

Approved



Vietnam

Country Operational Plan

FY 2014

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

1. Since its launch in Vietnam in 2005, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been the country's leading external funding source for providing HIV services and strengthening related health systems. As PEPFAR enters its third five-year phase, the Vietnam program has been guided by the Office of the U.S. Global AIDS Coordinator (S/GAC) to transition the program from a direct service delivery model to one with a focus on targeted assistance (TA). Accordingly, the PEPFAR team has set a vision that by 2018, Vietnam will be sustaining a high quality, high coverage HIV response that is integrated into the general health and social services systems and is principally funded by domestic resources. While programmatic issues persist in reaching and retaining HIV-affected individuals, particularly those among KP groups, the national goals of 105,000 people on antiretroviral therapy (ART) and 80,000 on medication-assisted therapy (MAT) by 2015 are attainable. As of the end of 2013, approximately 82,000 people were on ART and 16,124 were on MAT, the latter being a significant jump for a program that was only piloted in 2008, and reflecting a quickly shifting policy environment toward more open, community-based models for treating addiction. However, to meet and sustain the national targets, GVN must begin a fundamental shift from an HIV donor recipient country to one which is the principal financier of its HIV response and, ultimately, to a country that is a net contributor to the global fight against pandemic disease. Currently, reaching and sustaining the national targets is seriously threatened by a contraction of domestic resources and reduced funding from international partners.

2. In 2011, HIV was designated by GVN as a standalone National Targeted Program (NTP) with \$12.2 million allocated in 2012. As Vietnam's economic outlook has slowed and government revenues have slumped, funding for the NTP will be reportedly reduced to \$4.2 million for 2014. Funding for other health programs also have reportedly been cut, and [REDACTED] communication from GVN officials indicate that the NTPs, which target multiple sectors, could be phased out completely by 2016, following the expiration of the Millennium Development Goals. This represents a setback for the government's co-financing contribution to the national HIV response, indicating that only a small fraction of the projected central domestic funding under the Partnership Framework will materialize over the final two years of the agreement. While the USG team is deeply concerned about recent central budget cuts and their potential impact on the pace of PEPFAR's plan to transition from service delivery, it may also be important to consider this risk in the context of Vietnam's current economic means relative to other PEPFAR bilateral countries. The country's per capita gross national product (GNP) is just ahead of Papua New Guinea in the region and less than one-third that of South Africa. Overall, Vietnam ranks tenth of twenty-nine



PEPFAR bilateral countries for which GNP estimates were available in 2012. Provincial government budgets support a significant amount of human resources and operating costs, but most provinces do not have the resources to fund essential commodities, including methadone and HIV test kits and especially ARVs – costs that could be passed to clients without new funding mechanisms to make up shortfalls. Nevertheless, with Vietnam's status as a lower-middle income country, many donors in the health sector are reducing or withdrawing aid. The World Bank/DfID support for Vietnam's harm reduction efforts concluded December 2013. The Clinton Health Access Initiative (CHAI) has ended its support for Early Infant Diagnosis and pediatric ARVs, while maintaining a technical assistance presence in Vietnam. After PEPFAR, the second-largest source of funding for HIV in Vietnam is the Global Fund. To date, \$220 million has been disbursed to Vietnam from the Global Fund, including \$97 million for HIV. Vietnam's HIV grant runs through 2015. The country is eligible to submit a concept note for continued HIV funding, although it is likely that future Global Fund resources for HIV will be a small fraction of historical funding. In response, GVN has developed a National Financing Sustainability Strategy that calls for expanded provincial financing, increased user fees, health insurance coverage for HIV services and continued external donor support to achieve national targets. Many of these strategies were outlined in the PEPFAR Partnership Framework Implementation Plan (PFIP) and the PEPFAR VN team has committed focused resources in COP 14 to providing TA for health care financing and supply chain system strengthening. PEPFAR VN also has developed interagency provincial planning teams to support provincial governments and civil society in restructuring HIV projects to achieve higher coverage of HIV services with declining external resources. Externally-supported service delivery models must become more affordable to be effectively integrated into the general health system. This effort also depends on working with the central government to build its capacity to forecast, finance, procure and distribute essential medicines, including ARVs, TB drugs and methadone.

