Country Operational Plan

Vietnam

COP 2018

Strategic Direction Summary

March 22, 2018

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List of Acronyms

AEM	Asian Epidemic Model
AIDS	Acquired immune deficiency syndrome
APR	Annual Progress Report
ART	Antiretroviral therapy
ARV	Antiretroviral
ATS	Amphetamine-type stimulants
C&T	Care and treatment
CAB	Community advisory board
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CODB	Cost of doing business
CRICS	Cryptococcal Retention in Care Study
CSO	Civil society organization
COP	Country operational plan
CSCS	Capital Security Cost-Sharing
DHA	Direct Hire American
DSD	Direct service delivery
EA	Expenditure analysis
EFM	Eligible Family Member
EOC	Emergency operations center
EPP	Estimation and Projection Package
FSW	Female sex workers
FAST	Funding Allocation to Strategy Tool
FY	Fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria

GSO	General Statistics Office
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HIS	Health information system
HIV	Human immunodeficiency virus
HIVST	HIV self-testing
HMU	Hanoi Medical University
HRH	Human resources for health
HSS	Health systems strengthening
HTS	HIV testing services
ICASS	International Cooperative Administrative Support Services
IM	Implementing mechanism
IP	Implementing partner
ISO	International Organization for Standardization
IT	Information and technology
KP	Key populations
LES	Locally-employed staff
LTFU	Lost to follow-up
M&E	Monitoring and evaluation
M&O	Management and operations
MAT	Medication-assisted treatment
MMD	Multi-month dispensing
MMT	Methadone maintenance treatment
MoD/MMD	Ministry of National Defense, Military Medical Department
MOH	Ministry of Health
MSM	Men who have sex with men

NEZ	Northern Economic Zone
NHP	National Health Priority
NIH	National Institutes of Health
nPEP	Non-occupational post-exposure prophylaxis
NTP	National Targeted Program
OPC	Outpatient clinic
PCO	PEPFAR Coordination Office
PDI	Peer-driven interventions
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PNS	Peer notification services
PrEP	Pre-exposure prophylaxis
PREV	Prevention
PSE	Population size estimation
PWID	People who inject drugs
QI	Quality improvement
RPM	Regional Planning Meeting
SFI	Sustainable Finance Initiative
SHI	Social Health Insurance
S&D	Stigma and discrimination
SI	Strategic information
SID	Sustainability Index Dashboard
SNU	Sub-national unit
SO	Strategic objective

SOP	Standard operating procedure
STI	Sexually transmitted infection
SW	Sex workers
TA	Technical assistance
TB	Tuberculosis
TasP	Treatment as prevention
TG	Transgender
TGW	Transgender women
TLD	Tenofovir/lamivudine/dolutegravir
TWG	Technical working group
U = U	Undetectable = Untransmittable
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VAAC	Vietnam Administration of HIV/AIDS Control
VL	Viral load
VSS	Vietnam Social Security
VUSTA	Vietnam Union of Scientific and Technological Associations
VYKAP	Vietnam Key Populations Network
WHO	World Health Organization

1.0 Goal Statement

The PEPFAR Vietnam Country Operational Plan (COP) 2018 establishes a bold, aggressive strategy to enroll 14,500 new antiretroviral therapy (ART) patients, retain 84,300 on treatment, and achieve 95 percent viral suppression in two regions. The Northern Economic Zone (NEZ) includes Hanoi, Hai Phong, Quang Ninh and Thai Nguyen. The Ho Chi Minh City (HCMC) metropolitan area (henceforth referred to as HCMC Metro) includes the southern provinces of Ba Ria-Vung Tau, Binh Duong, Dong Nai, Long An, Tay Ninh and Tien Giang, and HCMC itself. Each region is a source of and a destination for key populations (KP), specifically people who inject drugs (PWID), female sex workers (FSW), men who have sex with men (MSM), and transgender (TG) persons. NEZ and HCMC Metro comprise over half of the Vietnamese epidemic and there is evidence of worrisome trends in new infections, particularly among young MSM. The two regions are also fertile grounds for innovation and best practices; in the past two years, PEPFAR has introduced community based lay- and self-testing, oral test kits, index testing, recency testing, and pre-exposure prophylaxis (PrEP) which the Government of Vietnam (GVN) has committed to expand broadly.

The COP 2018 strategy, planned with the Vietnam Administration of HIV/AIDS Control (VAAC), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and community stakeholders, provides assertive case finding options while maintaining fidelity to transition to Social Health Insurance (SHI) and local resources.

Performance-based incentives will drive case finding through civil society, community-based organizations (CBOs), public facilities, and expanded traditional and non-traditional partners, including the private sector. Use of recency testing will provide information for index testing and identification of active transmission chains and epidemic hotspots. Once identified, clients without SHI will be enrolled since SHI is expected to pay the costs for ART beginning in 2019 while HIV services and viral load testing are currently included in the minimum SHI package. Whenever possible, ART will be initiated the same day. For negative clients with substantial risk of infection, PrEP will be offered. Concurrently, PEPFAR will undertake case verification and risk identification in the two priority regions to secure better estimates of the real numbers of people living with HIV (PLHIV) and the risks driving transmission.

It is a strategy predicated on rapid refocus of limited resources from low-yielding provinces to NEZ and HCMC Metro during COP 2017 implementation. Interagency technical working groups (TWGs) have established criteria for investing scarce funds. In NEZ, districts with more than 275 PLHIV per 100,000 population and minimum 13 new cases found in 2017, and high volume clinics serving more than 250 PLHIV will receive support. For the HCMC Metro, minimum requirements include 185,000 PLHIV per 100,000 population, at least 13 cases found in 2017, and outpatient clinics (OPCs) with at least 250 patients. Through resource targeting and real time application of

index and recency testing, HIV self-testing, PrEP and other innovations, NEZ and HCMC Metro will realize epidemic control in 2020.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

In February 2017, based on reviews of existing data and discussions with national and provincial stakeholders, Vietnam revised the 2015 HIV estimates. For COP 2018, PEPFAR Vietnam used the HIV estimates developed in 2017. The below information is based on the February 2017 estimates.

The national HIV prevalence in Vietnam is 0.34 percent of the general population aged 15+ with an estimated 247,357 PLHIV (Draft Estimation and Projection Package-EPP, 2017). HIV incidence peaked in early 2000 and has declined gradually. The epidemic in Vietnam remains concentrated among three KPs: PWID (21.02 percent), MSM (2.87 percent), and FSWs (3.23 percent). The distribution of PLHIV by KP and program coverage varies by region and province, highlighting the need for a geographically tailored response.

While injection drug use continues to drive the HIV epidemic in Vietnam, prevalence among other KP groups, especially MSM, has increased significantly in the large metropolitan cities, such as Hanoi and HCMC and the surrounding provinces. The estimated MSM population is 331,515. HIV sentinel surveillance data, show significant increases, above 2.87 percent, in HIV prevalence among MSM in a number of provinces. In Ba Ria Vung Tau, for example, prevalence increased from 15 percent in 2016 to 18.7 percent in 2017. In Binh Duong, where data exist only for 2017, prevalence among MSM is 14 percent. Hanoi, as the major economic hub in the north, has also seen a significant increase in HIV prevalence among the KPs, especially among MSM. Preliminary findings from a study currently being implemented in Hanoi show more than 10 percent prevalence among MSM. HIV prevalence among those MSM under 20 years of age is 12 percent; those between ages 25 and 30 years is about 14 percent. Forty-six percent of the study participants had at least one STI.

While the national HIV prevalence among PWID is estimated at 21 percent, according to HIV sentinel surveillance findings, HIV prevalence among PWID ranged from three percent in Thua Thien Hue to 21 percent in Hanoi, 22 percent in Haiphong, and 26 percent in Dien Bien.

FSWs in Vietnam are the smallest KP group with an estimated population of 85,000. HIV prevalence among FSWs ranged from one percent in Thua Thien Hue to six percent in Dong Nai, Lao Cai and HCMC. In many provinces, there are a significant number of individuals who identified as either sexual partners of KPs or documented as “others”. Further investigations are needed to ascertain the risks of those who are categorized as others.

KP size estimation data are essential for program planning, yet information is scattered and estimates vary. With support from the GFATM, population size estimation was conducted among MSM in 12 provinces. Preliminary findings validate the estimations calculated as part of the Estimation and Projection Package (EPP) and Asian Epidemic Model (AEM). These findings are currently being used by Vietnam Ministry of Health (MOH) to appropriately design and implement programs among MSM in these provinces.

