthening, prevention, care and treatment (C&T) activities that include PMTCT, TB/HIV and ART, and implemented by Ministry of Defense (MOD)/Military Medical Department (MMD). By achieving the PEPFAR Partnership Framework goals 1.1 and 2.3, active engagement of local NGOs will benefit by building capacity among local Vietnamese health professionals and from improvement in the availability and quality of C&T services.

With FY 2012 funding, in collaboration with DOD PEPFAR and MMD, DCPH will primarily provide support on health system strengthening and strategic information programs that aim to: 1) Strengthen leadership and management capacities of military medical healthcare staff through adapting Hanoi School of Public Health (HSPS) training curriculum in Total Quality Management and provision of training for selected healthcare professionals; 2) Provide support to MOD senior staff in HIV policy advocacy and policy improvement and building capacity on military HRH; 3) Promote advocacy for the development of a local NGO's assessment and evaluation program to initiate a "graduation" system for local NGOs working in the health sector; and 4) Provide support to Military healthcare professional staff at all levels on data collection, management and use for evidence-based decision making.

The continued partnership with DOD PEPFAR reflects DCPH's recognized position in the key technical areas of Health system strengthening (OHSS) and Strategic Information (SI).

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	12976		
Mechanism Name:	Development Center for Public Health (DCPH)		
Prime Partner Name:	Development Center for Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0

Narrative:

*-Geographic coverage: Throughout Vietnam with more focus on the military healthcare system.-Target population: Healthcare workers, local NGOs' staff, and various clients and patients, with a focus on military healthcare settings. -This is an ongoing activity, but the focus has been refined to: Strengthening capacity on program management and implementation for military professional healthcare staff, stronger collaboration between military and civilian healthcare systems, and enhancing local NGOs' operation in Vietnam by successfully establishing, maintaining and improving the quality data reporting system, and promoting the military health staff to use M&E data to improve the quality of healthcare services and decision-making. -COP 12 activities:-Maintaining high data quality reported and advocating for data use in decision-making that is cultural- and evidence-based through:*Providing trainings to Ministry of Defense (MOD) personnel (at all levels) by building a monitoring, evaluation and reporting (MER) system, and ensuring data quality assurance and compliance with report requirements to different stakeholders.*Supporting implementation of a management information system that simultaneously improves client management and quality of services. *Supporting collection and analysis of data for internal learning (site's performance, achievement vs. target setting, partner satisfaction survey, etc.). *Routinely monitoring data quality reported at the sites, including periodic data audits to selected sites.*Upgrading hardware and software to support data collection and management at DOD-implementing sites. *Coordinating and managing information gathered across the DOD PEPFAR sites and program areas during COP, reprogramming and related processes.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

*Geographic coverage: Throughout Vietnam with more focus on the military healthcare system. -Target population: Healthcare workers, local NGO staff and all patients. -This is an ongoing activity, but the focus has been refined to: Building capacity on program management and implementation for military professional healthcare staff, stronger collaboration between military and civilian healthcare systems, and enhancing local NGOs' operation in Vietnam by successfully establishing a "graduation" system for local NGOs. -COP 12 activities: *Providing support for Ministry of Defense (MOD) personnel (at all levels) to participate in management training. *Providing technical assistance (TA) and support to implementation staff at supported sites with quality improvement activities. *Providing support for cross-training between military and civilian sectors to share best-practices and harmonize/standardize programs. *Providing support to MOD senior staff in policy advocacy and policy improvement in disease surveillance for force health protection. *Continuing to promote MOD leadership's engagement to HRH forum and discussion. *Coordinating with Vietnam Union of Science and Technology Associations (VUSTA) to develop and pilot the model of local NGOs' graduation. *Providing continued TA and coaching to the implementing sites by DOD PEPFAR, partners and MOD/Military Medical Department (MMD) personnel.*

Implementing Mechanism Details

Mechanism ID: 13007	**Mechanism Name: NTP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Vietnam National TB Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 324,293	
Funding Source	**Funding Amount**
GHP-State	324,293

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this mechanism is to strengthen Vietnam's laboratory capacity to respond to the high burden of TB. This

activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems for people's health and welfare; Objective 2.1 c: Improve Laboratory Systems through improved strategic planning, systems management, coordination, training and accreditation). The goals and objective of this mechanism are also in line with those of the Strategic Plan of the Vietnam National TB program (NTPSP) for the 2011-2015 period (Objectives 1 and 4 of NTPSP).

Working through the National TB Program (NTP) and focusing on strategy and policy issues, the mechanism will offer interventions at the national, provincial, district and commune levels. It will support the creation of national guidelines/standards led by NTP. The NTP 5-year strategic plan was developed with TB stakeholders' involvement and widely shared with partners to ensure good coordination. Persons participating in NTP activities are mostly government staff and this helps maintain program sustainability. Human capacity building is ensured through in-country training programs including new trainings and refresher trainings.

CDC Vietnam maintains cooperative agreement monitoring plans for each partner, including NTP. A set of 12 indicators developed by NTP will be used to monitor and evaluate the project's progress. Improvements to the quality of testing can be monitored and evaluated through quality control of the tests performed in the laboratories. This will include both Internal quality control and external quality assessment results.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13007**

Mechanism Name:	NTP		
Prime Partner Name:	Vietnam National TB Program		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	274,293	0

Narrative:

According to the WHO, Vietnam ranks 12th of the 22 high-burden TB countries. The 2011-2015 NTPSP establishes the goals of reducing the TB prevalence in Vietnam by half from 2010 to 2015 and ensuring that there is no increase in the multi-drug resistant (MDR) rate through 2015 from the rate reported in the 2010 Drug Resistance Survey (DRS).

Activities proposed under COP 12 aim to improve the quality, efficiency and effectiveness of TB prevention and control and lung health programs in Vietnam. The ultimate goal is to improve lung health, to prevent TB transmission, to reduce TB-related morbidity and mortality, and to prevent the development of TB drug resistance in the country.

Specific activities that will be supported with HVTB and HLAB funding include: 1) the piloting and implementation of a Public-Public Mix DOTS (PPMD) model at provincial hospitals; 2) strengthening a community network in remote and mountainous areas for TB detection and management; 3) strengthening lab capacity and service networks and 4) support to the Vietnam Stop TB Partnership (VSTP). These activities are aligned with the NTP 2011-2015 strategic plan and are implemented in accordance with the PEPFAR technical strategy. The NTP will support the PPMD model with a focus on human capacity building in clinical and laboratory diagnosis and treatment of TB in high-risk people including HIV-infected persons. Strengthening community networks for TB diagnosis and management will be done through the training of commune and village health workers and through building public awareness of TB with IEC activities. The NTP will continue to support VSTP through coordinating regular meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	0

Narrative:

Pediatric TB evaluation in NTP and non-NTP settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

NTPSP establishes the goals of reducing the TB prevalence in Vietnam by half from 2010 to 2015 and ensuring that there is no increase in the MDR rate through 2015 from the rate reported in the 2010 Drug Resistance Survey (DRS).

Activities proposed under COP 12 aim to improve the quality, efficiency and effectiveness of TB prevention and control and lung health programs in Vietnam. The ultimate goal is to improve lung health, to prevent TB transmission, to reduce TB-related morbidity and mortality, and to prevent the development of TB drug resistance in the country.

Specific activities that will be supported with HVTB and HLAB funding include: 1) the piloting and implementation of a Public-Public Mix DOTS (PPMD) model at provincial hospitals; 2) strengthening a community network in remote and mountainous areas for TB detection and management; 3) strengthening lab capacity and service networks and 4) assistance to the Vietnam Stop TB Partnership (VSTP). These activities are aligned with the NTP 2011-2015 strategic plan and are implemented in accordance with the PEPFAR technical strategy. The NTP will support the PPMD model with a focus on human capacity building in clinical and laboratory diagnosis and treatment of TB in high-risk people including HIV-infected persons. Strengthening community networks for TB diagnosis and management will be done through the training of commune and village health workers and through building public awareness of TB with IEC activities. The NTP will continue to support VSTP through coordinating regular meetings.

Implementing Mechanism Details

Mechanism ID: 13073	**Mechanism Name: Umbrella (HQ)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the WHO Umbrella Grant will be to provide sustained, in-country technical support to the National TB Program (NTP) and serve as a coordination mechanism for all organizations implementing TB control activities in Vietnam. Key objectives of the project will be to: -Provide technical assistance (TA) to support the implementation of the National TB Strategic Plan 2011-2015 and provide TA in the implementation of Global Fund (GF) TB activities; -Support the implementation of the 2010-2015 MDR expansion plan that aims to treat 6,310 MDR patients by 2015; -Provide TA to improve case finding, including developing tools, guidelines and plans specific to Vietnam in the implementation of TB control plans related to public-private mix (PPM) activities, MDR TB management and TB/HIV; -Provide technical support to strengthen the preparedness to diagnose and treat MDR TB, including implementation of infection control, and strengthening laboratory capacity and quality; -Strengthen M&E, including ensuring availability of strategic information, to be used in guiding the implementation of programmatic management of MDR TB and TB/HIV collaborative activities. The geographic coverage will be at the national level. Target populations will be the NTP at the national and provincial levels, and their beneficiaries. A combination of routine data collection, internal data quality assessment exercises and regular field visits will be used to monitor and evaluate performance against key indicators identified in the M&E plan. No vehicles will be purchased for this project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13073**

Mechanism Name:	Umbrella (HQ)		
Prime Partner Name:	World Health Organization		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	350,000	0

Narrative:

Vietnam ranks 12th among the 22 high-TB burden countries and is 13th among the 27 high-MDR TB burden countries. To address these challenges, the TB program in Vietnam requires continued extensive in-country, multilateral coordination and technical assistance (TA). Since 2011, USAID has supported the Stop TB Medical Officer and a National Professional Officer at WHO TB Unit in Vietnam to play a lead role in organizing coordination meetings. Their job is to bring together all key international and national partners to share information and serve as a TA provider to the National TB Program (NTP). WHO has taken the lead in coordinating partners, ensuring programs complement each other and synergies between programs exist. WHO has led coordination efforts around TB second-line drug management, piloting an electronic TB manager system (e-TB manager); expanding MDR TB management; and facilitating external QA. To strengthen national TB M&E capacity, WHO will provide TA on building the electronic TB M&E system, (including e-TB manager) and promote the linkage to the health system information system. The development of this framework will provide the tools necessary to track progress and report on achievements. In COP 12, WHO will continue working with the government of Vietnam (GVN) and NTP to assist in the implementation of the 5-year national NTP Strategic Plan and provide advice on attaining greater financial sustainability. WHO will work with MOH and international partners to strengthen the coalition to Stop TB at the national level and strengthen the role of NGOs and private medical clinics in TB control. Other COP 12 activities include providing TA to the MOH and NTP to speed up the introduction of a new treatment regimen for susceptible TB, and strengthening monitoring and surveillance of the technical aspects of the TB program. WHO staff will provide expert advice on the revision of the TB/HIV framework, M&E of TB/HIV collaborative activities and coordinate their implementation. This includes: intensified TB screening among PLHIV; testing and counseling for HIV of TB suspects/patients; provision of care to TB/HIV co-infected patients; promotion of infection control; promotion for implementation of INH prophylaxis with UNAIDS and CDC/Life-Gap; provide advice on public-private mix initiatives (engaging hospitals and private providers) to increase case detection among risk groups and vulnerable populations (including prisons); and integrate TB services. Previously, the WHO team also supported NTP to prepare for a National Strategy Application and to organize meetings with different GVN members to advocate for increasing national resources for the TB program as donor funding declines. WHO staff, in collaboration with USAID-implementing partners (KNCV and SCMS), and other partners, will implement activities to strengthen national TB policies. WHO has provided TA to NTP to revise the TB/HIV framework to include the latest WHO recommendations regarding intensified case finding among PLHIV, INH preventive therapy, infection control and early initiation of ART.