EPIDEMIOLOGY

3. There were an estimated 260,000 people living with HIV in Vietnam as of 2014, with 63,372 cumulative AIDS-related deaths reported to MOH. HIV case reporting and estimations of incident cases of HIV has declined in recent years with approximately 14,000 new cases reported in 2013 compared to 16,000 annual new infections from 2010 to 2012. 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). The distribution of incident cases by key population also varies significantly by region and province highlighting the need for a response tailored to that specific geography. 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 0.45% for ages 15-49 years, data from three rounds of the HIV/STI Integrated Behavioral and Biological



Survey (IBBS) and annual sentinel HIV surveillance (HSS) estimate that up to 40% of the estimated 220,000 PWID (range: 100,000-335,000) are living with HIV with significant variation by province. PWID are found throughout the country, but an estimated 80% of the drug using population is concentrated 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%).

4. In recent years there has been greater recognition of an HIV epidemic among MSM in Vietnam. The number of studies and surveillance conducted on MSM risk behaviors 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.

5. There are an estimated 65,000 FSW (range: 29,000-101,000) in Vietnam. HIV prevalence among FSW indicates a slightly increasing trend among female sex workers with large variation 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.

6. 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. Among FSW who inject drugs, the HIV prevalence is 25-30%. According to the HSS+, in HCMC, 48% of MSM respondents were engaged in sex work and 15.7% reported injecting drug use with similar proportions seen in other provinces.

7. 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.

8. Sexual partners of these key 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 potential transmission of HIV to women by men engaging in highly risky behaviors. Analyses using national HIV testing data indicate that 54% of HIV+ women



reported that their only possible exposure to HIV was through a husband/long-term partner with high-risk behavior. Surveys have also been done among couples in a sexual relationship in select provinces that indicate that the majority of women with a male HIV-infected partner do not know their partner's HIV status. HIV prevalence among pregnant women (0.2%) attending antenatal care clinics captured within the 2011 HSS data suggests a steady decline of HIV in this population and potentially serves as a proxy for the general population in Vietnam. The variation in and overlapping resources of behavior surrounding risk factors demand a tiered and tailored response for a large and diverse population at-risk for HIV. As the PEPFAR VN program shifts toward an increasing emphasis on TA, the team's direct capacity to focus on the broad spectrum of need may diminish.

DONOR ENGAGEMENT

9. PEPFAR has benefitted from close collaboration with the Global Fund Principal Recipient and the Geneva-based Fund Portfolio Management (FPM) Team, which is new to Vietnam as of late 2013. PEPFAR VN is working closely with the new FPM team to develop a united approach toward mitigating the decline in external resources and the transition of essential services, including ARV procurement and financing. Post COP submission, the PEPFAR VN team will turn its focus to intensive provincial-level joint planning in all provinces where both programs operate. It is expected that data for decision-making exercises, examining patient volume, clinic locations, and scope of prevention activities at district levels will generate opportunities to streamline services and reduce operating costs. International partners are anticipating that the funding envelope for HIV under Global Fund's New Funding Model will be greatly reduced and will force significant reprogramming of the HIV grant in order to support continuity of lifesaving services and commodities. PEPFAR VN will rely on its joint provincial planning teams to work with provinces to develop tailored plans that mitigate any significant reductions in Global Fund resources, as well as to plan for PEPFAR's transition from service delivery. The PEPFAR VN will continue to push for a "Master Plan" for transition that assembles provincial transition planning into a unified roadmap to achieve PEPFAR's vision of a sustainable, domestically-financed HIV response, although it is recognized that provinces will vary widely in their financial resources and human capacity to plan for a post donor response. The provincial joint planning teams will aim to use standard assessments of the provinces in which PEPFAR VN 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. PEPFAR VN also champion greater country ownership across the breadth of the government system and non-government actors.