In recent years, due to increased use of internet and other technologies to link sex workers and clients, conducting population size estimation among FSWs in large urban centers has become more challenging. A population size estimation conducted among FSW in HCMC only provides the estimation of those FSWs who operate out of venues and is limited to about 70 percent of the venues in the city. This highlights the need for additional population size estimation activities during COP 2018 and COP 2019. There is also a significant lack of updated population size estimation data among PWID in most of the focused provinces in the two regions (NEZ and HCMC Metro). Additional population size estimation activities among PWID need to be conducted in the provinces in these two regions.

Until recently, for KP size estimations, Vietnam relied on EPP and AEM modeling based estimates, and limited population size estimation activities conducted in certain provinces. Given the nature of the characteristics key populations sizes and locations seem to change over time, and with the changing nature of the economy population move from rural to urban areas as well as from one provincial urban center to another provincial urban center. These ongoing changes in the country necessitate conducting PSEs every two to five years and with different methods to accommodate the changes. A number of KP size estimations have already been implemented in some of the locations, and additional activities are proposed to be conducted during COP2018. MSM population size estimation is planned to be conducted in Tiem Giang and Quang Ninh, and FSW PSE is planned to be conducted in Hai Phong.

In COP 2018, PEPFAR Vietnam identified and selected two regions – NEZ and HCMC Metro – to reach 90-90-95 and epidemic control. These two regions were selected based on a number of prevention and treatment criteria. The HCMC Metro includes seven provinces and 29 percent of the national HIV burden. About 29 percent of the MSM and 17 percent of the PWID in this region are HIV positive. As the economic hub of the South, the HIV transmission in this region is driven by sexual behaviors. HIV transmission clusters span multiple provinces, especially districts near the HCMC-provincial borders, where 36 percent of 30,313 patients receiving care in HCMC are residents of other provinces. In this region, 33 percent of the positives have been categorized as others.

Similarly, NEZ includes four provinces and about 23 percent of the national HIV burden. In this region, 50 percent of the PWID are HIV positive. While the reported HIV prevalence among MSM is about three percent, 14 percent of the HIV positives are sexual partners of KPs, and 30

percent of the positives have been categorized as others. PEPFAR Vietnam needs to address these issues and appropriately identify and categorize the risks in these regions.

Table 2.1.1 Host Country Government Results															
	Total		**<15**				**15-24**				**25+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		**Female**		**Male**		
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	
Total Population	92,783,000		10,561,000	11.4%	11,164,000	12.1%	7,144,000	7.7%	7,497,000	8.1%	29,375,500	31.8%	27,042,000	29.2%	GSO, 2017 (Population Census 2009, estimated in next 25 years)
HIV Prevalence (%)		0.34%						NA		NA		NA		NA	EPP 2016-2017**, 2016, adult only
AIDS Deaths (per year)	8,512		601		906		NA		NA		NA		NA		EPP 2016 (adult only) Case reporting in 2016 for children
# PLHIV	247,593		3,509		3,039										EPP 2016 (adult only) Case reporting in 2016 for children
Incidence Rate (Yr)															
New Infections (Yr)	10,719														EPP 2016 (adult only)
Annual births	1550,000														MOH, Mother and Child Health Department/ 2016

% of Pregnant Women with at least one ANC visit	1,452,350														93.7% in MICS04, 2011 (Multiple Indicator Cluster Survey)
Pregnant women needing ARVs	2,595														EPP 2016
Orphans (maternal, paternal, double)	NA														
Notified TB cases (Yr)	180.000														WHO, TB profile 2014
% of TB cases that are HIV infected	9,000	5%													WHO, TB profile 2014
% of Males Circumcised	NA														
Estimated Population Size of MSM*	331.515														Size estimation for EPP 2016
MSM HIV Prevalence		2.87%													EPP 2016
Estimated Population Size of FSW	85,572														Size estimation for EPP 2016
FSW HIV Prevalence		3.23%													EPP 2016

Estimated Population Size of PWID	226,860														Size estimation for EPP 2016
PWID HIV Prevalence		21.0%													EPP 2016
Estimated Size of Priority Populations (specify)															

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression (12 month)*

				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population _ estimation	92,783,000	0.26%	247,593 (include children)							
Total population _ reported data			209,591 [2]		122,374 [3]	85% [4]	93% *(6)*	2,305,192 (5)	19,156 [5]	14,883 *(5)*
Population less than 15 years – estimation	21,725,000 [1]	0.03%								
Population less than 15 years – reported data			NA		4,915 [7]	95% [4]	NA	NA	NA	NA
Pregnant Women – estimation	1,714,622	0.21% (AEM 2016)								
Pregnant Women – reported data					NA	NA	NA	1,245,127 [5]	1,339 [5]	
MSM	331,515	2.90% (AEM 2016)	NA	NA	NA	NA	NA	14,258 (5)	1,873 (5)	NA
FSW	85,572	3.2% (AEM 2016)	NA	NA	NA	NA	NA	25,104 (5)	222 (5)	NA
PWID	226,860	21.4% (AEM 2016)	NA	NA	NA	NA	NA	143,098 (5)	5,561 (5)	NA

Priority Pop (specify)			NA	NA	NA	NA	NA	NA	NA	NA

*National data – Calendar Year 2017

(1) GSO, Population Census 2009, estimated for 2017.

(2) VAAC - HIV case reporting, 2017 – Overall report from VAAC in June 2017. PEPFAR Vietnam support national reporting system to conduct case verification in four provinces including Dien Bien, Nghe An, Thanh Hoa and Son La and then found about 18 to 26 percent of the reported cases would be removed. VAAC M&E department estimated the deduction numbers differently from province to province and suggested the actual numbers should be about 170,158 cases. In FY 2018 and COP 2018 plan, PEPFAR Vietnam will scale up case verification in target provinces to have better understanding on the first 90 achievements.

(3) VAAC – Care and Treatment department report September 2017.

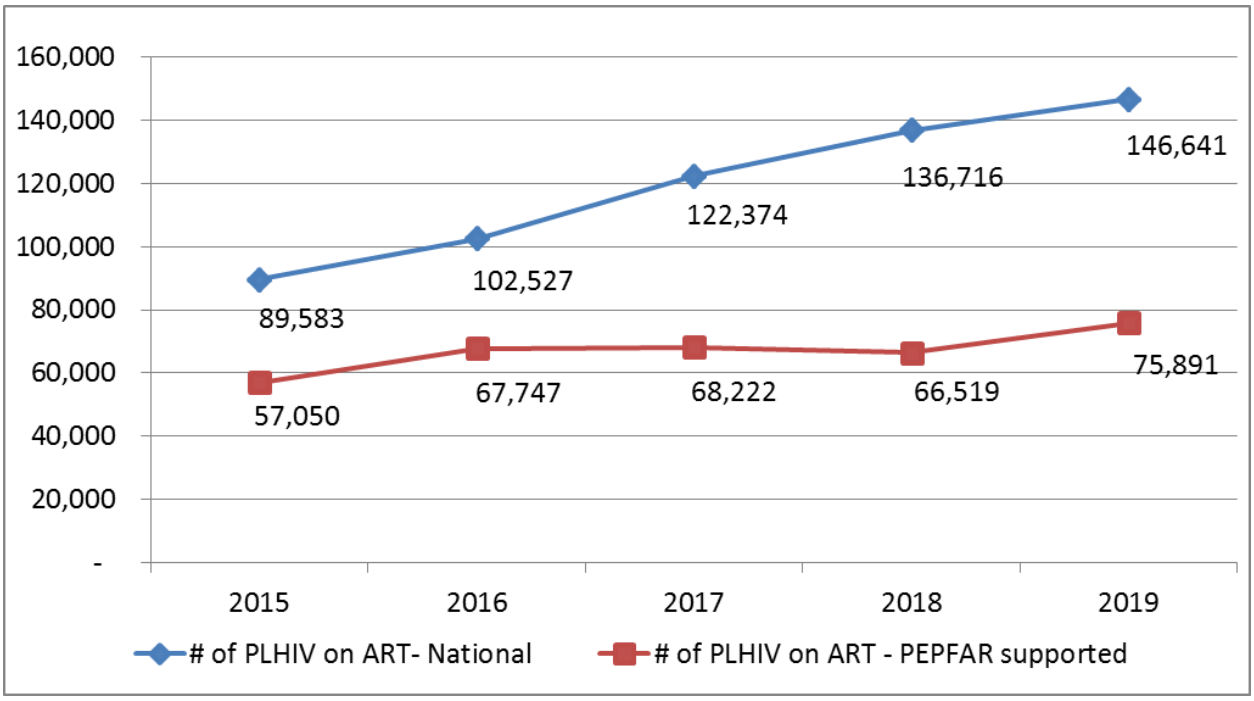
(4) Calculated based on PEPFAR data in APR that retention at 12 months was 85 percent in average among adult patient and about 95 percent for pediatric groups.