Implementing Mechanism Details

Mechanism ID: 13131	Mechanism Name: I-TECH
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 40,000	
Funding Source	**Funding Amount**
GHP-State	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through I-TECH this IM will support government of Vietnam to better understand and apply concepts and systematic approaches of development and implementation of standardized and interoperable health information systems. These activities will be conducted in HCMC, and will develop linked information systems recording care and treatment services delivered to HIV-positive patients, pregnant women and infants born to HIV-positive women.

With PEPFAR's support, the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) has been working with I-TECH to carry out the first phase of a health management information system integration (HMIS) project designed to standardize all existing systems and allow for interoperability among all systems.

HCMC PAC has a variety of information systems, which will be linked to transfer patient information from point-of- entry to clinical care and treatment. This will improve service quality for patients and overall program effectiveness. The second project phase will start in April 2013, and the major focus will be to link existing PAC information systems, forming a citywide patient index system. I-TECH will expand upon two activities for the National Strategy on Continuing Medical Education (CME), selecting one or two priority activities of those developed in COP 11 to implement in partnership with the Department of Science and Training. This may include revision or drafting of specific policy documents, development of an accreditation system for CME. I-TECH will

also work with Hanoi Medical University (HMU) to design and deliver distance learning CME.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13131**		
Mechanism Name:	**I-TECH**		
Prime Partner Name:	**University of Washington**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	40,000	0

Narrative:

The International Training and Education Center for Health (I-TECH) has experience with assisting ministries of health, universities, and other organizations to develop a skilled health workforce and well-organized national health delivery systems. They have worked in Vietnam since February 2010 and initially focused on the provision of support for local government's use of international standards and health management information system (HMIS) development in country to ensure a more reliable and effective flow of data from points of service delivery to higher levels of monitoring and reporting. Since April 2011, I-TECH has focused on assisting the Provincial AIDS Committee of Ho Chi Minh City (HCMC PAC) which has pioneered electronic HMIS to improve the quality of service delivery to HIV/AIDS patients. With PEPFAR's support, the PAC has been working with I-TECH to carry out the first phase of a HMIS integration project with an aim to standardize all the existing systems, making it

possible for interoperability among all systems. Besides providing regular remote and some onsite support, I-TECH will assign a local consultant to PAC who will coordinate the project with direction and supervision from I-TECH headquarters; recruitment for the position is in progress.Following completion of the first project phase, HCMC PAC will have a variety of information systems in place, which will be linked programmatically to transfer patient information from point of entry to clinical care and treatment and is expected to improve service quality for patients, as well as overall program effectiveness. Having reached that stage, the second project phase will start in April 2013, and the major focus will be to link existing PAC information systems together forming a citywide patient index system. I-TECH will also continue to provide technical assistance to the national HMIS technical working group that has recently been established to coordinate health information systems development based on defined standards and architecture. This group has the mandate to provide strategic and technical direction to health information management in Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	

Narrative:

In Year 2 of the project, I-TECH will expand upon two activities for the National Strategy on Continuing Medical Education (CME), selecting one or two priority activities of those developed in COP 11 to implement in partnership with the Department of Science and Training. This may include revision or drafting of specific policy documents, development of an accreditation system for CME; establishing a database to track CME; or supporting specific training institutions at the provincial level. For the second activity, working with Hanoi Medical University (HMU) to design and deliver distance learning CME, the project will expand to provide support only to HMU to develop other HIV-related modules. HMU will take the lead and I-TECH will provide the tools, and/or TA to other learning institutions in the country to design, deliver and evaluate their own HIV-related CME courses.

Implementing Mechanism Details

Mechanism ID: 13147	**Mechanism Name: HIVQUAL**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NYS AIDS Institute/HEALTHQUAL International (HQI) partners with Government of Vietnam (GVN) Ministry 0f Health (MOH) through Vietnam Administration for HIV/AIDS Control (VAAC) to build national capacity for quality management of HIV treatment and to strengthen health systems with the goal of creating a sustainable country-owned national quality management program. Applying a public health approach to quality management, HQI builds capacity at the national-, provincial-, district-, and clinic-levels to support performance measurement (PM) data collection, analysis, and use to inform interventions that will improve the quality of treatment and patient outcomes.

Aggregated clinic PM data is used to inform national HIV health system improvement priorities. Objectives include: 1) Provide technical assistance (TA) in the development of a national quality management program. 2) Promote sustainable quality improvement activities in clinics across all regions in the country. 3) Provide TA to build capacity for data quality, collection, analysis and use to assess the quality of care provided at all HIV care providers and to inform local, regional, and national improvement priorities and policy. 4) Promote and implement quality leadership development opportunities to build provincial capacity for quality management, strengthening sustainability.

The target audience for activities is the core MOH team and MOH provincial personnel, ultimately supporting HIV clinics nationwide. Collaboration with other partners assures that national coverage is met without duplication of partner activities, and that in-country resources are leveraged for cost-savings. HQI is implementing a robust cross-country M&E program that will include activities in Vietnam.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Key Issues

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	13147		
Mechanism Name:	HIVQUAL		
Prime Partner Name:	New York AIDS Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	200,000	

Narrative:

At the time of writing, HEALTHQUAL has just begun engagement activities with MOH for FY 2011. The COP 12 narrative is a projection of program progress based on the historical perspective of HEALTHQUAL PEPFAR activities in ten other focus countries since 2006. With TA and mentoring provided by HEALTHQUAL staff, it is expected that in FY 2011 Vietnam will: successfully integrate HIV quality indicators into an Access database to be used for HIVQUAL-Vietnam data collection; determine the group of clinics that will first implement the HEALTHQUAL model; train all appropriate national, provincial, and local staff on quality improvement and data collection and analysis; develop and train a group of quality coaches who will provide leadership and support for quality activities at the participating clinics; QI project initiation at sites and reporting on a regional and national level; and, conduct at least one round of data collection and analysis. Performance data are used immediately by the clinics to inform quality improvement interventions aimed at improving patient outcomes and strengthening health delivery systems. Aggregated clinic data are used by MOH to inform national improvement priorities for health systems strengthening and improving broader patient outcomes. FY 2012 activities will include more intensive TA and mentoring for: data quality and analysis; a 2nd and 3rd round of data collection; building capacity of the national/provincial public health units to provide clinic support, decentralized management of the program, and input on national/provincial improvement activities; consumer involvement; regional peer learning networks integrated with national/provincial public health units; quality leadership; indicator review and refinement; publication of an annual performance data report; and program expansion to other clinics. Activities

are dependent upon program progress, MOH and clinic uptake of quality management skills, and national assessment of how improvement activities relate to HIV treatment priorities. Please note: None of the technical area indicators for Health Systems Strengthening directly pertain to HEALTHQUAL activities. Pre-service activities have not yet been suggested for HIVQUAL Vietnam.

Implementing Mechanism Details

Mechanism ID: 13234	**Mechanism Name: TB CARE - 1**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV Tuberculosis Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 735,000	
Funding Source	**Funding Amount**
GHP-State	735,000

Sub Partner Name(s)

Management Sciences for Health	World Health Organization	

Overview Narrative

The goal of the TB CARE I project is to improve the quality of and access to TB/MDR TB prevention, diagnosis and treatment; improve coordination of TB/HIV activities; and strengthen TB systems. Geographic coverage will be at the national and provincial levels. At the provincial level, activities will be implemented in the 10 MDR TB provinces (Hanoi, Vinh Phuc, Hai Phong, Thanh Hoa, Da Nang, Phu Yen, Binh Dinh, Binh Thuan, Ho Chi Minh city and Can Tho) and 3 HIV high-prevalence provinces (Quang Ninh, Dien Bien and An Giang). In COP 12, the project will continue supporting the National TB Program (NTP) to successfully implement the National TB Strategic Plan 2011-2015. A key component of TB CARE I activities will be to strengthen human resources and technical capacity to ensure a sustainable TB/HIV care system by providing technical assistance (TA) to the NTP to develop guidelines, training materials, SOPs, and data recording and reporting systems. TB CARE I will expand TB laboratory capacity support and will support national efforts for training and QA in smear microscopy and other new diagnostic tests. As capacity of the NTP is strengthened, KNCV will gradually transition key TB detection and

control functions to the NTP, but will provide TA to ensure that the quality of services are maintained. KNCV will coordinate with the National TB control program and other relevant programs, including those supported by other donors (Global Fund, CIDA and WHO), to ensure the investment is complementary. All activities will have strong monitoring and evaluation, and quality and efficiency improvement components, as PEPFAR support gradually shifts to a TA role. No vehicles were purchased for this project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13234**
Mechanism Name:	**TB CARE - 1**
Prime Partner Name:	**KNCV Tuberculosis Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	735,000	0

Narrative:

Since 2007, the TB CAP/TB CARE I projects have supported the National Tuberculosis Program (NTP) and its strategic vision to strengthen TB and TB/HIV control in Vietnam, especially management of drug-resistant TB and TB in vulnerable populations. The TB CARE I project is implemented in collaboration with WHO, CDC, MSH, PATH, PSI, Vietnam STOP TB Partnership and Vietnam TB Association to support the Vietnam NTP to implement the National TB Strategic Plan 2011-2015, and to reduce the number of deaths due to TB by increasing access to timely and quality assured diagnosis and treatment of TB, TB/HIV and MDR TB.

The project will collaborate with NTP and other partners to support routine M&E for NTP, especially the implementation of eTB Manager to maximize work-efficiency at the field level and enable data analysis. In COP 12, the TB CARE I project will provide technical assistance (TA) to NTP to implement in-service training, monitoring and supervision of the laboratory SOPs' implementation, including biosafety measures. TB CARE I also will provide TA to NTP networks, especially to 10 MDR wards, to enhance surveillance, monitoring, evaluation, and management of timely and high-quality services for TB and MDR TB. TA will be provided to support development of Xpert implementation, monitoring and operational studies. To increase case finding and adequate management of TB in children, training and supportive supervision on TB control and prevention in children will be implemented by NTP with the technical support of TB CARE I and WHO. TB CARE I will support the wider development of the health system by promoting TB-infection-control, biosafety in laboratories, and by developing a laboratory sample transportation system. The project also will work with the government of Vietnam (GVN) and local partners to increase local investments in TB control. Key achievements in COP 11 included increased capacity for diagnosis of drug-resistant TB, improved biosafety in laboratories dealing with drug-resistant TB, and improved infection control in MDR treatment wards in 5 TB hospitals (Hanoi, Vinh Phuc, Da Nang, Ho Chi Minh and Can Tho) and selected peripheral HIV and TB facilities.