10. 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. PEPFAR Management Team members participate on the CCM, the HIV subcommittee, and the oversight committee for managing Global Fund activities related to HIV in Vietnam.

11. There have been several significant achievements for the international advocacy community in 2013. First, was GVN's approval of a "Transformation Plan". The plan details in the approach that the Ministry of Labor Invalids and Social Affairs (MOLISA), will use to move away from the current system of mandatory drug detention, known as 06 centers, towards community-based drug treatment. The language in the plan clearly is that of a phased approach to this transformation and gradual increase in the development of an evidence based, community based treatment approach to substance use disorders (SUD) system of care. The USG team is encouraged by this step forward; however, remains concerned given this is a new area, the use of evidence based treatment may not be fully realized. USG has emphasized that that it will not support investments that risk prolonging the existence of the 06 system.

12. The Deputy Prime Minister (DPM) Nguyen Xuan Phuc, Chairman of National Committee for AIDS, Drugs and Prostitution Prevention and Control on his return from the US Visit in August 2014 issued a set of instructions to selected members of the government related to HIV prevention and addiction treatment. The message from the DPM stressed the following: 1) Departments, agencies and localities of all levels shall have a complete awareness that drug addiction is a disease which can be treated and prevented reduce HIV transmission and crime; 2) The Supreme People's court shall be in collaboration with the Supreme People's Procuracy, relevant agencies and localities to study the model, functions and responsibilities of the US's drug court and propose a suitable similar model for Vietnam to pilot in several localities; 3) Ministry of Health shall study and develop a comprehensive care and treatment model for drug users, including a focus on voluntary and community-based substitution treatment model; 4) Ministry of Labor, Invalids and Social Affairs shall develop a pilot model to support and monitor treatment and after-care process; 5) Ministry of Public Security shall study and propose measurements to control drugs based a balance of reducing demand, supply; and harm reduction according to scientific evidence and medical, criminal judiciary practice; And 6) The Office of Government shall lead and collaborate with relevant agencies to submit the Prime Minister proposal on strengthening the National Committee to increase the functions of consulting, leading and collaborating inter-departments and international cooperation. The PEPFAR team is committed to working with all elements of the Vietnam system under a principle of constructive engagement. USG will work with relevant ministries in guiding the development of a substance use disorder system of care using MAT as an HIV prevention strategy. In so doing, USG will to assist GVN in furthering the change of the system of "Social Evils Prevention" to a client-centered,



evidence based system of care that respects human and labor rights.

13. Although less active this past year, quarterly meetings of the Ambassador's Informal Group on HIV continue as a forum for the U.S. Ambassador to work with other international actors on coordinated health diplomacy messages regarding HIV policy. This past year, the Ambassador's Group has focused on discussions related to developing a standard package of GVN-owned services throughout the country.

PROGRESS AND FUTURE

COUNTRY OWNERSHIP

14. Country ownership of the HIV response is greater than the action of a host government alone; it must also encompass civil society and the private sector. However, civil society implementers are warily received by the host government, which may fear that these groups will endeavor in politics in addition to programs. Since early 2012, PEPFAR Vietnam has been working to implement an activity designed to build the capacity of local civil society organizations (CSOs) to provide essential prevention and advocacy services for key populations. Nonetheless, due to repeated delays and changes to the requirements for receiving GVN operational approval for full implementation of this activity, PEPFAR finally cancelled the project in December 2013. This decision was taken after continuous negotiation and advocacy efforts from the U.S. Embassy failed to achieve consensus with the GVN. However, the first stages of this project identified Vietnamese CSOs that are ready and capable of receiving USG funding directly to deliver community-based prevention and care services. Three direct grants to local CSOs have been negotiated and will begin implementation in FY2014. USAID multi-sectoral activities designed to build local capacity will assist with providing technical assistance to local CSOs on advocacy techniques and organizational strengthening. The meaningful engagement of civil society remains a cornerstone for broad country ownership in Vietnam, especially as the host government is not expected to invest heavily in HIV prevention for these key populations whose behavior is still referred to as "social evils."