(5) VAAC – National reporting Program (Cir 03) – Data from October 2016 to September 2017 – Some duplication might happened, as we did not have unique Identifier code.

(6) PEPFAR and VAAC – Data from Lab system.

(7) VAAC – 2015 M&E department report, calculated from provincial level for different project and donors (duplication removed).

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment



2.2 Investment Profile

The HIV response in Vietnam is experiencing a shifting funding landscape from a donor-dependent program to one that is primarily domestically financed. Prior to initiation of transition in COP 2015, the two major sources of donor funding for HIV in Vietnam were PEPFAR and GFATM, which together contributed more than two-thirds of HIV funding (72 percent and 66 percent of total HIV expenditures in 2014 and 2015, respectively[1]).

The public expenditure on HIV was 28 percent of the total HIV expenditure in 2015 and the primary domestic resource for HIV was the HIV National Targeted Program (NTP). Despite the dissolution of the stand-alone national HIV program in favor of a joint National Health Priority (NHP) program starting in 2016, GVN has taken greater responsibility in health systems support, including primary financing roles for human resources for health; HIV sentinel surveillance; harm-reduction programs; essential HIV commodities, including methadone and ARVs; and general HIV prevention program activities. In 2016 and 2017, the surges of public funding came not from central government funding earmarked for HIV from NHP, but rather from provincial government contributions to their local HIV responses and from the SHI fund. Committed through the establishment of financial sustainability plans in each of the 63 provinces, the funds committed by local authorities to support provincial HIV responses were estimated at $9-10,000,000 in both 2016 and 2017, and these funds were allocated largely to support HIV prevention, including harm reduction activities. In parallel, health facilities eligible for SHI

[1] National Health Account for 2014, 2015, final results, Vietnam Ministry of Health, 2018.

reimbursement have started receiving SHI payment for HIV-related services. The initial gain from SHI reimbursement was estimated at approximately $1,985,277 during the last half of 2017. As publication of nationally validated health expenditure estimates typically lag one to two years, official national health and HIV expenditure data for 2016 and 2017 are not yet available for analysis. Nevertheless, based on the preliminary available information at the end of 2017 (as shown in table 2.1.2), the overall proportion of external donor funding reduced to 58 percent while public resources increased to 36 percent of total HIV funding.

Private sources are a small but growing source of domestic funding for the national HIV response. Over $1,000,000 has already been collected annually through implementing an affordable user-fee scheme at methadone maintenance treatment (MMT) clinics nationwide. International and local private sector companies invested $1,415,000 in fiscal year (FY) 2016 and $1,510,000 in FY 2017. Nineteen private sector companies representing pharmaceuticals, diagnostics, condoms, needles and syringes, social media, importers and distributors, and social enterprises (Mylan, Alere/Abbott, OraSure++) made these investments. Investment is calculated through a company's new investment in human resources, supplies and raw ingredients, manufacturing lines, packaging, distribution, and marketing and promotion.

The budget envelope proposed by GVN for HIV commodities for 2016-2020 is approximately $4,350,000 for ARVs and $29,000,000 for methadone. While the methadone budget is sufficient to cover projected need over this period and donor support is no longer required for this procurement, the proposed GVN earmark for antiretroviral drugs in the NHP program budget relies on a substantial contribution from SHI from 2018 onward.

In the last year, GVN stepped-up planning and is focusing its efforts in ensuring full SHI coverage of ART and all other HIV treatment services beginning in 2019. A series of directives and decisions were issued in late 2016 and 2017 to mobilize and enable domestic HIV resources through provincial government general tax budgets, SHI contributions, and relevant charities. However, the coverage of ARVs by SHI has been delayed until 2019, and central funding is expected to fill ARV treatment gaps until 2019. Four million, one hundred thousand dollars from central government has been used to procure ARVs domestically in 2017 as the result of that change. The initial estimated SHI budget proposed to Vietnam Social Security (VSS) is $4,200,000, sufficient to procure ARVs for 39,000 patients in 2018, to ensure that patients will receive reimbursable drugs from SHI starting in early 2019. There remains a threat to the sustainability of the HIV program beyond 2018 if the operationalization of the above-mentioned policies are not on track and the first procurement of ARVs from SHI is not implemented on time in 2018. Thus, close monitoring of policies and tracking of resources is critical.

Over the last year, with technical assistance from PEPFAR Vietnam, GVN also successfully applied to use $3,100,000 in catalytic funding from GFATM to subsidize premiums and copayments for PLHIV patients who are transferring from free donor-supported treatment to SHI treatment services. This funding will ensure equity among PLHIV who get treatment from different funding

sources during the transition period and assure that PLHIV will still be able to access and be retained retain ART. This investment will strengthen SHI towards a more sustainable response

Table 2.2.1 Annual Investment Profile by Program Area*					
Program Area	**Total Expenditure**	**% PEPFAR**	**% GFATM**	**% Host Country**	**% Other**
Clinical care, treatment and support	32,998,945	50%	32%	12%	6%
Community-based care, treatment, and support	86,965	83%	17%	0%	0%
PMTCT	599,663	33%	67%	0%	0%
HTS	3,756,356	82%	18%	0%	0%
Priority population prevention	2,817,221	100%	0%	0%	0%
Key population prevention	11,826,402	26%	3%	56%	16%
General Population Prevention	68,517	0%	100%	0%	0%
OVC	-				
Medication Assisted Therapy (MAT)	8,297,028	21%	0%	66%	13%
Laboratory	5,008,712	64%	36%	0%	0%
SI, Surveys and Surveillance	1,486,256	40%	7%	54%	0%
HSS	16,072,874	13%	6%	81%	0%
Total	83,018,939	40%	18%	36%	6%

*Due to unavailability of NHA/NASA, this table is built based on different available sources of information, PEPFAR Expenditure Analysis 2017 for PEPFAR, MOH/VAAC for GFTAM and Host country government.

Table 2.2.2 Annual Procurement Profile for Key Commodities (FY 2017)					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GFATM**	**% Host Country**	**% Other**
ARVs	19,130,000	30	50	20	0
Rapid test kits	1,260,000	21	79	0	0
Other drugs (OI)	240,000	0	100	0	0
Lab reagents (CD4)	239,000	0	100	0	0
Condoms	516,000	0	100	0	0
Viral Load commodities	2,971,000	37	63	0	0
VMMC kits					
MAT	4,334,000	25	51	24	0
Other commodities					
Total	28,690,000	28	55	17	

Source: PEPFAR COP 2016 Plan, Global Health Supply Chain–Procurement and Supply Management, Expenditure Analysis Expenditures, GFATM Budget 2015-2017, State Budget for ARV, Test kit and Methadone in FY 2017.

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID (Emerging Pandemic Threats)	~$6,000,000	0	0	0	Prevent, detect and respond to Avian Influenza and other emerging pandemic disease threats.
NIH	~$950,000	0	0	0	Primary objectives: enhancing the role of commune health workers in HIV & Drug Control and reducing hazardous alcohol use and viral load through an RCT in ART clinics.
CDC (Global Health Security)	~$2,300,000	0	0	0	Primary objectives: preventing/reducing likelihood of outbreaks, detecting threats early to save lives, improved multi-sectoral and international coordination and communication for rapid response
Total	$9,250,000	0	0	0	

Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP						
Funding Source	**Total PEPFAR Non-COP Resources**	**Total Non-PEPFAR Resources**	**Total Non-COP Co-funding PEPFAR IMs**	**# Co-Funded Ims**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
Other PEPFAR Central Initiatives Sustainable Finance Initiative (SFI)	$1,400,000	0	0	17371	$700,000	1. Technical Support to the VAAC and GFATM CPMU implementing and monitoring co-payments provided by the Global Fund. 2. Technical support for efficient financial management of centralized ARV procurement through consolidated governance structure and clarified financial management functions at MOH and VSS. 3. Provide detailed financial analysis, spending data and economic reviews that allow the Government of Vietnam (MOH, VAAC, VSS, others) to understand costs and resource implications of GVN ownership and provision of HIV services.
Total	$1,400,000				$700,000	

2.3 National Sustainability Profile Update

PEPFAR, UNAIDS, and GVN/VAAC co-convened two participatory half-day meetings with diverse country stakeholders to complete the Sustainability Index Dashboard (SID). Prior to the meeting, all participants received the guidance and the translated tool. Of 84 invitees, 60 attended. The two days included small group discussions, which included one exclusively for CSOs, followed by a plenary on day two. Discussions were robust, especially with the majority of the respondents questioning the validity and the reliability of the final SID scores. There was a consensus that the scores were misleading and suggested a stronger system than what exists in reality. Every domain had at least one or more element categorized as 'approaching sustainability' (n=5) or 'sustainable' (n=1).