Implementing Mechanism Details

Mechanism ID: 13306	**Mechanism Name: Fogarty**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: FOGARTY INTERNATIONAL CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objectives: The Fogarty Fellows Program strengthens data analysis, interpretation, and utilization capacity skills in Vietnam public health staff. Through the National Institutes of Health (NIH) - Fogarty International Center, PEPFAR Vietnam will collaborate with US-based universities to continue a well-renowned scholar exchange program in Vietnam that focuses on epidemiology and biostatics.

Geographic coverage and target populations: This program will support post-graduate public-health professionals from all over Vietnam to attend courses and full-degree programs at specific universities in the US.

Cost Efficiencies over time: It is expected that returning Fellows will have the capacity to develop, gather funding for, and implement research and evaluation activities in direct collaboration with research institutions, such as UCSF. They will, thus, become more self-sufficient and less reliant on external funding, while expanding their capacity to implement appropriate and high-quality research.

M&E plans: A program monitoring plan is in place to measure programmatic inputs and outputs. Outcomes will be measured through on-going follow-up of Fellows to assess changes in research implementation skills and practices, including the tracking of completed projects and the use of study findings.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13306**
Mechanism Name:	**Fogarty**
Prime Partner Name:	**FOGARTY INTERNATIONAL CENTER**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

PEPFAR Vietnam will collaborate with US-based universities through the National Institutes of Health (NIH)-Fogarty International Center to establish a scholar exchange program that will focus on epidemiology and biostatics. This program will support post-graduate public-health professionals from Vietnam to attend courses and full-degree programs at specific universities in the US. The primary objective of the fellowship is to support the continuing education of committed individuals to acquire the knowledge and skills necessary to lead the implementation of evidence-based HIV/AIDS interventions in Vietnam.

Candidates will be chosen based on a rigorous application and evaluation process that will assess technical skills, personal motivation, and their potential contribution to the Vietnamese health system. Each summer, 10-15 scholars will be competitively selected to attend a series of intensive short courses in the key areas described above. This 8-10 week summer fellowship is designed to further the professional development of Vietnamese public health practitioners in applied data use. Successful applicants will have an opportunity to gain further knowledge in applied epidemiology, biostatistics, operational research, program management, monitoring and evaluation. COP 12 funds will be used to support 10-15 Fellows with travel, tuition, and living expenses for the duration of the fellowship.

A 3-tiered model has been developed to address progressively more rigorous competencies. Tier 1 focuses on introductory epidemiology and biostatistics; Tier 2 focuses on research design, proposal development, and analysis; Tier 3 focuses on advanced analysis, protocol implementation, and scientific communication. Through 2 annual cohorts, 23 Fellows have completed the program. All Tier 2 and 3 returning Fellows are expected to undertake and to complete a defined evaluation/research project that was identified during the program application process and developed during their US-based training. Mentorship support will be provided for returning Fellows though the CDC/UCSF mechanism.

Implementing Mechanism Details

Mechanism ID: 13759	**Mechanism Name: Pathways for Participation**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,199,000	
Funding Source	**Funding Amount**
GHP-State	1,199,000

Sub Partner Name(s)

Care International		

Overview Narrative

The goal of the Pathways for Participation (Pathways) project is to develop an empowered and effective civil society that provides a sustainable and significant impact, is accountable to its constituency, and contributes to the national HIV response. The project aims to achieve this goal by 1) establishing and strengthening select, local NGOs to serve as future capacity-builders; 2) strengthen organizational, technical and leadership capacity of CSOs; 3) implement effective community-based interventions; and 4) strengthen the advocacy capacity for CSOs to influence HIV policies and programming. Target populations are MARPs, including IDUs and their sexual partners, sex workers and their clients, MSM and PLHIV in 9 provinces (An Giang, Can Tho, Dien Bien, Hai Phong, Hanoi, HCMC, Lao Cai, Nghe An and Quang Ninh). Cost-efficiency has been a priority of this project from the design. There has been a strong focus on hiring Vietnamese nationals, and the international chief of party will be transitioned to Vietnamese leadership by year 4 of the project. Efforts are in place to reduce the reliance on international consultants. The project will focus on strengthening the capacity of select local CSOs so that in the future they can assume the role of the international NGO to develop replicable and effective community-based services. The project M&E team will collect, analyze and disseminate strategic information about civil society to strengthen informed decision-making for resource allocation, advocacy and policy. Baseline, midterm and end-of-project assessments to ensure accountability and to inform decision-making at programmatic and higher levels will be conducted. No vehicles will be purchased for this project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
Key Populations: FSW	125,000
Key Populations: MSM and TG	150,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**13759**
Mechanism Name:	**Pathways for Participation**
Prime Partner Name:	**Research Triangle International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

Narrative:

In COP 11, the Pathways for Participation program (Pathways) sub-grantees focused on addressing comprehensive HIV-prevention and care, and provided psychological and social support services for PLHIV and MARPs groups. In COP 12, Pathways will strengthen the capacity of local NGOs, MARPs and PLHIV community-based groups (registered and nonregistered) to provide community-based support and services; advocate for the increasing role of the MARP/PLHIV sector in the national HIV response; and develop and promote replicable, evidence-based models of HIV service provision in Vietnam. To accomplish its objectives, the project will focus on the following activities: -Strengthen case management practices; -Strengthen coordination between community services and outpatient clinics; -Promote local level multisectorial coordination to improve service availability and access; -Develop systems and capacities to monitor changing needs of PLHIV and adjust support accordingly; and -Develop innovative service-delivery models for ethnic minorities and rural settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	177,000	0

Narrative:

In COP 11, the Pathways for Participation program (Pathways) sub-grantees focused on addressing psychological

needs of orphans and vulnerable children (OVC) to improve the quality of psychology support, life skills for older children and child protection, such as foster care. In addition, the program implemented nutritional support in collaboration with FANTA to improve the quality of nutrition assessments, counseling and screening. In COP 12, Pathways will continue working closely with the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Ministry of Health (MOH) and Ministry of Education and Training (MOET) to integrate the OVC program into the national childcare and protection system led by MOLISA, and to identify key data gaps to assist the government, donors and NGOs in program planning and implementation of the national plan of action on children infected with HIV/AIDS (NPA). To accomplish these objectives in COP 12, Pathways will focus on the following activities: -Strengthen the quality of HIV care and support; food and nutrition, and psychosocial support; -Provide other social welfare services through existing government regulations and services; -Maximize the resources mobilized from faith-based organizations, private sector and civil society to ensure the sustainability of the program; -Support MOLISA's role in coordinating the multiple key players involved in NPA, including tracking the implementation and evaluation of different models of OVC care and service; -Standardize the reporting system and procedure for OVC program data collection to avoid duplication and to produce systematic output data for program management and planning; -Develop an M&E framework that will be placed under MOLISA but will interface with the frameworks and indicators of MOET and MOH systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	105,000	0

Narrative:

The use of routine data for decision-making and program planning within the CSO sector is weak because of the lack of technical capacity. This results in poor-quality evaluations, data collection and analysis. COP 12 funding will be used to strengthen M&E capacity of CSOs, promote the use of data to monitor program quality and progress, and use evidence and data for advocacy purposes. To achieve this, Pathways will: -Design and refine routine M&E system, including measures for data QA; -Provide onsite supportive supervision/coaching for sub-partners to implement M&E and data QA;
-Develop, implement and monitor data QA; -Coordinate with provincial partners to leverage M&E efforts at the provincial level; and -Support program staff in data use, communicating and presenting M&E data for program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	244,000	0

Narrative:

COP 12 funding will be used to support the Pathway for Participation project (Pathways) to strengthen the

capacity of lead partners. Lead partners will provide organizational and technical capacity-building services to other Vietnamese CSOs. The lead partners will ensure that targeted CSOs have access to organizational capacity-building in governance, financial and organizational management, human resource management, strategic planning and reporting, resource mobilization, management information systems, and M&E. Illustrative activities include but are not limited to: -Developing and implementing capacity-building plans with lead partners and other CSOs involved in the program; -Mentoring partner(s) to build capacity as a capacity-building provider; -Conduct assessments to understand the need of the partner(s) to become capacity-building providers (both technical and organizational capacity because the organization(s) will not only need to be able to provide capacity-building support, but they also will need to be able to operate as a sustainable organization(s)); -Establishing demonstration sites where innovative models can be developed and assessed, and expertise pooled; and -Developing and implementing an M&E strategic plan that includes, but is not limited to, benchmarks and indicators to measure the partner(s)' progress toward expected results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	278,565	0

Narrative:

In Vietnam, the HIV prevalence among sex workers (SWs) is high — 3.2% according to sentinel surveillance or 9.1% according to the IBBS 2009 positivity rate. The prevalence among MSM has significantly increased in some provinces with high concentrations of MSM in Ho Chi Minh City and Hanoi. IBBS 2009 showed that MSM prevalence can be as high as 14.2% in some provinces. Increasing inconsistent condom use, multiple sexual partners, and drug use among SWs and MSM is a challenge for HIV response in Vietnam. The Pathways for Participation program (Pathways) focuses on strengthening community-based services provided by and for MARPs of HIV infection, particularly FSWs and their clients, and MSM in nine PEPFAR-focus provinces. COP 12 activities will include: 1) Strengthening outreach activities to FSWs and MSM to increase service coverage and uptake. This will be done through different modalities, which may include but are not be limited to: -Improving outreach approach to include case management of clients, and peer-driven and network-based outreach; -Expanding responsibility of outreach workers to ensure PLHIV and MARPs are connected to clinical services; -Exploring new methods of outreach, such as social networking and combining peer educators to provide services in a geographic catchment area; -Exploring strategies to increase effective reach and use of technology such as phone/SMS and Internet-based interventions to more effectively reach sub-populations and populations with overlapping risk behaviors; and -Increasing effective harm-reduction strategies. 2) Strengthening the advocacy capacity for FSWs and MSM networks and community-based organizations working on FSWs and MSM interventions. Along with UN and the USAID Health Policy Initiative, this activity will provide support to CSOs of MSM and FSWs to ensure their voice is heard, increase their ownership of programmatic interventions, and share information with other partners to learn from each other. Additionally, the capacity of FSW and MSM groups will be strengthened so that they can participate in national and provincial strategic planning meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	194,435	0

Narrative:

The Pathways for Participation program (Pathways) focuses on strengthening community-based services provided by and MARPs of HIV infection, particularly IDUs and their sexual partners within 9 PEPFAR-focus provinces. COP 12 activities will include: 1) Strengthening IDU outreach activities to increase service coverage and uptake. This will be done through different modalities, which may include but are not be limited to: -Improving the IDU outreach approach to include case management of clients, and peer-driven and network-based outreach; -Expanding responsibility of outreach workers to implement a full range of services to ensure IDU groups are effectively referred to clinical services; -Exploring new methods of outreach such as social networking and combining peer educators to work in a team for all MARPs in a geographic catchment area; -Using village or community health workers; -Exploring strategies to increase effective reach and use of technology such as phone/SMS and Internet-based interventions to more effectively reach sub-populations and populations with overlapping risk behaviors; and -Increasing effective harm-reduction strategies. 2) Implementing BCC messages including Break the Cycle, as well as other messages. This effort will be done in partnership with PSI. Technical assistance (TA) also will be provided to explore the most effective and efficient channels to distribute prevention commodities. 3) Providing support services to help patients on methadone find employment, regain their normal family life and reintegrate into community and society.