THE TA MODEL IN VIETNAM

15. COP 14 is responsive to specific guidance from S/GAC on priorities for the Vietnam program. Reflected in the budget are: (1) incremental reductions to service delivery budget code allocations; (2) increased focus on technical assistance to areas of Country Ownership, such as health financing and procurement and supply chain management; and (3) sustainment of investments in program monitoring and quality improvement. Country ownership is central to the transition planning of the PEPFAR portfolio 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 socioeconomic province-level assessments to implement models for transition to TA. Collaboration at a provincial level is critical because each provincial People's Committee directs the obligation of resources for health and HIV, and provinces will be increasingly forced to absorb more costs of HIV services as central domestic funding declines. PEPFAR VN is committed to joint planning at a provincial and national level and, while progress has been mixed to date, several provinces including Ho Chi Minh City, Can Tho and Hai Phong have demonstrated commendable provincial leadership and innovation. The team has grouped provinces by disease burden and income levels, with a general aim to transition lower disease burden provinces more quickly.

16. PEPFAR is engaging provincial authorities in planning a carefully calibrated funding transition of HRH, with the objective for the majority of HRH to be absorbed by the local government over a jointly agreed timeline. PEPFAR is working closely with GVN to meet the PEPFAR HQ requirement for HRH transition strategies to be in place before the end of the 2014 calendar year, with an expected transition timeline of three to four years, depending on each province's situation. HRH transition planning with the GVN includes creation of new GVN FTEs by provincial authorities, transfer of HIV knowledge to staff within the regular health sector (not HIV specific staff), and retention of highly trained PEPFAR staff under changing conditions of work. 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. Furthermore, the number of FTEs in provinces is currently capped by the National Assembly, so each new health FTE must be taken from another ministry. Every provincial planning effort is unique to reflect diversified epidemics and capacity of local stakeholders, with the universal objective for a system of HIV care that is accessible, affordable and effective.

17. **TRAJECTORY TOWARDS FY 2015.** Cultivating country ownership of the HIV response requires partnership, commitment and flexibility. PEPFAR VN is best able to meet USG commitments in the Partnership Framework and the PEPFAR Blueprint Road Maps if PEPFAR VN's funding decline is predictable. During this tenuous period of transformation for the program, the PEPFAR VN team will continue to work with HQ to develop a budget trajectory for the program under the new PEPFAR Sustainability Plan Guidance and a vision for the targeted assistance model that will result from this period of transition. A clear statement of PEPFAR's priorities for future reduced funding will significantly improve the team's ability to negotiate, partner, and plan with the team's host government counterparts. With a defined, multi-year funding allocation, USG will be better positioned to advocate for change within GVN and with the Global Fund, steadily pushing GVN toward sharing a greater portion of HIV service delivery.

18. Despite several 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 response in the near future. A specific barrier to increased domestic financing of ARVs has been the country's limitation in procuring ARVs at international best prices due to Vietnam's own drug procurement and bidding regulations. The negotiation and planning for ARV transition will continue to be a central challenge for PEPFAR VN in FY 2014-2015, and it is likely that the identification of centralized domestic financing for ARVs will take time.

PROGRAM OVERVIEW: ACHIEVING PEPFAR'S TRANSITION TO TARGETED ASSISTANCE

19. COP 2014 activities reflect a continuation of successful health systems strengthening and service delivery, but also the beginning of a fundamental shift in the program toward a targeted assistance model. While the Partnership Framework is still valid through 2015, PEPFAR VN goals have been updated to reflect transition priorities. The first goal is to improve and sustain the quality and coverage of HIV services, focusing on accessing key populations and increasing the reach and retention of clients in services. The second goal is to enhance program cost-effectiveness and build affordable models of care that can be supported by domestic financing. The third goal is to increase domestic financing, including the transition of HRH and essential commodities. The final goal is to build enduring institutions, ensuring that civil society is engaged in shaping policy and delivering services, the public sector has the capacity to maintain health systems and the training to deliver services, laboratories are accredited according to international standards and national stakeholders are able to use program monitoring and surveillance data to improve programs. These goals are also embedded within the PEPFAR Blueprint principles of high impact interventions, smart investments, shared responsibility, and incorporating science to drive results.