'Technical and Allocative Efficiencies' (9.1), scored as 'sustained' thus no longer requiring investments. This score, like others, may be confounded by the level of donor funding for the national HIV response. With donors funding more than 50 percent of the HIV response (Vietnam National Health Account, 2017), it is unclear if these scores result from national best practice or donor directive and financial leverage. In addition, MOH allocation of HIV funds is driven less by the epidemiological data than by the availability of state budget. The other high-scoring elements include Financial Expenditure Data (8.3), Laboratory (7.9), Domestic Resource Mobilization (7.7), Performance Data (7.6), and Human Resources for Health (7.2).

PEPFAR will focus resources on targeted systemic gaps that specifically threaten PEPFAR's goal to help Vietnam achieve 90-90-95 in two priority regions, NEZ and HCMC Metro in 2020, where over half of the epidemic is concentrated. An example of this financial streamlining can be seen with laboratory investments. In addition to reducing laboratory implementing partners, PEPFAR will transfer primary responsibility for routine laboratory-monitoring tests to Vietnam with the transition of provinces. SHI is expected to cover most costs, except for viral load (VL), at the time of provincial transition. Resources will also be shifted from Human Resources for Health (7.2) in COP 2018. Vietnam has health care workers to provide HIV prevention, care, and treatment services, although the workforce to provide services to drug using populations may not yet be adequate. PEPFAR will not prioritize human resources for health (HRH) and no funds will go to new service delivery sites or pay site-level salaries beyond established transition timelines. In the two priority regions, PEPFAR will use performance-based models to incentivize 90-90-95 in 2020. PEPFAR will prioritize increasing the role of CSOs in case finding and treatment linkage in the HCMC Metro and NEZ regions and build capacity where gaps exist, but only for the HCMC Metro and NEZ regions.

A major portion of HIV treatment financing will be dependent on SHI. SHI alone, however, will not cover all costs; it is a curative scheme with no reimbursements or coverage for HIV prevention. It is unlikely that domestic resource mobilization and the modest central and local budget will finance the majority of HIV prevention and especially epidemic control in 2020 for the two pivotal regions – the NEZ and HCMC Metro. In COP 2018, PEPFAR will prioritize systems investments that directly support epidemic control in the two pivotal regions. SHI, for example,

remains the backbone of HIV funding for Vietnam. PEPFAR will prioritize support to the SHI system, patient uptake, and use of health insurance to reimburse patients.

The sustainability vulnerabilities that threaten epidemic control in the NEZ and the HCMC Metro may include the lack of a costed national strategy in addition to components of Epidemiological and Health Data (5.2) and Civil Society Engagement (4.04). The gaps in health data and quality remain a concern; for example, KP size estimation data is scattered and estimates vary by province. PEPFAR will prioritize the institutionalization of inter-operable HIS, SI, and data quality, as Vietnam will need to manage more data that will arise from the aggressive scale up in these two regions. COP 2018 will prioritize SI, data management, data quality, and national health data systems.

The SID is an invaluable tool to assess the state of sustainability of the national response and to monitor its progress over time. In some instances, however, the domain/element questions neither capture nor reflect the complexity of the Vietnam context specifically for financial sustainability. The availability of policies and regulations in place for HIV financing, for example, does not reflect the reality of annual budget availability, allocation, and execution. Although the sustainability landscape looks promising, there are significant threats belying the score. Finally, 'successes' in the elements may be primarily driven by donor influence instead of national institutional capacity, will, or financial reality.

2.4 Alignment of PEPFAR investments geographically to disease burden

In coordinated support of the national HIV response, the majority of PEPFAR Vietnam FY 2017 expenditures were at the site-level (55 percent). Remaining expenditures include health system strengthening (30 percent), above site program management (11 percent), and strategic information (three percent). This investment trajectory aligned with the COP 2015 PEPFAR pivot to achieve 90-90-90 within KP groups in aggressive scale-up provinces and to implement HSS activities that support long term sustainability of the HIV response. As expected, with the transition from PEPFAR support to GVN assuming the principal responsibility for ARVs and other routine operating expenditures, ARV expenditures reduced to 17 percent in FY 2017 from 25 percent in the prior year. The largest minor cost category in FY 2017 was ARVs at 25 percent followed by personnel at 12 percent. In COP 2018, PEPFAR Vietnam plans a geographic pivot, primarily focusing activities on the two economic regions surrounding Hanoi and Ho Chi Minh City. Together, these two regions comprise 51 percent of the national HIV epidemic and are most likely to reach epidemic control in 2020. The PEPFAR COP 2018 budget outlined in the Funding Allocation to Strategy Tool (FAST) follows that geographical pivot with 60 percent of all funding, 100 percent of targets, and 77 percent of above-site activities in the two economic regions. All commodities included within the FAST will make use of applied pipeline and will be utilized in NEZ and HCMC Metro.