Implementing Mechanism Details

Mechanism ID: 13779	**Mechanism Name: WHO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 130,000	
Funding Source	**Funding Amount**
GHP-State	130,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Supranational Mycobacteria Reference Laboratory (SNRL) in Adelaide, Australia is the World Health Organization (WHO) designated regional reference laboratory. Their goal is to provide technical assistance to several Western Pacific developing countries, including Vietnam. This activity is referenced in the Partnership Framework Implementation Plan (Goal #2: Supporting the provision of sustainable HIV/AIDS Services through strengthening systems for people's health and welfare, Objective 2.1 c: Improve Laboratory Systems through improved strategic planning, systems management, coordination, training and accreditation). The coverage for this activity is national and includes regional TB laboratories. By funding this institution, PEPFAR is tapping into an existing (WHO supported) mechanism and leveraging existing infrastructure and expertise. Once Vietnam's TB laboratory infrastructure has been updated and is operating at a higher capacity there will be need for such intense support from SNRL experts. Monitoring and evaluation of the SNRL technical assistance will be supported by the WHO-VN staff.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**13779**

Mechanism Name:	WHO
Prime Partner Name:	World Health Organization

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	57,000	0

Narrative:

As a World Health Organization designated regional reference laboratory, the Supranational Mycobacteria Reference Laboratory (SNRL) in Adelaide, Australia provides technical assistance to several Western Pacific developing countries, including Vietnam. Support includes technical assistance (TA) for improved diagnostic capacity, improved biosafety, introduction of new testing technologies and surveillance for measuring incidence of drug resistant M. tuberculosis. Since 2007, support has been provided during brief yearly TA/supervision visits from SNRL Adelaide to Vietnam's National TB Reference Laboratory (NTRL) and several provincial TB labs. In the past, TA visits were brief and occurred only once a year, PEPFAR funds have allowed an increase in the frequency and duration. Past and, if approved, future funding allowed for the provision of TA in the following technical areas: EQA for microscopy (Ziehl-Nehlsen and Fluorescent), improvements in biosafety (in line with WHO recommendations) at all tiers of the TB laboratory system, creation/delivery of bio-safety training for TB culture laboratories, proficiency testing initiative at HCMC and Hanoi laboratories, and introduction of LPA (at proposed GeneXpert sites).The PEPFAR laboratory team feels strongly that funding the SNRL strengthens an existing, sustainable relationship and will allow SNRL to create improvements more rapidly to the higher level TB labs in Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	73,000	0

Narrative:

In COP12, PEPFAR supported Vietnam Ministry of Health to implement and conduct a study of a pilot on Treatment as Prevention (TasP) among HIV sero-discordant couples in Dien Bien and Can Tho provinces. This study aims to assess operational feasibility of offering couple HIV testing and counseling (CHTC) and providing ART for prevention and treatment in sero-discordant couples in Viet Nam's program, in order to inform future potential expansion of HIV treatment as prevention interventions. Training on CHTC and study protocol for healthcare providers and program managers were conducted, followed by on-site technical support from study team, including Vietnam Administration of HIV/AIDS Control (VAAC), World Health Organization (WHO), US Centers for Diseases Control and Prevention (CDC) and Family Health International 360 (FHI360) experts. CHTC and ARV Treatment services are provided to clients that are in line with national guidelines and study protocol, with regular technical support from central and local study teams to ensure quality of services and study implementation. This funding mechanism in COP13 supports WHO experts in coordination an provision of on-going technical assistance to the implementation of the pilot, refresher training and operational elements of the

study including training, supervision, data management and data analysis. The support also covers technical assistance from WHO experts in development and implementation of national guidelines on TasP if the decision of expansion of TasP initiative nationwide is being made after completion of the TasP pilot.

Implementing Mechanism Details

Mechanism ID: 13942	**Mechanism Name: UCLA**
Funding Agency: U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at Los Angeles	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

Hanoi Medical University		

Overview Narrative

The purpose of the Vietnam HIV-Addiction Technology Transfer Center (VHATTC) is to reduce individual and societal harm due to HIV and substance use disorders (SUD) in Vietnam. Based at Hanoi Medical University (HMU), VHATTC will organize training programs for counselors and medical professionals, develop partnerships between HMU leaders, policymakers and health professionals, and promote the principles of recovery-oriented systems of care. There is an urgent need for workforce development in the area of HIV and SUD. The VHATTC will draw upon the expertise of ATTC leaders in the U.S. to develop a counselor education curriculum and to train Vietnamese providers in clinical supervision. VHATTC will support the role of HMU as a hub for training and technical assistance (TA) to develop SUD treatment services drawing upon previous work. Planning and TA activities for this project will occur in multiple sites throughout Vietnam, as well as at UCLA. These overall objectives are in line with the Partnership Framework's first two goals, specifically to support improved effectiveness and efficiency of multi-sectoral co-operation in HIV prevention and treatment; and support

evidence-based HR strategies. The geographic coverage will be at the national and provincial level. Routine MIS data collection, internal data QA exercises, and more qualitative assessments and site visits will be used to monitor and evaluate performance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13942**
Mechanism Name:	**UCLA**
Prime Partner Name:	**University of California at Los Angeles**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	250,000	0

Narrative:

This procurement and activity is a training, technical assistance (TA), evaluation and support activity. The purpose of the activity is to improve program service-delivery and quality. As a result, questions in the guidance document for the IDUP budget code narrative do not apply. However, the epidemiology of the situation in Vietnam is presented: Illicit drug use has become one of the most pressing issues in Vietnam. In 2004, the prevalence rate of drug dependence was 208 per 100,000 people. The scope of the illicit drug use problem in Vietnam broadened to include other drugs besides heroin and spread geographically to the lowland regions and urban areas. Heroin is the main drug use problem in rural and the urban areas. Heroin users are predominately male and young (under 26 years). Opium is overwhelming preferred by individuals 36 and older, particularly elders residing in the

mountainous highlands. While the drug-using population is predominately male, there is growing concern for FSWs. One study reported that 44% of street-based FSWs in Hanoi and 20% in Ho Chi Minh City reported using drugs. FSWs are a vulnerable population not only because of their own drug use, but also from their contact with male IDUs who do not regularly use condoms. As a result, the prevalence of HIV among women in Vietnam has increased substantially in the past decade.

In recent years, Vietnam has experienced an HIV epidemic that is driven by IDUs. A governmental study in 2001 found that 46% of drug users reported use by injection as their preferred mode of administration; 64% of heroin users, moreover, reported use by injection. While HIV prevalence in the general population is low (0.53%), the average prevalence among IDUs is about 30%. Biological and behavioral surveys show that HIV prevalence among IDUs varies across provinces. In 2009, prevalence ranged from a low of 0.9% in Da Nang to a high of 55.7% in Quang Ninh. In Haiphong, HIV prevalence among IDUs in 2009 was 48%, the second-highest of the provinces surveyed. While the prevalence in Haiphong represents a decrease from that found 3 years earlier (66%), the continuing high percentage, coupled with the rapid spread of HIV among a new population of younger IDUs (early 20s) with short injection histories (less than 1 year), makes the transmission of HIV among IDUs a continuing and critical public health concern for the nation.

The capacity and institutionalization of HIV-Substance Use Disorder Training Center activities are integrated within the Hanoi Medical University, a designee of the Ministry of Health (MOH), to provide this service. The center established and supported by these funds has an inter-ministerial and inter-donor advisory board that consists of MOH, the Ministry of Labor, Invalids and Social Affairs (MOLISA), UNODC, FHI, (SAMHSA and USAID) —all which are funded or provide funding and services in this area. Thus, this activity is the only activity in PEPFAR Vietnam with an inter-ministerial and donor board. This effectively will enable the reduction in duplication of TA activities, and coordinate activities across donors and ministries in this area as the board provides a forum for discussion and dialogue in the realm of sustainable TA models. A lasting element is that the center is a national center for technology transfer for all governmental and NGOs in this area.

Implementing Mechanism Details

Mechanism ID: 14048	**Mechanism Name: Hennepin Faculty Associates**
Funding Agency: U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration	Procurement Type: Contract
Prime Partner Name: Hennepin Faculty Associates-Addiction Medicine Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goal of PEPFAR partner Hennepin Faculty Associates (HFA) is to assist in improving the quality of the delivery of an effective medicated-assisted therapy (MAT) program. HFAwill continue its work on SAMHSA on quality of care on a regular and routine schedule. HFA will continue to focus on: 1) Building the methadone treatment system by mentoring staff on care delivery; 2) working with existing government and NGOs in developing policies and guidelines for the safe and effective delivery of medication-assisted treatment (MAT); and 3) To improve the quality of outcomes and patients' lives, and reduce the spread of HIV. These objectives are in line with the Partnership Framework (PF): Goal 1: Strengthen the quality of and increase access to prevention services for MARPs and prevention, care and treatment (C&T)ervices for people affected by or living with HIV. More specifically, the objectives of this procurement are in alignment with objectives: 1a) Support improved effectiveness and efficiency of multi-sectoral co-operation in HIV prevention C&T; 1d) support evidence-based harm-reduction strategies. This procurement also supports Goal 2 of the PF: Support the provision of sustainable HIV services through strengthening systems for people's health and related welfare. Specific objectives: Strengthening the national system of workforce development for improved service-delivery specifically in-service training based on core competencies in the technical area of drug treatment (MAT).The geographic coverage will be at the national and provincial level. Routine MIS data collection, internal data quality assessment exercises and more qualitative assessments and site visits will be used for M&E.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14048		
Mechanism Name:	Hennepin Faculty Associates		
Prime Partner Name:	Hennepin Faculty Associates-Addiction Medicine Program		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	100,000	0

Narrative:

This activity is a training, technical assistance (TA), evaluation and support activity. The purpose of the activity is to improve service-delivery and quality program. As a result, the questions in the guidance document for the IDUP budget code narrative do not apply. However, the epidemiology of the situation in Vietnam is presented: Illicit drug use has become one of the most pressing issues in Vietnam. In 2004, the prevalence rate of drug dependence was 208 per 100,000 people. The scope of the illicit drug use problem in Vietnam broadened to include other drugs besides heroin and spread geographically to the lowland regions and urban areas. Currently, heroin is the main drug use problem, predominately among males and young (under 26 years). Opium is preferred by individuals 36 and older, particularly elders residing in the mountainous highlands. While the drug-using population is predominately male, there is growing concern for FSWs. One study reported that 44% of street-based female sex workers in Hanoi and 20% in Ho Chi Minh City reported using drugs. FSWs are a vulnerable population because of their own drug use, as well as their contact with male IDUs who do not regularly use condoms. As a result, the prevalence of HIV among women in Vietnam has increased substantially in the past decade. Vietnam's HIV epidemic is driven by IDUs. A governmental study in 2001 found that 46% of drug users reported use by injection as their preferred mode of administration. Additionally, while HIV prevalence in the general population is low (0.53%), the average prevalence among IDUs is about 30%. In 2009, HIV prevalence among IDUs ranged from a low of 0.9% in Da Nang to a high of 55.7% in Quang Ninh. The continuing high percentage, coupled with the rapid spread of HIV among a new population of younger IDUs (early 20s) with short injection histories (less than 1 year), makes transmission of HIV among IDUs a continuing and critical public health concern for the nation.