20. In Vietnam, HIV prevalence remains highest among key population groups of PWID, FSW and MSM. the team's top priority is to assist GVN in increasing access to quality HIV prevention, care and treatment services for these key populations, PEPFAR VN 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. PEPFAR VN 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.

21. 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 2014. Despite a rapid increase in patients on ART over the past 10 years, there continues to be an unmet need for ART. Many of these patients are yet to be diagnosed, and stigma and discrimination as well as legal barriers remain, particularly for PWID. However, the MOH has already increased the ART initiation threshold to 350 and has made progress



towards approval of a rapid test algorithm, both of which together should increase the numbers on treatment and the baseline CD4 at initiation of ART. TB and viral hepatitis continue to be priorities for Vietnam. Vietnam is 12th among 22 high burden countries with TB, and hepatitis co-infection rates in PLHIV are as high as 90% for hepatitis C among HIV-positive PWID. PEPFAR provides TA to MOH to ensure adequate screening, diagnosis, and care for co-infected patients and good clinical outcomes for PLHIV.

22. 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 of services by highly stigmatized high-risk populations. In addition, PEPFAR staff will transition to routine public health or hospital staff. This shift has already happened for TB and PMTCT programs as they are being integrated to maternal child health and TB programs, respectively. Challenges remain for outpatient HIV, MMT, and HTC clinics, which do not have other institutional “homes” or governance structures within the health system.

23. PEPFAR VN's flagship support for MMT will continue in COP 2014, 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 provincial authorities commit to assuming responsibility for their operations within three years. For the MMT sites that opened in 2010, we anticipate full transitions of HRH and recurrent operations costs during the 2013-14 implementation cycles, with some select provinces already absorbing the cost of service delivery support. In COP 2014 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. This COP year, PEPFAR will reach its target for 15,000 patients receiving direct support on MMT. As this SUD treatment is highly effective in preventing HIV, PEPFAR VN has proposed to raise the cap on the number of patients being supported with methadone from 15,000 to 30,000 with a gradual shift of these patients to locally-produced methadone production over the next several years. While the transformation plan and DPM instructions are major advocacy successes for USG and the international community, the implementation 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 2014, PEPFAR VN will continue to provide TA to the GVN as they explore local production of methadone.

24. PEPFAR VN anticipates that GVN's November 2012 adoption of a new MMT 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.

25. As highlighted in PEPFAR VN's FY 2014 funding letter, PEPFAR VN will continue to prioritize program pilots for key populations in 2014-2015. For example, PEPFAR provides technical leadership and financial support to the pilot for Treatment as Prevention in two provinces through partnership with WHO. PEPFAR VN will also continue to implement new modalities in peer outreach to more precisely target those at greatest risk and PLHIV in the community. COP 2014 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.

26. While the USG does not procure needles and syringes, PEPFAR VN promotes a full package of evidence-based HIV prevention services to PWID. With the World Bank/DfID harm reduction project concluding, the primary source of syringes is pharmacies. PEPFAR VN will continue to use social marketing to expand the private market for low dead space syringes.

27. In COP 2014, in line with the overall budget trajectory and S/GAC's guidance to transfer ARV treatment to the government of Vietnam, PEPFAR VN's budget reductions are reflected primarily in the service delivery budget codes. PEPFAR VN will continue to promote the transfer of clinics and patients to MOH facilities, while continuing to transition PEPFAR-supported routing operating costs towards the technical assistance model defined in the new Monitoring, Evaluation and Reporting (MER) guidance. Using MER to encourage and measure the transition of PEPFAR from a "direct service delivery" (or "DSD") model to a TA model will be a focus of 2014-2015. Monitoring the transition of services is a critical focus, and the PEPFAR team has already taken steps to improve systems to capture these data. As the largest proportion of the program budget, commodity transition is a leading priority for the team's long-term planning and will need to be resolved in order to inform the transition to a targeted assistance model.