Figure 2.4.1 Map of NEZ and HCMC Metro

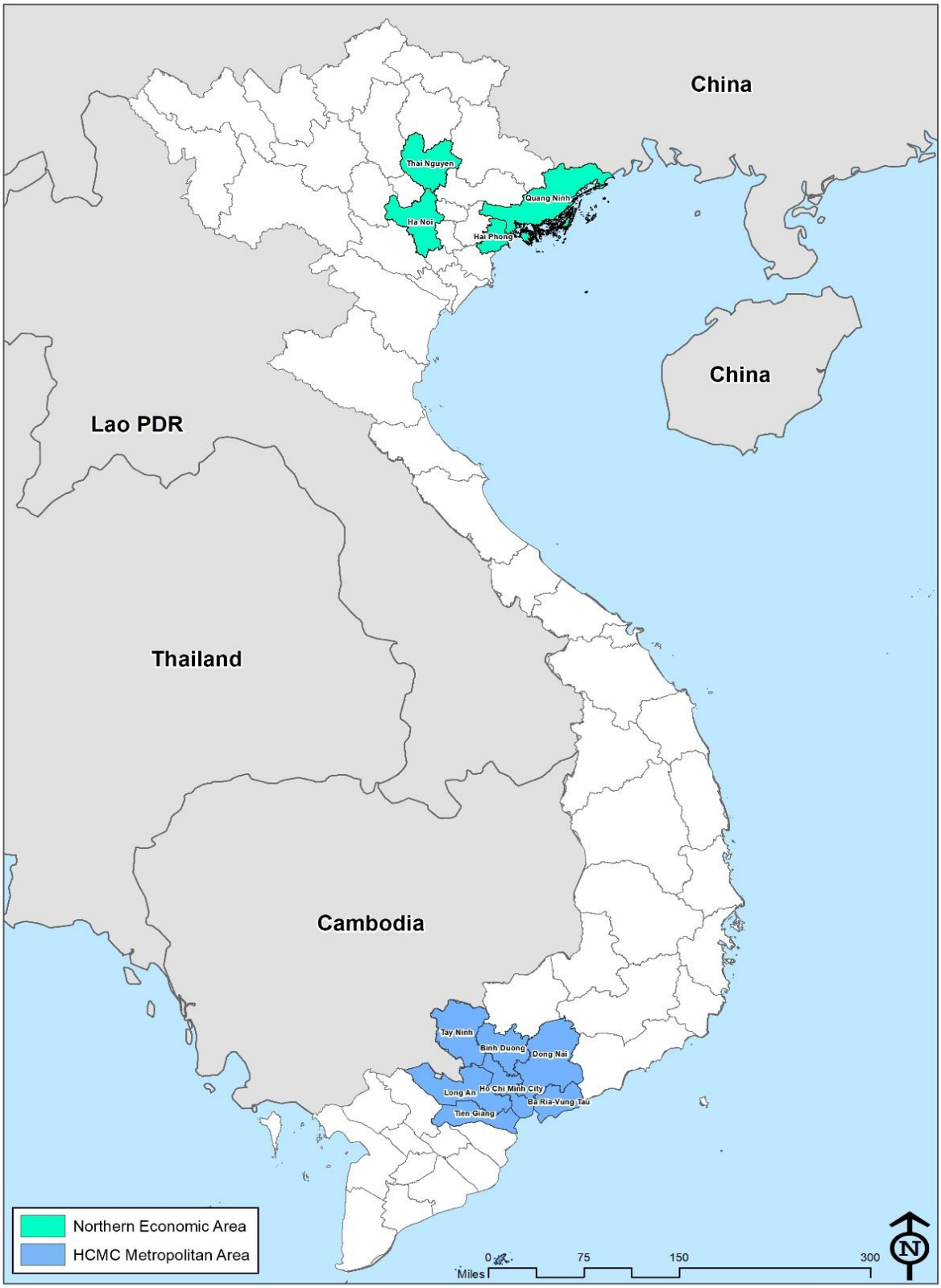
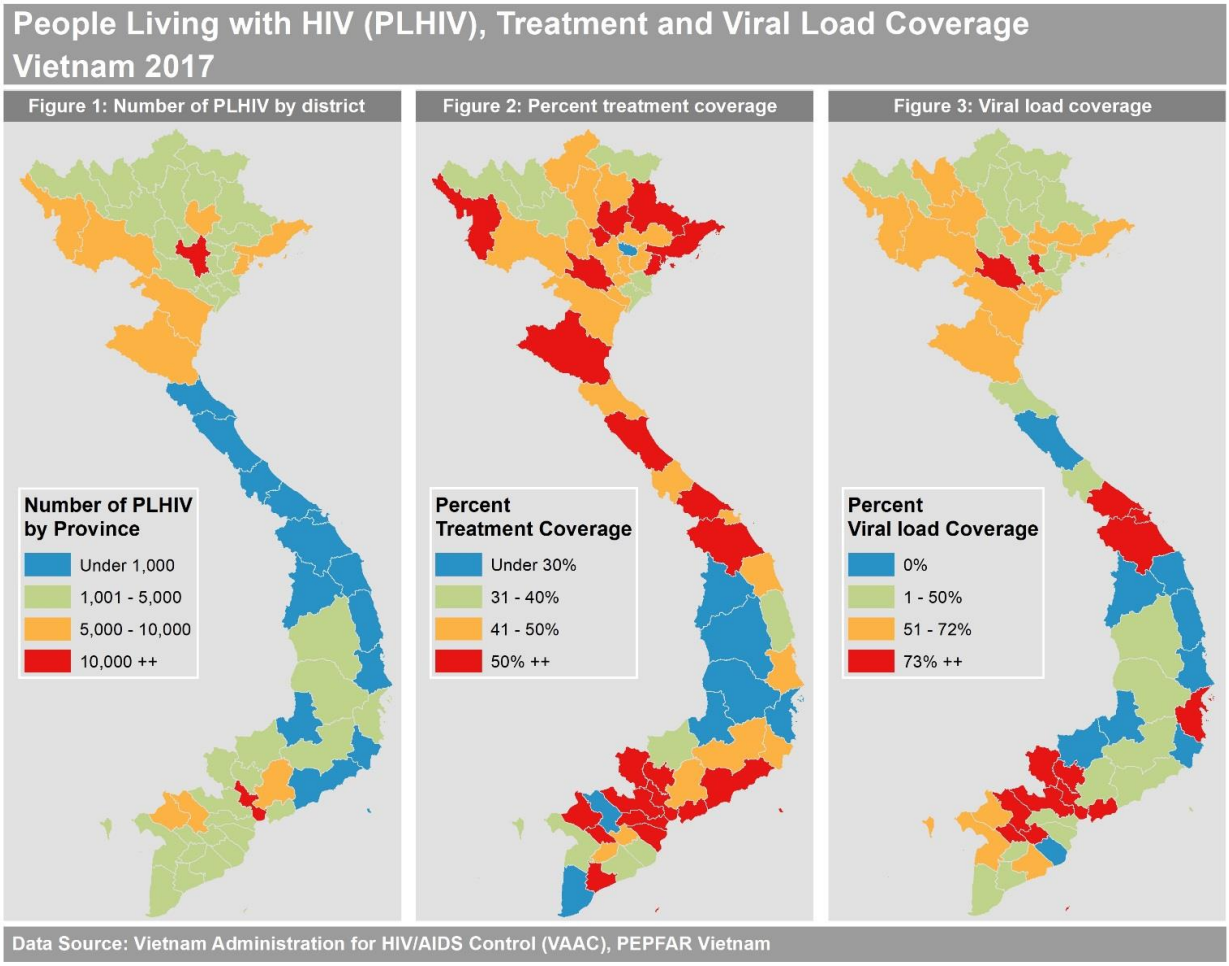


Figure 2.4.1 Map of PLHIV, Treatment, and VL Coverage in Vietnam, 2017



2.5 Stakeholder Engagement

Throughout the COP planning year, the PEPFAR team maintains ongoing and iterative stakeholder engagement, which includes GVN, GFATM, CSOs and development partners (*e.g.*, UNAIDS, World Health Organization). The PEPFAR Coordination Office (PCO) and agencies convene stakeholders to contribute to problem identification, planning, data analysis, implementation, and monitoring for real-time course corrections when needed. Examples of PEPFAR engagement include monthly meetings with the VAAC, quarterly meetings with CSOs and development partners, and more frequent engagement by agencies with implementing partners.

There were many forums in which the PEPFAR team engaged with stakeholders in the past year. In October 2017, PEPFAR hosted its first interagency implementing mechanisms (IMs) meeting, with participation by VAAC, UNAIDS, and the World Health Organization (WHO), to review each PEPFAR IM's core activities and to discuss the national strategy toward sustainability and epidemic control. Additionally, in collaboration with VAAC and UNAIDS, PEPFAR hosted a meeting with policy makers from the Ministry of Health and Ministry of Justice, researchers,

social and health workers from local non-governmental organizations and human rights institutions, along with 20 TG individuals, to address accessing health services for TG women as a result of lessons learned from Thailand. Also in October 2017, PEPFAR co-hosted the 2017 SID 3.0 workshop with VAAC and UNAIDS to complete the SID 3.0 and to discuss Vietnam's sustainability landscape as it moves towards greater country ownership of the national HIV response.

In January 2018, PEPFAR hosted a CSO meeting with 20 Hanoi-based and 10 Ho Chi Minh City-based community-based organizations to share program data, elicit feedback in relation to programming, and to seek inputs for national priorities for the COP. Also in January, VAAC and PEPFAR co-hosted the PEPFAR COP 2018 retreat which included all implementing mechanisms, selected civil society representatives, and other development partners, including WHO, UNAIDS, and the GFATM Project on civil society engagement implemented by the Vietnam Union of Scientific and Technological Associations (VUSTA). The workshop also included local government representatives from priority provinces, such as HCMC and NEZ leadership. PEPFAR also convened a series of review, preparation, and consultation meetings with VAAC, UNAIDS, IMs, and CSOs to discuss program data and identify gaps to achieving epidemic control in Vietnam.

Immediately after the Regional Planning Meeting (RPM), PEPFAR and VAAC convened meetings to discuss achieving 90-90-95 in 2020 in NEZ and HCMC Metro regions. On March 8, the team, joined by Deputy Chief of Mission Caryn McClelland, paid a courtesy visit to Vice Minister of Health Nguyen Thanh Long, who expressed the Ministry's commitment to reach epidemic control in NEZ and HCMC Metro regions in 2020. PEPFAR and VAAC also met with local government representatives, provincial leadership, IMs, and CBOs from these two regions.

PEPFAR also participates in a number of strategic workshops and events hosted by GFATM and VUSTA and the Youth Key Populations Network (VYKAP), as well as with CBOs from around the country who represent Vietnam's highest risk groups. Such meetings have helped PEPFAR and GVN understand the shifting HIV epidemic in young MSM, the up-surge of amphetamine-type stimulants (ATS), and the need for better size estimations, especially for TG women, and the need for service mapping for risk groups.

This meaningful stakeholder engagement represents a key investment towards sustainable epidemic control.

3.0 Geographic and Population Prioritization

COP 2018 marks a watershed in how PEPFAR Vietnam prioritizes geographically, and aligns the program with evidence of prevalent HIV infection and transmission dynamics. Prior to COP 2018, aggressive scale-up had been focused in the four mountainous provinces of Dien Bien, Nghe An, Son La and Thanh Hoa and in HCMC. With COP 2018, aggressive scale-up of ART will be focused in two priority regions, supported by intensive case-finding and linkage activities. The priority regions are defined as NEZ— comprising Hanoi, Hai Phong, Quang Ninh and Thai Nguyen provinces— and HCMC Metro—comprising HCMC, Ba Ria-Vung Tau, Binh Duong, Dong Nai, Long An, Tay Ninh and Tien Giang provinces.

Within the provinces of NEZ and HCMC priority regions, district-level prioritization will concentrate PEPFAR resources into those districts with highest density of HIV disease burden, highest rates of new case identification, and highest clinic patient loads. In NEZ, districts will be prioritized with HIV disease burden exceeding 275 people living with HIV (PLHIV) per 100,000 population, a minimum of 13 new cases found in 2017, and treatment clinics volumes exceeding 250 patients. In HCMC Metro, districts will be prioritized with HIV disease burden exceeding 185 PLHIV per 100,000 population, a minimum of 13 new cases identified in 2017, and treatment clinic volumes exceeding 250 patients.