HFA is building the nation's methadone treatment system by mentoring staff in collaboration with clinic implementing partners (Ministry of Health (MOH)-LIFE GAP (LG), World Bank (WB), Global Fund (GF) or CDC/FHI). The development of specific technical assistance plans for the clinics are coordinated by partners MOH and the Vietnam Administration for HIV/AIDS Control (VAAC). When assisting with the development of policies

and guidelines for the clinic, HFA will collaborate with MOH-VAAC or the Ministry of Labor, Invalids and Social Affairs (MOLISA) along with implementing partners like FHI and LG, and NGOs. The overall goal of this collaboration is to synergize efforts in a matrix approach to deliver TA to the medication-assisted treatment (MAT) program in Vietnam.

Implementing Mechanism Details

Mechanism ID: 14086	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14156	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14159	**Mechanism Name: SMART TA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 9,859,850	
Funding Source	**Funding Amount**
GHP-State	9,859,850

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the SMART TA project is to: 1) deliver quality HIV services within the continuum of response (COR); 2) transition financial, administrative and technical ownership of services to the government of Vietnam (GVN) and other stakeholders; and 3) strengthen the technical capacity and country ownership to sustain quality HIV services. Geographic coverage is in 9 PEPFAR-focus provinces (Hanoi, Hai Phong, Quang Ninh, Dien Bien, Nghe An, Ho Chi Minh City, Can Tho, Lao Cai and An Giang). Technical assistance (TA) also will be provided at the national level. Target populations for the project are IDUs and their sexual partners, sex workers (SWs) and their clients, MSM and PLHIV. SMART TA will work with GVN and other stakeholers to develop a reponsible plan to transition HIV prevention and care services. To achieve this, SMART TA will 1) assess the capacity of GVN and CSOs to implement individualized interventions and develop a national 5-year capacity-building plan; 2) develop cost-effective models and service packages that can be replicated using local resources; 3) strengthen national, provincal and district referral networks; 4) strengthen data use for program planning and revision; and 5) ensure quality across implementing sites and implementing agencies. The transition of financial, administrative and technical responsibilities for the implementation of HIV programs supported by SMART TA will require national and provincial consensus-building, standardization of models and service packages, development of provincial transition plans, technical support, and ongoing monitoring and QA/QI. Site visits and assessments will ensure accountability and inform decision making. No vehicles will be purchased for this project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,300,000
Key Populations: FSW	515,000
Key Populations: MSM and TG	257,500
Renovation	5,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14159**		
Mechanism Name:	**SMART TA**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,775,000	0

Narrative:

In preparation for financial, administrative and technical transition of sites to government of Vietnam (GVN), SMART TA will begin working with the Vietnam Administration for HIV/AIDS Control and provincial Departments of Health (DOHs) to make both facility and community HIV-service provision more efficient and less costly. This will include a review of community and home-based care (CHBC) models to focus transitioning CHBC interventions to be led by PLHIV peers and CSOs, with supervision support from outpatient clinic health staff. SMART TA will develop and employ screening tools to assess whether individuals and families have high, medium or low/no CHBC needs. CHBC activities will prioritize peer outreach and counseling to ensure that newly diagnosed PLHIV and those who have been lost to followup are enrolled into care. For facility-based services SMART TA will integrate HIV clinical services into GVN hospitals, examine ways to make client flow more efficient and reduce staffing ratios. In COP 11, to facilitate early enrollment in care and treatment (C&T) services, SMART TA collaborated with VAAC and DOH to pilot an intervention facilitating early enrollment in the HIV outpatient clinic immediately following a positive diagnosis. SMART TA also worked with WHO, VAAC and other partners to develop a standardized pre-ART care package for facility- and community-based services. Pre-ART health clubs run by PLHIV peers promoted PLHIV self-acceptance, self-confidence and self-care. In COP 12, SMART TA will commence transitioning service delivery sites across provinces while continuing work initiated in COP 11 with GVN and other partners to institutionalize standardized, cost effective core packages of facility- and community-based care. Core clinical services are likely to include pre-ART care; OI prophylaxis and management; ART; adherence counseling and education; assessment of positive health needs; and referral to GVN services. Auxiliary services may be provided in different locations according to resources, capacity and commitment, and include palliative care, mental health and nutrition, services. While the number of service-delivery sites may reduce in COP 12 due to site transition, the number of clients enrolled in care and support will increase due to improved efficiencies and interventions to improve early enrolment and increased retention due to positive health programs. SMART TA will work with GVN to pilot a referral tracking system across several sites and scale it up over the project's life. This will involve mapping district and provincial HIV-related services, in preparation for transition, and supporting the development of a local level referral system for the continuum of response. To further improve clinic flow, SMART TA will develop simple, systematic assessment checklists and SOPs for all appointments at the HIV OPC to triage clients and ensure access to needed services. To build upon existing food support programs and avoid duplication, the program will provide nutrition counseling and assessment, while

linking and referring clients to services providing therapeutic food under FANTA III and local nutrition initiatives. To support the transition of CHBC services to PLHIV peers and CSOs, SMART TA will work with the USAID Pathways for Participation project to utilize and adapt CHBC training curricula, job aids, and monitoring and QI tools to ensure they are consistent across programs. Funding includes $222,000 for OIs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	165,000	0

Narrative:

SMART TA will continue to provide discrete and focused technical assistance (TA) to the Ministry of Labor, Invalids and Social Affairs (MOLISA) to implement the National Plan of Action (NPA) – prioritizing TA in case management approaches and family centered care. SMART TA will work with the government of Vietnam (GVN) and other stakeholders to re-focus Vietnam's OVC program — and will develop a more efficient, less costly and sustainable OVC program model while phasing out nonessential OVC programming in SMART TA-supported sites. The new OVC program model will focus on the priority needs of HIV-infected children and their families, and will include further developing family centered approaches and using peer and PLHIV networks, MOLISA social workers and CSOs supported under the USAID Pathways for Participation (Pathways) project to assess the needs of HIV-affected children, and respond accordingly. In COP 12, SMART TA will work with GVN, PEPFAR-implementing partners and other stakeholders to provide TA to refocus and scale-up less costly and sustainable OVC interventions in Vietnam. This will include development of rapid screening assessment tools to identify most-at-risk HIV-infected and affected children and families, and leveraging GVN support, particularly from MOLISA, to assist these families. SMART TA will review and adapt previously developed SOPs, job aids and training curricula so that they are consistent with the new OVC programming approach. SMART TA will provide TA to MOLISA, VAAC and PEPFAR partners, including Pathways-supported CSOs, to train OVC trainers and mentors in the new model, using the new curriculum. The Global Fund (GF) has expressed an interest in providing integrated family centered care at its HIV clinics. SMART TA will standardize family centered care models and packages, developing simple tools to assist GVN and GF-supported healthcare providers implement family centered HIV care throughout Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	158,000	0

Narrative:

While SMART TA-supported sites provide among the highest levels of patient care quality available in Vietnam, much remains to be done to improve outcomes for patients with TB, as they are referred into the TB healthcare system. During COP 11, SMART TA supported provincial and district TB/HIV committees to strengthen TB/HIV case detection, management and control. The program provided training for community and home-based care (CHBC) teams and outpatient clinic (OPC) staff on screening and managing TB/HIV co-infection using

standardized algorithms, SOPs and job aids. SMART TA supported the Vietnam Administration on HIV/AIDS Control (VAAC) to operationalize Isoniazid Prevention Therapy (IPT) across all sites, and also supported Vietnam's pilot of GeneXpert, to improve diagnosis of smear-negative TB. In COP 12, SMART TA will increasingly focus on improving the efficiency and effectiveness of TB/HIV programs including integrating provider-initiated testing and counseling (PITC) in TB services and improving TB/HIV clinical management through implementation of TB/HIV guidelines. SMART TA will work with VAAC and the National TB Program (NTP) to improve patient referral tracking systems to ensure that people affected by TB and HIV can access well-coordinated care. Optimizing, operating, standardizing and monitoring the linkages between HIV and TB services is a critical component of HIV programming. As SMART TA begins to transition services to GVN, the program will support the Ministry of Health (MOH) to improve TB outcomes through the development and implementation of models that leverage existing resources and other donor programs, in particular those supported with Global Fund funding. SMART TA will develop strategic behavioral communications focusing on the prevention of TB in the community and support KNCV and the National TB Program (NTP) to develop a systematic TB QI/clinical supervision package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	40,000	0

Narrative:

While supporting implementation for pediatric care and support, SMART TA will increaingly focus on PEPFAR's strategic goals to transition to country ownership and provision of technical assistance (TA). During COP 11, SMART TA developed, implemented, operated and standardized a core package of services for HIV-infected children and affected families, including early identification and referral into treatment; provision of TA to national and provincial authorities to manage and provide quality services in the continuum of patient care; and monitor and improve quality of services before, during and after transition to full government ownership and management while ensuring ongoing growth of the pediatric ARV program. In COP 12, the focus will be on sustainability, improving cost-efficiency and improving program access for HIV-infected children and families. While the number of service-delivery sites may decline in COP 12 due to transitioning of sites, the number of pediatric clients enrolled in care and support will increase due to improved efficiencies and interventions to improve early enrolment in the HIV outpatient clinic (OPC). In COP 12, clinical facility-based care will be provided for 415 pediatric HIV-infected clients. The Global Fund (GF) has expressed an interest in providing integrated family centered care at its HIV clinics. SMART TA will standardize family centered care models and packages, developing simple tools to assist the government of Vietnam (GVN) and GF-supported healthcare providers to implement family centered HIV care throughout Vietnam. While supporting GVN and GF to scale-up family centered care approaches, SMART TA will prepare for transition of pediatric care and treatment programs, which may occur simultaneously or separately from the adult care and treatment, depending on the site and the existing resources. SMART TA will be active in the provision of services and TA in these key areas, in addition to the standardization and institutionalization of

national training curricula and clinical care capacity-building and QI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	665,000	0