28. Three new direct grants to local CSOs will begin implementation in FY 2014. PEPFAR VN work with the MOH/VAAC and with PACs emphasizes building capacity for planning, coordination, and maximizing efficiency, while direct funding for service provision through these partners gradually decreases. In doing so, PEPFAR VN is preparing local partners for their future role of managing local resources for the HIV response. PEPFAR is also providing technical assistance to designing strategies for integrating HIV services with other health programs, and existing GVN health financing structures.

29. PEPFAR VN's 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 implementation of HIV rapid tests for same-day results; CD4, clinical chemistry and hematology EQA programs; and expanded availability of viral load testing capacity. In line with the team's goal for strengthened health systems, TA has also been provided for development of HIV, TB and hepatitis strategic plans, and testing guidelines have been completed for HIV, CD4 and viral load. Activities will continue in 2014-2015 for updating and standardizing pre-service medical laboratory technology degree programs at five universities. Similarly, activities are ongoing to strengthen pre-service capacity and local institutional capacity in other program areas including development of addictions treatment curricula, development of a public health informatics bachelor's program, and review of medical school curricula to include HIV, as well as rotations at HIV clinics as part of medical residency programs. Over the past year PEPFAR TA has resulted in international-level accreditation (ISO 15189) of eight 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 38 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, and the program is now moving into its second round with 16 new labs. 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. With PEPFAR support, the Vietnam Administration for Medical Sciences has also recently approved a policy for laboratory quality management, and PEPFAR is providing TA on the national implementation of that policy to include regional quality control centers, training, and EQA programs.

30. Chief among the team's priorities in the year ahead is the successful implementation of both national and provincial joint plans that PEPFAR VN is negotiating. At the province level, the joint planning team comprises 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 contacts.

31. In reviewing its technical and policy priorities and the areas for priority funding support in COP 2014, each USG agency reviewed implementing partner and cost of doing business pipelines and projected outlays for the coming year. DOD will implement all of its COP 2014 activities using pipeline.

CENTRAL INITIATIVES

PUBLIC HEALTH EVALUATIONS



32. A 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 has been approved by S/GAC and CDC and is awaiting final IRB approval from the Vietnam MOH IRB.

33. Additionally, there is a new study of the cryptococcal antigen in PLHIV approved for Vietnam by S/GAC as part of the global "Implementation Science" CDC RFA.

PPP INCENTIVE FUND.

34. In COP14, Vietnam will begin implementation of a new activity which engages with the private sector to grow viable markets for HIV goods and services, including: condoms and lubricant; low dead space needles and syringes; and rapid test kits. Based on last year's successful activities in Hanoi, Ho Chi Minh City, Dien Bien, and Quang Ninh funded by the S/GAC Incentive Fund, PEPFAR Vietnam will expand microfinance services for PLHIV and key populations to other provinces in southern Vietnam, with matching funds from the S/GAC Incentive Fund and from a Vietnamese microfinance institution named Capital Aid Fund for Employment of the Poor who based in HCMC. The PEPFAR Vietnam team is exploring a partnership with Hewlett Packard to apply e-learning education for students of the Ho Chi Minh University of Medicine and Pharmacy as for health workers in out-patient clinics and district health centers in Ho Chi Minh City. PEPFAR VN is working with S/GAC's Office of Private Sector Engagement to bring the global partnership on phlebotomy and "Labs for Life" to Vietnam. The team is also liaising with Global Fund's private sector engagement team to develop opportunities for multi-party partnerships and to assist Global Fund in establishing public-private partnerships in Vietnam.

35. 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 2014.

36. PEPFAR VN is proud of programs achievements this past year toward building acceptance and agreement by the host government on the need for robust transition planning and additional domestic resources. PEPFAR VN must continue to push for improved joint planning and harmonize efforts for effectiveness, from the national level to the provinces, to districts and communes, and to every point of

Approved



service delivery. This progression will be the true transition of PEPFAR's program to a country-owned, sustainable HIV response in Vietnam.