Taken together, the two zones comprise more than 50 percent of the HIV disease burden in Vietnam. Within each region, there is a dynamic process of economic migration and movement of patients across provincial borders to access HIV services including ART. Within these zones, prevalent HIV infections are concentrated among MSM and transgendered persons, PWID, commercial sex workers, and their sexual partners. Preliminary data from the MSM cohort study in Hanoi and application of recency testing indicate a large and growing HIV risk among MSM, with high rates of HIV infections among young MSM, high rates of undiagnosed STI among MSM and TG, and recent infection rates among MSM nearly 36 percent. The pivot in COP 2018 reflects PEPFAR Vietnam's commitment to focusing resources and efforts where it might contribute to maximal impact and achieving the goal of sustainable epidemic control. With PEPFAR's efforts and a corresponding commitment by national and provincial governments, multilateral partners and CBOs, the HIV response commits to achieving 90-90-95 in the two priority regions in 2020.

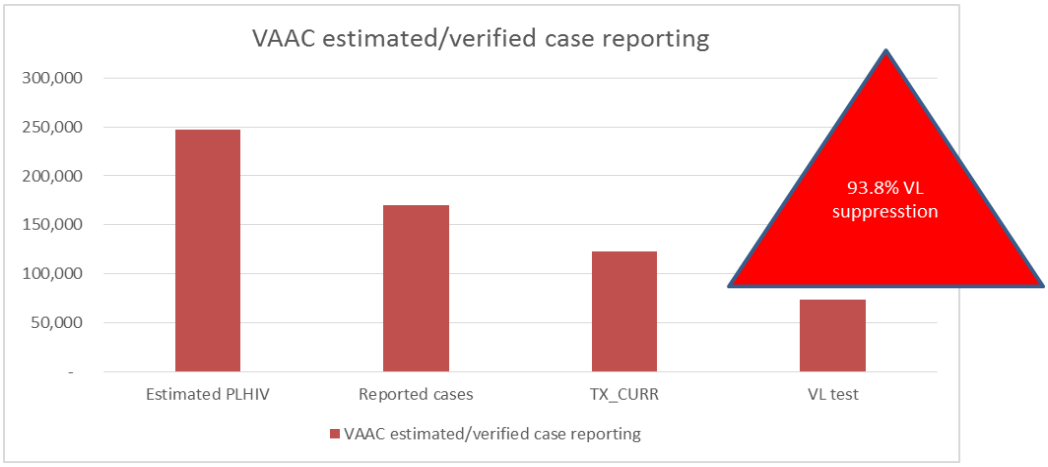
Table 3.1 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP18**	**# Current on ART (FY17)**	**# of SNU COP17 (FY18)**	**# of SNU COP18 (FY19)**
Attained	NA			
Scale-up Saturation	NA			
Scale-up Aggressive	121,189	68,253	11	11
Sustained	NA			
Central Support	52,089	26,096	9	9

4.0 Program Activities for Epidemic Control in Scale-Up Locations and Populations

4.1 Finding the missing, getting them on treatment, and retaining them

Achieving epidemic control requires a sustained decrease in incident HIV infections; this is most effectively accomplished through biomedical interventions: treatment as prevention (TasP) and PrEP (discussed below) for PLHIV and people at substantial risk for HIV, respectively. TasP is the end result of successful progression along the HIV care cascade (Figure 4.1.1), which begins with HIV testing.

Figure 4.1.1 National Cascade, 2017



Finding the Missing

Nationally, an estimated 247,593 persons are living with HIV in Vietnam; among these, only 209,591 are aware of their status. KPs, such as MSM and PWID, are more likely to remain undiagnosed and therefore untreated; data suggests 34,787 KP remaining need ART. PEPFAR Vietnam has developed a comprehensive approach to systematically identify and test those at risk for HIV, with a focus on KPs.

Robust surveillance remains a principal tool for HIV public health efforts. However, HIV surveillance in Vietnam has been suboptimal due to inconsistent and incomplete reporting data and lack of infrastructure at district, provincial, and national levels. PEPFAR Vietnam will supplement surveillance data through a special inter-agency focus on enhanced HIV case-finding and verification in COP 2018. Building on lessons from case verification and patient linkage activities, the PEPFAR team will utilize this successful approach in NEZ and HCMC Metro regions to re-identify people who recorded in the case surveillance system and in hospital settings as confirmed HIV-positive or just tested positive for one screening test. Importantly, in addition to refining surveillance data, PEPFAR estimates this approach will enable us to find 2,000 untreated PLHIV who will then link to treatment, using same-day ART initiation when appropriate. Also, the PEPFAR team targets finding 1,500 PLHIV who screened positive in medical settings, conducting confirmatory test and then linking them to treatment. PEPFAR Vietnam will also ensure that at risk contacts of PLHIV receive partner services, including testing and linkage to ART or post-exposure prophylaxis (PEP)/PrEP as needed. It is estimated that each identified will have 2.5 contacts tested with HIV positivity rate of 7.6 percent through this initiative, who may otherwise have remained untested and potentially undiagnosed.

Routinization of Asante recency testing as part of the HIV testing algorithm will further contribute to enhanced surveillance activities. The test detects those who have been infected recently (*i.e.*, mean six months), allowing for real-time identification of hotspots of HIV transmission and rapid, targeted deployment of treatment and prevention resources to those in the network. HCMC has developed an above-site infrastructure that protects personally identifiable information, in order to evaluate and respond to potential HIV micro-epidemics uncovered by clustered positive recency tests using the emergency operations center (EOC), surveillance, and program data to guide HIV prevention efforts. This initiative securely collects, analyzes, and interprets HIV data to characterize trends in infections and cascade by time and locations, detect active HIV transmission clusters, and understand the underlying risk network. An HIV dashboard for tracking treatment cascades, trends in new HIV infections, ART initiations, and viral suppression by time and locations has been established and will be put in EOC soon for monitoring and tracking progress towards 90-90-95 in HCMC Metro. It is planned to scale this up in two regions in COP 2018. At the client-level, PLHIV who have been recently infected will be rapidly initiated on ART when appropriate, ultimately lowering community viral load and forward transmission in the network via TasP. They will also be prioritized for enhanced partner services, since recently infected persons are more likely to provide correct partner information than those

with chronic, long-standing infection. Routine use of recency testing in NEZ and HCMC Metro/Hanoi is predicted to result in identification of 20 percent recent infections.

Intimately tied to HIV surveillance is partner services, a core component of HIV public health that has been underdeveloped in Vietnam. In COP 2017, PEPFAR implemented partner services in HCMC, which resulted in finding 17 HIV-positive partners from 100 index clients. The PEPFAR team aims to rapidly and systematically scale-up partner services as part of the standard of care for PLHIV in COP 2018.. All PLHIV will receive a standardized, comprehensive package of partner services including contact tracing and testing and rapid initiation of ART or PrEP/PEP for contacts when appropriate. The standard partner services package will be based upon recognized best practices and guided by in-country formative work on provider and client preferences. Further, PLHIV who have been recently infected will receive an enhanced partner services package at the point of positive Asante testing in order to rapidly identify, test, diagnose, and treat contacts in the network. We will evaluate outcomes of the standard and enhanced package to learn which results in the highest rates of referrals. Partner services will be scaled up by Q4 FY 2018, including packaging interventions, strengthening supportive environment, and policies for rapid scaling up, increasing the capacity of user organizations from national to site levels, and enhancing the resource team for technical assistance (TA) to support replication. TA will also include training on innovative strategies to reach key populations, including internet partner services, leveraging popular 'hook-up' apps and social media. Development of these and other innovative models will be a dynamic process involving multi-disciplinary work groups composed of PEPFAR, academic collaborators, providers, and other stakeholders/technical experts for COP 2018 and beyond. Further, the PEPFAR team will create a nimble partner services workforce by cross-training staff in HIV, as well as tuberculosis (TB) and STI contact tracing and SHI enrollment. Systematic scale-up of partner services for all newly diagnosed PLHIV in NEZ/Hanoi and HCMC Metro will be expected to yield 43,687 contacts, including 3,168 new HIV cases, who may otherwise have remained untested and undiagnosed.