Narrative:

In collaboration with the government of Vietnam (GVN) at the national and provincial levels, and with other stakeholders, SMART TA will implement the following activities in COP 12. 1) Data use: Together with the PEPFAR SI team and other partners (HPI, Vietnam Administration for HIV/AIDS Control (VAAC), NIHE, Pasteur Institutes) in the third year of the Data for Decision Making project (DDM), FHI will continue to work with the Vietnam Authority on HIV/AIDS Control (VAAC), the Ministry of Health (MOH) and PEPFAR Provincial AIDS Committees (PACS) in (HCMC, Hanoi, Quang Ninh, Hai Phong, Nghe An, Can Tho, An Giang, Dien Bien and Lao Cai) to build capacity for GVN agencies with focus on HIV epidemiological topics such as: -HIV research methodologies, study design and basic analysis; -Target population size estimates; -Data sets presentation and communication to appropriate audiences; and
-Data triangulation in program evaluations and review at provincial and the PEPFAR TWGs level. SMART TA also will continue to focus on GVN-centered capacity development for strategic information by supporting HIV epidemiological and program data gathering, managing, and participating in analysis and dissemination workshops. 2) HIV/AIDS Modeling: FHI will continue carrying out the Advocacy and Analysis (A-squared) and Estimation and Projection (EPP) activities in high-HIV burden provinces to: -provide outcome indicators and coverage information for PEPFAR-supported prevention programming among MARPs in Vietnam; -strengthen government staff capacity for data utilization; -provide information to explain changes in HIV prevalence, including the impact of PEPFAR-funded prevention programming; -provide epidemiologic and behavioral data in specialized formats tailored for advocacy to policymakers; and -develop a clear understanding of the HIV epidemic in different regions of Vietnam so that that effective national policies and appropriately targeted programs can be developed. 3) Operational research and evaluation: FHI will work with VAAC and PEPFAR TWGs to implement program coverage evaluation (CARS) of intervention for both prevention, VCT and care and treatment (C&T) programs to provide insightful data for programmers, as well as to strengthen data use capacity at the program level. FHI also will work closely with PEPFAR SI and other TWGs on designing operation research targeting MARPs and bridge populations to better understand these populations to guide programming. 4) Program monitoring and data quality assurance: -C&T Monitoring Data management: FHI will work with other PEPFAR partners on C&T to upgrade the program database. This system will help maximize work efficiency at the field level and enable data analysis to assist project partners in continuous QI. -Data QA and QA/QI quality of routine monitoring data will continue to be strengthened through the integration of data quality audits as part of regular QA/QI visits to project sites. FHI will work with VAAC M&E to develop national standardized guidance for conducting data quality audit activities for all HIV-related programs. In addition, FHI will continue its QA/QI

activity as routine monitoring and provide TA to other PEPFAR partners on applying QA/QI tools. -Methadone M&E system development: FHI will continue to conduct and provide TA to PEPFAR and GVN on routine M&E activities for the national methadone maintenance treatment (MMT) program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	70,000	0

Narrative:

1. Advocacy for a sustainable ARV program – Maintaining an adequate ARV drug supply for People Living with HIV (PLHIV) in Vietnam will become much more challenging as donor funding declines. SMART TA will work closely with USAID and CHAI (Clinton Foundation), SCMS, UNAIDS and CDC to support the VAAC Care and Treatment Department to develop an action plan including activities that need to be implemented along the development of the proposal for increasing GVN financing of the national ARV drug supply as well as set up a sustainalbe system in the long term.

2. Conversion of '06 Compulsory Centers: MMT will be the core component of the National Drug Treatment Program with a roadmap to gradually phase out the compulsory modality.

- *Monitor and support the initial phase of transformation and phasing out of 06 Centers.*
- *Continuing advocacy for closure of all compulsory centers.*
- *Support regulatory changes to support evidence-based, voluntary treatments.*
- *Provide needed knowledge and build capacity for new treatment models and services.*

3. MMT Program Expansion: To reduce HIV transmission by increasing the rate of MMT program expansions with a focus on (a) government funding, (b) integration of MMT programs within existing medical care settings, and (c) improvement of MMT and ART linkages.

- *Accelerate Vietnam government investment in operating costs, methadone supply, and staffing.*
- *Advocate for reallocation of substantial '06 Center resources to rapid MMT expansion as a base for a more comprehensive stepped-care system in Vietnam.*
- *Emphasize MMT expansion and integration into primary health care and HIV treatment systems. These additional funds will support system design, integration, and TA support.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,190,000	0

Narrative:

The HTC program targets all MARPs, including IDUs, sex workers (SWs), MSM, clients of sex workers, sexual partners of MARPs and sexual partners of PLHIV. Alhough the program is well-established, data from recent surveys underscore the fact that there is still alarmingly low uptake of HTC services among MARPs. According to

the IBBS 2009, 60-80% of MARPs have not recently been tested. In COP 12, building on COP 11 activities, SMART TA will strive to systematize PITC in methadone maintenance treatment (MMT) clinics, TB and ANC services to ensure the routine testing of vulnerable populations. The program will test different cost-effective initiatives that improve HTC service-uptake among MARPs and promote knowledge of one's HIV status. SMART TA will work with other partners to advocate for the widespread use of the rapid testing algorithm and flexible confirmation scenarios, which will increase access and uptake of this essential prevention service. In COP 12, transitioning of targeted HTC sites will commence, in consultation with the government of Vietnam (GVN), PEPFAR and other stakeholders. Although the number of HTC sites may decline in COP 12, the number of clients benefitting from HTC will remain stable due to improved efficiencies and interventions to improve service access and uptake. Approximately 45,000 MARPs and vulnerable people are expected to avail HTC services in COP 12. SMART TA will continue closing and/or consolidating overlapping or inefficient HTC sites, pilot strategic mobile services, pilot a pre-ART initiative and HTC-OPC tracking system to reduce loss to followup, and integrate services in preparation for transitioning. SMART TA will continue to focus on technical assistance (TA) in the standardization of core HTC services and HTC QI, building HTC training capacity to mentor, monitor and supervise HTC programs. Using the standardized national HTC electronic data collection and reporting system (PrevenHIV software), SMART TA also will support improved HTC data use at both site and provincial levels for program improvement. SMART TA will work with partners to conduct a mapping and analysis of all HTC sites in PEPFAR-focus provinces to 1) identify service overlaps across funding sources; 2) identify efficiency gains through service integration and task sharing; 3) articulate strategic HTC delivery models and communication strategies that increase HTC uptake; and 4) promote continuum from prevention to care (COPC) service linkages in an effort to reduce loss to follow-up for recently diagnosed HIV-positive clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	772,500	0

Narrative:

In COP 12, SMART TA will continue to work with the government of Vietnam (GVN), PEPFAR and other donors to standardize efficient and cost-effective prevention models that can be sustained with GVN financing. In COP 12, $206,827 will be spent to provide 17,751 MSM to develop and deliver the core package of prevention services; $347,930 to provide 32,338 SWs with the core prevention service package; $30,000 technical experience sharing consultations for MSM; and $104,001 to develop and pilot strategies and interventions to better link MARPS to comprehensive services and for technical experience sharing consultation for MARPs. Building on work initiated in COP 11, SMART TA will support provinces to analyze their HIV epidemic and articulate evidence-based responses based on the size of MARP subpopulations, the epidemic burden and available resources. This will include calculating rational numbers of peer outreach workers needed for FSW, IDU and MSM prevention interventions based on provincial size estimation data. SMART TA will further work with GVN, PEPFAR partners, MARP subpopulations and other key stakeholders to develop targeted behavioral communications and tripilotal

cost-effective approaches (e.g. peer-driven interventions, use of digital technologies, private sector partnerships, strategic mobile services) that strive to increase programmatic reach and continuum of prevention to care (COPC) service-uptake. Advocacy work to strengthen structural interventions, like the 100% Condom Use Program (CUP), and promote MARPs and civil society engagement in the response likewise will be stressed.
Transitioning of targeted prevention interventions will be initiated in COP 12, in consultation with GVN, PEPFAR and other key stakeholders. While the number of sites will decrease, coverage is expected to remain stable, as a result of improved efficiencies, innovative programming and service-uptake initiatives. SMART TA will provide technical assistance (TA) and QI to ensure that interventions are sound across sites and achieving impact. SMART TA also will conduct various costing studies and facilitate technical discussions to ensure that interventions are cost-effective, sustainable and institutionalized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,411,350	0

Narrative:

Although the coverage of IDU interventions has increased dramatically in Vietnam in the past few years, the success is threatened by: difficulties measuring and extending HIV prevention reach; the lack of segmented approaches to address clients with overlapping risks; and deficiencies in the structural and policy environments. In COP 12, SMART TA will address these gaps by continuing to provide financial, programmatic and technical support to the government of Vietnam (GVN) and CSO-implementing agencies. SMART TA will work closely with the Vietnam Administration for HIV/AIDS Control (VAAC), Provincial AIDS Committees (PACs), PEPFAR and other stakeholders to finalize a cost-effective, core package of prevention services for IDUs. This will form the basis by which to articulate core and supplementary IDU prevention service packages that can be sustained with GVN or CSO financing. New outreach models will be piloted in particular areas to test whether different approaches are needed to extend prevention coverage in cost-effective ways. SMART TA will continue to collaborate with others on piloting peer-driven interventions for IDUs. In COP 12, SMART TA will work with VAAC/Life-Gap, PSI, and other agencies to provide joint trainings in outreach strategies, including the use of new messages (i.e., encouraging early treatment; focusing on specific networks, such as IDUs-FSWs and IDUs-MSM; and enhancing the role of outreach workers in keeping HIV-positive individuals in continuum of prevention to care (COPC) services. To ensure access to and use of critical commodities, SMART TA will be moving from extensive free distribution of commodities to more sustainable social marketing and private-sector purchase efforts. In each targeted province, SMART TA will work closely with PSI and others to support implementing agencies and the private sector to develop, implement, manage and monitor commodity social marketing and total market approach (TMA) plans. SMART TA will continue to provide TA to PEPFAR and GVN on the development, standardization and roll-out of routine monitoring systems for the national methadone maintenance treatment (MMT) program, and will continue to develop and pilot the Management Information System (MIS) for methadone patients, including identification of appropriate interoperability use cases, piloting proof of concept, developing minimum requirements documents,

and reviewing policies on security and confidentiality, as well as piloting the computer-based data management and reporting system at selected MMT sites. To strengthen demand for, and uptake of, comprehensive health and social services, SMART TA will work with GVN and CSO-implementing agencies to strengthen service referral linkages and consumer demand to ensure that IDU subpopulations avail critical health and social services. SMART TA will recommend closure of particular services and/or consolidation of services to make existing services cost-effective and sustainable. In certain areas, SMART TA will identify civil society or private-sector service-delivery outlets (and advocate for socialization models) that reduce the financial and administrative burden of operating GVN health service systems. Wherever possible, alternative service-delivery models will be piloted and compared with existing approaches to identify strategies that facilitate uptake and offer cost benefit and scale, according to targets established at the national, provincial and district levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	20,000	0