In Vietnam, MSM and TG women (TGW) experience prominent disparities in the earliest steps of the care continuum; many remain undiagnosed, but once diagnosed and linked to care, the vast majority (95 percent) achieve viral suppression. Thus, testing and diagnosis amongst MSM and TGW is critical. In COP 2018, PEPFAR Vietnam outlines a client-centered, culturally competent plan to increase testing in this vulnerable KP. Central to this strategy is engagement of MSM and TGW advocacy groups and key opinion leaders in the development of a community advisory board (CAB), which will represent the authentic needs, wishes, and voices of the most at-risk communities. Input from the CAB will be used to create demand and advertise for HIV self-test kit delivery services and clinic-based testing on popular 'hook-up' apps, websites, and social media. Similar community-focused health messaging approaches will be utilized to promote other initiatives such as PrEP and viral load testing (see below). Further, stigma and discrimination reduction trainings will be scaled up among healthcare workers in order to create testing environments that are inviting to MSM and TGW. Centers of excellence, such as Hanoi Medical University (HMU) sexual health clinic, will pioneer KP-sensitive healthcare; with the help

of CAB, HMU will host MSM and TGW-focused HIV testing and health education fairs quarterly, with the expectation to reach and test 58,000 MSM and TGW at risk for HIV.

While MSM and TGW remain at risk for undiagnosed infection in Vietnam, PWID are at risk for disparities across the continuum. PWID are extraordinarily vulnerable, not just due to poor health outcomes but to ongoing stigmatization and legal repercussions, including involuntary incarceration. Central to the COP 2018 strategy is high-level advocacy for a harm reduction rather than punitive approach for PWID. Again, the PEPFAR team will identify and empower key leaders in the PWID community for policy change. The team will utilize a PWID CAB to identify culturally-sensitive demand creation strategies for HIV self- and clinic based-testing; these may include apps, websites, and social media in addition to self-test kit distribution at MMT sites or other places where PWID congregate.

Prisoners represent another highly vulnerable population that has historically been neglected in-country. PEPFAR Vietnam proposes HIV testing and ART linkage in conjunction with TB surveillance activities for prisoners.

ART Initiation and Retention

Because viral suppression below 200 copies/ml effectively eliminates forward transmission, shortening time to suppression in PLHIV is critical to promote TasP and epidemic control. In COP 2018, PEPFAR Vietnam will advance rapid ART initiation and narrow the window to viral suppression with widespread use of integrase inhibitors, the most effective antiretroviral class to date.

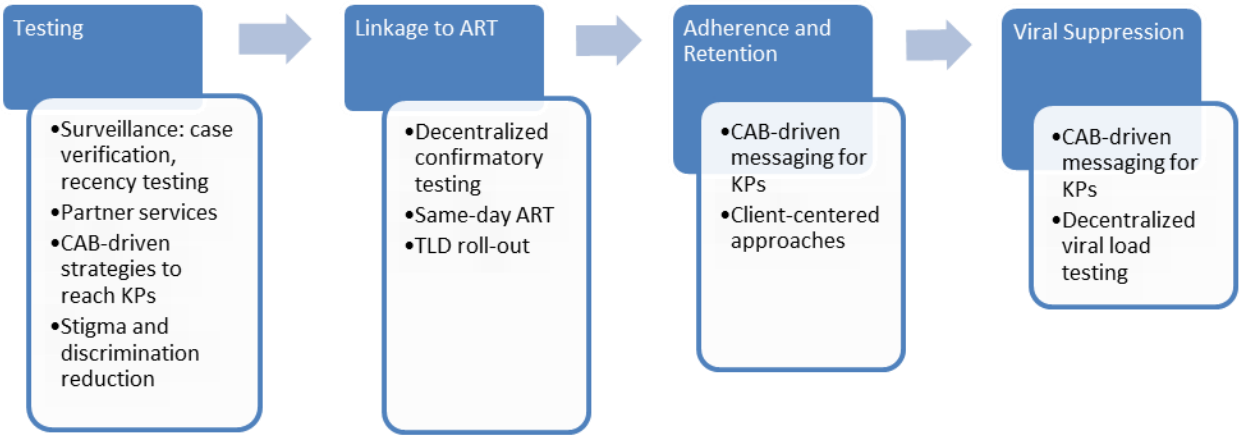
Rapid turn-around of confirmed positive test results is the first step towards accelerating ART initiation and viral suppression. In COP 2018, PEPFAR Vietnam will continue to decentralize confirmatory testing, with the goal of capacitating district laboratories across NEZ and HCMC Metro to perform HIV confirmatory tests. The PEPFAR team predicts that return of HIV confirmatory test results should subsequently be shortened from seven days on average to three hours – three days.

ART initiation at the point of HIV diagnosis is the next step towards achieving viral suppression. In the revised COP 2017 strategy, PEPFAR Vietnam will develop and implement same-day start procedures and start to roll out in Q3 FY 2018. The PEPFAR team remains committed to ensuring high quality care at the client-level, thus standard operating protocols will rigorously address challenges of same-day ART, including medical contraindications, structural/systems-level barriers to adherence and retention, and management and prophylaxis of opportunistic infections, such as TB and cryptococcus. This activity will be implemented in 84 clinics across HCMC and NEZ/Hanoi in 2018, with the intention to rapidly initiate 13,362 new HIV patients on ART, with at least 40 percent initiated on the same day. Further, all PEPFAR supported testing centers not equipped to implement same-day ART on-site during this COP cycle will be required to generate a linkage plan for same-day or rapid (e.g., within seven days of diagnosis) ART

initiation (*e.g.*, by partnering with nearby capacitated clinics, using telehealth). We will require supported sites to report not just ART initiation as a binary variable but dates of HIV diagnosis and ART initiation, so that we may track time to ART and progress towards our above objectives. Sites that are underperforming will be identified via at most quarterly monitoring of these metrics and focused TA will be delivered to address barriers to implementation.

Advances in HIV treatment have yielded integrase inhibitor-based regimens that can result in sustained viral suppression in a mere few weeks, compared to months for the standard efavirenz-based regimen. To promote TasP and reduction of community viral load, PEPFAR Vietnam is committed to widespread utilization of the integrase inhibitor- based regimen, tenofovir/lamivudine/dolutegravir (TLD), in COP 2018 through the following activities: advocacy for fast-track TLD importation and registration; inclusion of TLD in the SHI formulary and promotion of sustainable TLD procurement; development of TLD clinical practice guidelines; technical assistance on TLD to centers of excellence and provincial coaching teams, with subsequent dissemination at the district and commune levels; TLD demand creation with assistance from KP and PLHIV CABs. Based on current procurement estimates, TLD rollout will be initiated with treatment-naïve PLHIV.

TasP is contingent upon successful ART, that is, achievement of client-level viral suppression to reduce community viral load. Thus, adherence, retention in care, and systematic utilization of viral load testing remain priorities for COP 2018. In Vietnam, while overall viral suppression is high (93.7 percent), KPs remain at risk for disparities; available data shows viral suppression is 97 percent for MSM and only 87 percent for PWID in HCMC. PEPFAR Vietnam will work with KP and PLHIV CABs to create messaging surrounding adherence and retention in care, with particular emphasis on demand creation for viral load testing. In COP 2017, the PEPFAR team worked with government and civil society to initiate an Undetectable = Untransmittable (U = U) media campaign with sponsored community trainings and TV programming. In COP 2018, with the input of CABs, the team will build on the U = U platform to emphasize viral load testing and further disseminate messaging through apps, social media, and websites. In the continuing plan to decentralize viral load testing, all 11 provincial laboratories will be capacitated for viral load testing in COP 2018, in response to increased demand. We will continue to scale-up COP 2017 client-centered approaches to enhance retention, including differentiated service delivery models and multi-month scripting, with the expectation that 84 ART clinics will adopt this model by the end of COP 2018, with at least 30 percent of patients receiving three-month prescriptions; stigma and discrimination reduction in healthcare settings, with the anticipation that at least 30 ART clinics will incorporate this as part of quality of care; and navigation/case management support for those transitioning to decentralized ART clinics.



4.2 Prevention, specifically detailing programs for priority programming:

In COP 2018, PEPFAR Vietnam prevention activities will focus on achieving the first 90 targets in the two priority regions, NEZ and HCMC. Key strategies include: support for the Government of Vietnam (GVN) to scale up innovative service delivery models to improve access to HIV prevention, testing and treatment services for KPs; support for CSOs/CBOs, social enterprises and private sector to be strongly involved in reaching KP with prevention and case finding services; improving the knowledge of KP epidemic context and drivers to enhance prevention programming; and closely coordinating with other donor support such as GFATM to leverage existing resources for reaching epidemic control in the two regions.

Scale-up of innovations

During the implementation of PEPFAR Vietnam supported programs in five scale-up provinces following the COP 2015 pivot, several outreach approaches and models were deployed, such as peer-driven interventions (PDI) and social network-based interventions (either on-line or off-line) in conjunction with performance-based reimbursement, showing great potential to reach hidden populations. Among clients who were referred and tested through these outreach models, HIV positivity rate was relatively high (from 9.0 - 11.7 percent) compared with the average rate at HIV testing services (HTS). In COP 2018, PEPFAR Vietnam will modify and enhance these models for implementation in NEZ and HCMC Metro.