Narrative:

Beginning in COP 11, SMART TA incrementally transitioned implementation support for 11 PMTCT sites currently supported by FHI 360 to the government of Vietnam (GVN). In COP 12, SMART TA will work with the Vietnam Administration of HIV/AIDS Control (VAAC), SCMS, LifeGAP, GF ATM, CHAI and provincial health authorities, providing technical assistance (TA) to scale-up a pilot system developed in COP 11, in which PMTCT ARV drugs for HIV-infected pregnant women and HIV-exposed infants will be housed in 1 provincial level health service where all identified HIV-pregnant women from that province are referred for PMTCT services. This will include scaling-up the "province-wide emergency PMTCT ARV drug distribution system," which can distribute ARV drugs rapidly (within hours) to pregnant women who are identified as HIV-positive in labor by rapid testing — ensuring that where possible, HIV-infected women receive PMTCT ARV drugs in labor and all HIV-exposed infants receive ART in line with national guidelines. SMART TA will include the finalization of SOPs, training curriculum, job aids and training support to support the scale-up of this system nationwide. Furthermore in COP 12, SMART TA will focus on strengthening referral linkages between commune/district ANC services, the HIV outpatient clinics, the reproductive health systems, district and provincial OB-GYN departments, and the private sector. All of these services will support the identification of pregnant women living with HIV and those at risk for HIV infection, referring these individuals for testing and then to the central provincial GVN-supported PMTCT service (or others identified during provincial mapping processes).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,323,000	0

Narrative:

While supporting ongoing implementation and improving retention and treatment outcomes, SMART TA will prepare to transition sites to the government of Vietnam (GVN) administrative, financial and technical support. In

preparation for transition and in accordance with key PEPFAR priorities, SMART TA will focus on reducing costs, improving cost-effectiveness and optimizing capacity of ART sites. This will take place as sites are identified and prepared for transition to government ownership, including the development, piloting and evaluation of models of transition, as well as the development and implementation of technical assistance (TA) models to improve program performance and patient outcomes across the spectrum of sites supported by PEPFAR, government, Global Fund (GF) or other donors. In COP 12, SMART TA will commence transitioning service sites across provinces while continuing the work initiated in COP 11 with GVN and other partners to institutionalize standardized, cost effective core packages of facility- and community based care and treatment (C&T). While the number of service-delivery sites may decline in COP 12 due to transitioning of sites, the number of clients enrolled in treatment will increase due to improved efficiencies and interventions to improve early enrollment in the HIV program and increased retention due to positive health programs. In COP 12, ART will be provided for 15,050 PLHIV. The challenge of transition is to maintain continuous improvement in volume and quality of care and patient outcomes, while reaping the benefits of cost-reduction, improved efficiency and cost-effectiveness. SMART TA anticipates that the TA, mentoring and QI it supports will incrementally increase the proportion of PLHIV alive and retained in care after 12 months of ART. SMART TA will work with GVN and other partners to improve service-delivery while focusing on the provision of high-quality, evidence-based services to facilitate early commencement of ARV and improved patient clinical and quality of life outcomes. Cost reductions and improvements in cost-effectiveness and efficiency will be achieved through appropriate service integration, leveraging of existing services, identification of core services, rationalization of existing service-delivery models including development and implementation of SOPs for patient flow, task shifting, and patient visit schedules. Sites will be selected for transition in consultation with the Ministry of Health (MOH), PEPFAR Vietnam and other key stakeholders based on assessment of readiness, capacity, availability of economic resources, political commitment, and local HIV epidemiology and unmet treatment need. Early sites will be used to pilot and evaluate the models of transition, including core service delivery and increased involvement of provincial authorities. TA models will focus on improved patient care through improved linkages and referrals, standardization of quality core care packages, and building the capacity of national and provincial authorities. The goal is to see the shared experience of the successful PEPFAR Vietnam ARV scale-up benefiting all sites, regardless of donor support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	270,000	0

Narrative:

While supporting implementation for pediatric care and support, SMART TA will increaingly focus on PEPFAR's strategic goals to transition to country ownership and provision of technical assistance (TA). In COP 11, in conjunction with improvements in pediatric care and support services, SMART TA developed, implemented, operated and standardized a core package of care and treatment (C&T) services for HIV-infected children and affected families. This included early identification and referral into treatment, provision of TA to national and

provincial authorities to manage and provide quality services in the continuum of patient care, and monitoring and improvement in the quality of services before, during and after transition to full government ownership and management while ensuring ongoing growth of the pediatric ART program. The focus for SMART TA during COP 12 will be on sustainability, improving cost-efficiency and improving program access for HIV-infected children and families. While the number of comprehensive service delivery sites may decline in year 2 due to transitioning of sites, the number of pediatric clients accessing ART in SMART TA-supported sites will increase due to improved efficiencies and interventions to improve early enrollment in the HIV outpatient clinic (OPC). During COP 12, up to 318 HIV-infected children will access ART in SMART TA-supported sites. The Global Fund (GF) has expressed an interest in providing integrated family centered care at its HIV clinics. SMART TA will standardize family centered care models and packages, developing simple tools to assist the government of Vietnam (GVN) and GF-supported healthcare providers to implement family centered HIV care throughout Vietnam. While supporting GVN and GF to scale-up family centered care approaches, SMART TA will prepare for transition of pediatric C&T, which may occur simultaneously or separately from the adult care and treatment, depending on the site and the existing resources. SMART TA will be active in the provision of services and TA in these key areas, in addition to the standardization and institutionalization of national training curricula and clinical care capacity-building and QI.

Implementing Mechanism Details

Mechanism ID: 14326	**Mechanism Name: UCSF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 420,000	
Funding Source	**Funding Amount**
GHP-State	420,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In collaboration with CDC Atlanta and its other partners, the University of California, San Francisco (UCSF) continues to provide strategic information (SI) and technical assistance (TA) to CDC-GAP, PEPFAR II, the Global Health Initiative and multiple countries. These efforts include HIV/AIDS monitoring and evaluation (M and E), and epidemiologic surveillance training, and other relevant SI and TA. This has strengthened country health systems, increasing their capacity to generate and synthesize evidence-based strategic information, and, importantly, putting it to use.

Countries can then lead their own efforts to build capacity in M and E, surveillance, training and other means for taking control of the epidemic. Through partnerships with Ministries of Health and universities, and in close collaboration with host country organizations working in SI, UCSF supports prevention, care and treatment services, strengthening health systems in all activities through training, mentoring, tool development, and the ongoing review and dissemination of evidence.

UCSF's overall strategic principles include the following: Building host-country public health capacity; Supporting the efforts of US Government (USG), country health ministries and Multi-lateral technical working groups (TWGs); Avoiding duplication; Ensuring synergies with USAID and other USG partners; and Leveraging headquarters funding to maximize other investments. Program monitoring and evaluation plans to determine progress towards program objectives will be developed and supported based upon defined and approved inputs, outputs, and outcomes.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14326**
Mechanism Name:	**UCSF**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	420,000	0

Narrative:

I-TECH and UCSF will continue the implementation of capacity-building activities at the Hanoi School of Public Health and additional institutions throughout Vietnam. The overarching goal is to improve the quality of epidemiological research and surveillance in Vietnam and to increase the number of epidemiological research studies conducted by or in close partnership with Vietnamese nationals in Vietnam. While the quality of epidemiology training at the schools of public health and medicine in Vietnam is good, there are gaps in the curriculum and areas that need further development. At the same time, the demand for epidemiologists and public health workers with a basic knowledge of epidemiology is increasing due to the influx of funding to combat HIV/AIDS and other health conditions. Following the successful implementation of short courses in epidemiological surveillance and biostatistics in COP 10 and 11, UCSF will continue to offer a series of short courses at selected medical universities, schools of public health and other institutions in areas where the institutions needs to develop its curriculum. The audience will consist of faculty and students and current public health professionals, with a goal of "training-the-trainer" so that Vietnamese faculty/research staff can adopt the materials to create new courses at their institutions. Course offerings will be based on the continuing needs assessments and curriculum desk reviews and may include biostatistics, designing epidemiologic research, and scientific writing. In summer 2011, six visiting scientists from Vietnamese institutions participated in an intensive course at UCSF on research methods and responsible conduct of research as part of the NIH-supported Fogarty Exchange program. Over the coming fiscal year, the trainees will implement their research projects with continued support from their UCSF faculty mentors. Support will entail trainees and their UCSF mentors applying to appropriate institutional review boards for approval (UCSF, CDC & local IRB), fine-tuning protocols, implementing the protocols and collecting data. Technical support will also be given in support of preparing presentations for local, national or international conferences.

Implementing Mechanism Details

Mechanism ID: 14336	**Mechanism Name: HMU**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Hanoi Medical University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 555,000	
Funding Source	**Funding Amount**
GHP-State	555,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In an effort to build research capacity in Vietnam, this cooperative agreement has identified Hanoi Medical University (HMU) which has significant experience in research and evaluation capacity-building, design, and implementation. To utilize local expertise and resources, CDC is formalizing its collaboration with HMU starting in 2012 to support the national HIV program at central, regional and provincial levels. Through its own connections with faculties, students and with other medical universities nationally, the grantee is expected to bring additional human resources from the academic setting to support the HIV system.

The grantee will serve as a supporter to existing research institutions to implement HIV/AIDS program evaluations and operations research identified by GVN and stakeholders. The goal of this mechanism is to promote research and evaluation on HIV/AIDS in Vietnam and strengthen sustained linkage between academia and program implementers. CDC staff will closely work with grantee to provide technical assistance and monitoring of activities on a monthly basis.

HMU will also collaborate with CDC and MOLISA in an effort to develop and advance HIV prevention efforts and Strategic Information Systems, to Support Drug Addiction Treatment in Vietnam. Specifically, HMU will evaluate a pilot model of an evidence- and community-based approach for treating opioid addiction/dependence. The goal of the evaluation will be to assess and compare routinely collected data from the 2 pilot sites for informing strategy to improve addiction treatment and support services

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14336**
Mechanism Name:	**HMU**
Prime Partner Name:	**Hanoi Medical University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	160,000	0

Narrative:

CDC will continue to partner with the Hanoi Medical University (HMU) laboratory Quality Control Center (QCC) to oversee quality management systems (QMS) for a national network of clinical laboratories. Through this partnership the capacity of the QCC and the lab network will be improved through intensive technical assistance from CDC to the QCC and from the QCC to provincial laboratories in areas such as enhanced testing capacity and implementation of the Strengthening Laboratory Management Towards Accreditation (SLMTA) program.
This capacity building initiative was previously funded through a sub-grant from the CDC-Vietnam Administration of Medical Services cooperative agreement to HMU but will be transferred to this the direct CDC- HMU mechanism in COP 13.
This mechanism will also support HMU to continue development of a robust training curriculum for a Bachelor of Medical Technology program, including lesson plans for lecture and laboratory exercises and assessment tools for matriculating students.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	245,000	0

Narrative:

PEPFAR SI will assist HMU to focus on research and evaluation and will provide technical assistance (TA) on data use for:

1. Research and evaluation: in FY 2012, grantee will collaborate with national surveillance team to support methodology improvement of HIV surveys, surveillance. Upon request of CDC, grantee will also conduct economic analysis looking at cost effectiveness and cost efficiency of different PEPFAR activities and programs. Areas of specific need may include: evaluating optimal models of service integration for MARPs (IDU, MSM, and CSW), evaluating MARPs prevention program impact, network analysis of MARPs to profile population relationships and associated risk-factors, and evaluation of care and treatment program outcomes and associated factors, evaluation of approaches for earlier service uptake, including HIV counseling and testing and HIV/AIDS care and treatment. The grantee will also assist in the development of a cohort study to rigorously evaluate the impact of routine intervention services among MARPs. This work will be done in collaboration with HIV institutions such as NIHE and other regional institutes. In Year One, the grantee will be expected to provide a concept paper and to assist in the development of a full proposal for this study in collaboration with defined institutions.

2. Technical support will be given to M&E staff at central, regional, and provincial levels through regular site visits and quarterly meetings and reviews of current HIV surveillance data and program information such as IBBS, HSS surveys, and periodic reports. The TA covers data management, data analysis and reporting of existing M&E data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

Policy development and capacity building on CME.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	100,000	0

Narrative:

HMU will collaborate with CDC and MOLISA in efforts to develop and advance HIV Prevention efforts and Strategic Information Systems, to Support Drug Addiction Treatment in Vietnam. Specifically, HMU will evaluate a pilot model of an evidence- and community-based approach for treating opioid addiction/ dependence. The goal of the evaluation will be to assess and compare routinely collected data from 2 pilot sites for informing strategy to improve addiction treatment and support services. Evaluation objectives may include:

- *To describe key outcomes of pilot activities (at individual, program, and system level)*
- *To assess service delivery to patients, patient retention and adherence*
- *To assess clinical, behavioral and social outputs and outcomes of pilot services*
- *To assess quality, effectiveness, and/or cost of pilot services, and*
- *To provide information for developing plans to improve program services*

Program monitoring and evaluation will be based on routinely collected program level data, site visits, and program reviews. VAAC and MOLISA will be critical partners of the PEPFAR comprehensive plan for the evaluation of IDU interventions in Vietnam.

Implementing Mechanism Details

Mechanism ID: 16739	**Mechanism Name: Maternal and Child Health Integrated Program (MCHIP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 75,000	
Funding Source	**Funding Amount**
GHP-State	75,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Maternal and Child Health Integrated Program (MCHIP) is a five-year Leader with Associates Cooperative Agreement (LWA) designed to support the introduction, scale-up and further development of high-impact Maternal, Neonatal, and Child Health (MNCH) interventions, including the program approaches to effectively deliver those interventions, to achieve measurable reductions in under-five and maternal mortality and morbidity. The MCHIP partnership includes Jhpiego, John Snow, Inc. (JSI), Johns Hopkins University/Institute for International Programs (JHU/IIP), ICF Macro, Inc., Program for Appropriate Technology in Health (PATH), Save the Children (SC), Broad Branch Associates, and Population Services International (PSI). In FY2013, the Save the Children/MCHIP

will support the VAAC and Maternal and Child Health (MCH) Department implement the newly approved National Guidelines for the Care of Newborns and Children Exposed to and Infected by HIV through training curriculum development and ToT trainings. All activities will be implemented in collaboration with Vietnamese government partners to ensuring country ownership. Save the Children will also coordinate with the VAAC and other relevant programs to ensure the investment is complementary.
The geographic coverage will be at national and provincial level. All activities will have strong monitoring and evaluation and quality and efficiency improvement components, as PEPFAR support gradually shifts to a technical assistance role.
No vehicles will be purchased for this project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16739**		
Mechanism Name:	**Maternal and Child Health Integrated Program (MCHIP)**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	75,000	0
Narrative:			
Since 2011, Save the Children has been supporting the Vietnam MCH and the VAAC to develop the National Guidelines for the Care of Newborns and Children Exposed to and Infected by HIV. In FY2013,			

Save the Children/MCHIP will continue working with the Maternal and Child Health Department and other national stakeholders to develop a training manual package that can be used by national and provincial trainers to conduct training courses for health staff in the provinces. The training manual package will include a trainer's book, a trainees' book, and teaching aids. The training manual will convey content from the national guideline for care of children aged 0-15 years old infected or exposed with HIV. Save the Children/MCHIP will also support the MCH to conduct TOT courses on the national guidelines for some prioritized provinces which have high rates of HIV prevalence in the general population and particularly among women of reproductive age and children. Role-out training courses then will be conducted by trained master trainers with the technical support by the MCH and Save the Children/MCHIP.

Implementing Mechanism Details

Mechanism ID: 16778	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16803	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16817	**Mechanism Name: Leadership, Management and Governance – Transition Support Project**
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	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	

Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is the carry-forward from COP 2010 Partnership Framework funds.The global LMG overall objective is to "Strengthen health systems through sustainable leadership, management and governance capacity of health providers, program managers and policy makers to deliver quality health services at all levels of a country, from villages to parliaments." Under the GVN and USG Partnership Framework, there is an effort to put structures and plans in place for transition. The LMG-Transition Support Project (LMG-TSP) will serve as a resource to this effort and provide strategic support, working closely the PEPFAR Interagency Team to help the Ministry of Health, VAAC and other stakeholders through this period of change. Through LMG's work to facilitate an enabling environment, GVN's ability to manage, lead and govern the HIV/AIDS response at both national and provincial levels of the country will be supported. LMG's geographic coverage is worldwide. The populations it specifically targets are health providers, managers, and policy makers at all levels of the health system. LMG has developed a cost share strategy to ensure that sustainability is built into each phase of project implementation.
Programming will be designed to improve system-wide performance, expected to increase access, availability, quality, and cost-effectiveness of health services, leading to sustainable health outcomes and impact. LMG uses a combination of cost-effective, rigorous, and timely M&E approaches, methods, and activities that will enable LMG to adapt to changing conditions and make mid-course corrections as necessary. Our M&E approach will allow us to demonstrate the impact of LMG on health systems and service delivery outcomes in FP/RH, HIV/AIDS, MCH, and other health areas.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16817		
Mechanism Name:	Leadership, Management and Governance – Transition Support Project		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0

Narrative:

This is the carry-forward from COP 2010 Partnership Framework funds. PEPFAR Vietnam will transition from a PEPFAR focus country to a “TA Model” country in the next years. Service delivery models set up during PEPFAR phase 1 (as a focus country) are co-located and not necessarily integrated with the Vietnam health care system. Therefore, the current HIV/AIDS service delivery depends heavily rely on donor funds to maintain the services, the workforce providing these services and related support systems such as supply chain system and information system. The Leadership, Management and Governance (LMG) Project will serve as a resource to the transition effort and provide strategic support, working closely with the PEPFAR Interagency Team to help the Ministry of Health/Viet Nam Administration for HIV/AIDS Control (VAAC) and other country stakeholders through this period of change.

Working along with the PEPFAR team, LMG support will address transition challenges that include the following:

a) Although there are established platforms (i.e. Partnership Framework Steering Committee) and forums, there is not yet a common vision or plan for transition;

b) the health workers engaged in the Viet Nam HIV/AIDS epidemic have multiple employment sources and arrangements, position descriptions, training and capabilities, and compensation sources and arrangements;

c) With 74% of total HIV/AIDS resources coming from external resources, the GVN will need to identify financing options to fill the gap in funding once donors move away from direct financing of service delivery;

d) There is a complex and rapidly growing public- private health services delivery system within multiple provinces and a changing policies landscape for delivery and financing of health services

delivery;

e) There are many and diverse local epidemics and most-at-risk populations requiring complex and diverse arrangements for HIV prevention, service delivery, and financing; and

f) The Viet Nam health system is decentralized to enable greater roles and authority for Provincial Health leaders, with related shifts in economic cost burdens from central Ministries to Provincial government structures and decision makers.

Through LMG's work to facilitate an enabling environment, GVN's ability to manage, lead and govern the HIV/AIDS response at both national and provincial levels of the country will be supported.

Implementing Mechanism Details

Mechanism ID: 16916	**TBD: Yes**
REDACTED	

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		224,251		224,251
ICASS		715,783		715,783
Management Meetings/Professional Developement		235,320		235,320
Non-ICASS Administrative Costs		290,724		290,724
Staff Program Travel		366,240		366,240
USG Staff Salaries and Benefits		2,524,090		2,524,090
Total	**0**	**4,356,408**	**0**	**4,356,408**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		224,251
ICASS		GHP-State		715,783
Management Meetings/Professional Developement		GHP-State		235,320
Non-ICASS Administrative Costs		GHP-State		290,724

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
USG Staff Salaries and Benefits		0		0
Total	**0**	**0**	**0**	**0**

U.S. Department of Defense Other Costs Details

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		444,692		444,692
Computers/IT Services		354,000		354,000
ICASS		1,930,643		1,930,643
Institutional Contractors	1,362,991	0		1,362,991
Management Meetings/Professional Developement		166,000		166,000
Non-ICASS Administrative Costs		398,000		398,000
Staff Program Travel		375,000		375,000
USG Staff Salaries and Benefits	2,794,415	491,424		3,285,839
Total	**4,157,406**	**4,159,759**	**0**	**8,317,165**

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		GHP-State		444,692
Computers/IT Services		GHP-State		354,000
ICASS		GHP-State		1,930,643
Management Meetings/Professional Developement		GHP-State		166,000
Non-ICASS Administrative Costs		GHP-State		398,000

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		20,854		20,854
Computers/IT Services		15,000		15,000
ICASS		75,000		75,000
Management Meetings/Professional Developement		19,146		19,146
Non-ICASS Administrative Costs		50,000		50,000
Staff Program Travel		237,355		237,355
USG Staff Salaries and Benefits		282,645		282,645
Total	**0**	**700,000**	**0**	**700,000**

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

Category	Item	Funding Source	Description	Amount
Capital Security		GHP-State		20,854

Cost Sharing				
Computers/IT Services		GHP-State		15,000
ICASS		GHP-State		75,000
Management Meetings/Professional Developement		GHP-State		19,146
Non-ICASS Administrative Costs		GHP-State		50,000

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		55,000		55,000
Total	**0**	**55,000**	**0**	**55,000**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHP-State		55,000