In FY 2017, PEPFAR Vietnam began to implement the WHO Guidelines on partner notification services (PNS) to improve HIV testing among sexual and injecting partners of newly diagnosed HIV positives through facility- and community-based HTS. Although the FY 2017 achievements were moderate with approximately 5,700 tests performed and over 540 positives identified (9.6 percent), this approach to increase testing has proven to be feasible in Vietnam, and it has the potential to help improve the HIV testing yield while reducing the cost. As a result, PEPFAR Vietnam plans to widely replicate PNS/index partner testing in all provinces within the two priority regions with aggressive targets – index partner testing is expected to contribute 25 percent of the total tests and 30 percent of the total positives during COP 2018 implementation.

To intensify this effort, PEPFAR Vietnam plans to support GVN to integrate the rapid recency testing algorithm into the HTS system to distinguish recent from long-term HIV infections among newly-diagnosed positives. Assisted partner services in combination with recency testing will not only help identify persons who are recently infected (*e.g.*, within six months of infection), asymptomatic and at highest risk of transmitting HIV to others – but also accelerate the immediate linkage to care and ART initiation. Use of rapid recency results will prioritize efforts for PNS and contact tracing in programs with scarce resources, identify undiagnosed infected partners and prevent transmission to those uninfected. PEPFAR Vietnam will also prioritize PNS for HIV patients who are on ART for less than six months or not virally suppressed.

In FY 2016 and FY 2017, lay-testing and self-testing (HIVST), especially those performed through CBOs in urban areas, contributed substantially to the overall HIV positive yield with positivity rates ranging between 4.0 to 7.0 percent. Among the diverse testing modalities that PEPFAR Vietnam will deploy in COP 2018, HIV lay- testing and HIVST will be paired with PNS as a means to maximize testing coverage among KP and achieve the first 90 goal in the two priority regions.

FY 2017 marked a milestone in PrEP programming in Vietnam with the integration of PrEP in the national ART treatment guidelines. The guidelines were also updated to include non-occupational PEP (nPEP) for HIV-exposed key populations. Results from a demonstration of PrEP services in HCMC have shown promising enrolment trends among MSM, TG and discordant couples over the 10 months implementation – cumulative 787 clients with the retention rate of 78.3 percent. In COP 2018, PEPFAR Vietnam will expand PrEP/nPEP services for KP to other provinces within the two priority regions, and include other KP groups such as PWID and FSW. PrEP/nPEP co-pay services will be offered to high-risk KP through both public and private health facilities. Clinical SOPs and provider training will be rolled out to reinforce quality of care. Domestic financing options for post-aggressive scale up will be explored and developed through social health insurance, provincial budgets and private sector.

In conjunction with efforts to scale up services, PEPFAR Vietnam continues to implement demand generation strategies, especially for HIV testing, treatment and PrEP/nPEP. Special emphasis will be given to PrEP demand creation given PrEP is a relatively new service in Vietnam. Messages on benefits from using HIV services will be conveyed through various channels, including outreach, social media, and KP networks. U=U campaigns will be launched to help address stigma and discrimination, increase retention on ART among HIV patients and access to HIV treatment among those who are infected but not in care. PEPFAR Vietnam will also support KP sensitization for health care workers to create KP-friendly services in an effort to increase service uptake among KP.

In contributing to the aforementioned prevention outcomes, PEPFAR Vietnam will continue to provide technical assistance for the two military prevention programs with a strong focus on the two priority regions. Since the start, the military HTS program has always had a strong

geographic focus on military preventive medicine centers and hospitals in cities/provinces now falling in the two priority regions, and continued TA will aim to support this program to roll out or enhance the above innovations in ways that best fit military settings to share the burden with civilian programs. On average, 80-90% clients or patients from those military health care facilities are civilians. TA will continue to support essential HIV prevention messages into the program, as well as integration of innovations such as partner notification and self-testing as the Standard Operating Procedure for military facilities. Prevention activities targeting military individuals are critical, as they tend to be at higher risk than the general population as shown in numerous studies. A study in Cambodia on men with high-mobility occupations, including military, showed that travel away from home >1 month in the past year was a strong independent determinant of both sex with FSWs and noncommercial sex. A study in Peru on condom use by partner type among military showed that only 20.4% used a condom during their most recent sexual contact. The DoD program in Vietnam has worked to sustainably and successfully strengthen knowledge around all areas of HIV prevention. The intervention that targets to provide HIV/STI prevention messages for the young military aged 18-29 has not only stemmed from its existing prevalence, but also on facts that young military males aged 18-29, in particularly new military inductees, are very vulnerable to HIV (and other STIs) due to their sexually active age range, living away from families and/or spouses while a high percentage of them do not yet have adequate knowledge on HIV or STIs upon enlisting in the military service.

CSO/CBO and private sector engagement

In COP 2018, PEPFAR Vietnam continues to strengthen its collaboration with CSOs/CBOs and KP-led social enterprises and businesses in efforts to improve access to HIV prevention, testing and treatment among KP, and generate sustainable services in the long run. Through the networks of people living with HIV (VNP+), people who use drugs (VNPUD), MSM and TG, not only CBOs in urban cities but also KP groups in rural mountainous areas have been engaged in the implementation of outreach and HIV testing activities. Successful models of CBO-based or KP-led social entrepreneurs will be replicated to address the need of high-risk KP sub-groups that are more comfortable with and willing to pay for HIV commodities and services at a social enterprise or private clinic. In addition, PEPFAR Vietnam will continue to work with private health providers to expand access to HIV testing, PrEP/nPEP and other HIV services. For example, HIVST will be provided through high quality chain pharmacies (in-store and online) in urban areas. PEPFAR Vietnam will foster market entry for new HIVST products, and increase MOH capacity as an HIV commodity market manager through total market approach tools. KP-CSO/CBO, social enterprise and private clinic business capacity with be strengthened, and key private sector investors (such as pharmaceutical, diagnostics and medical supply companies) will continue to be engaged in developing the local market.

Improved prevention programming through enhanced knowledge of KP epidemics

Reaching epidemic control in the two priority regions in 2020 requires accelerated programming and responses based on real-time monitoring of where and among whom the HIV transmission is occurring. In COP 2018, PEPFAR Vietnam will improve case finding and HIV testing uptake

through strengthening systems that help promptly and accurately identify priority geographic areas and populations. In addition to existing surveillance systems, routine program data, such as risk classification, recency testing, PNS, and index partner testing are critical to make timely decisions on the who, what, where, and when programs should prioritize their efforts. In COP 2018, PEPFAR Vietnam will improve KP risk assessment and classification at key HIV services such as HTS and HIV OPC. PEPFAR Vietnam will also work with EOCs located in the two regions to utilize routine service data, recency data and viral suppression patterns for real-time monitoring of progress to achievements, informed planning for case finding and timely interruption of transmission chains.

Coordination with GFATM and other programs

In COP 2018, PEPFAR Vietnam continues to work closely with GFATM supported program to leverage existing resources for achieving the 90-90-95 targets of the two priority regions. For example, GFATM is supporting prevention activities implemented through various CSOs/CBOs under VUSTA. PEPFAR Vietnam will coordinate with GFATM activities at all levels to ensure combined efforts, consistency in technical approaches and certain managerial issues such as cost norms.

4.3 Additional country-specific priorities listed in the planning level letter

Complementing the planning letter, PEPFAR Vietnam received a specific mandate during the RPM in Johannesburg to immediately pivot from a technical assistance strategy to a strategy of sustainable epidemic control in partnership with GVN, multilateral partners and civil society partners. As a result of the Vietnam RPM, PEPFAR Vietnam is committed to immediately implementing priority changes to reflect the move towards attaining 90-90-95 in 2020 in NEZ and HCMC Metro, potentially making Vietnam the first to achieve 90-90-95 FAST Track in a concentrated epidemic. Vietnam expects to demonstrate the processes, strategies, and systems needed to achieve and sustain control of its epidemic. Together with GVN, PEPFAR Vietnam is already working on shifting activities in response to the focused surge, while maintaining our commitment to the responsible transition of most provinces, and capitalizing on the gains from the SHI program. SHI will continue to cover ARVs, HIV examinations, personnel costs and other recurrent operating costs, and SHI will expand to cover VL and other commodities by 2020.

The PEPFAR team is prioritizing HIV case identification and linkage to treatment, case verification and enhanced risk identification, accelerating these activities into COP 2017, to help inform the country's first 90 activities. The team is scaling up index testing with fidelity in COP 2017 and will continue the implementation in NEZ and HCMC Metro into COP 2018. PEPFAR Vietnam expects case verification to continue in COP 2018 with completion in COP 2019. Enhanced risk identification is expected to be completed in COP 2018. In parallel, PEPFAR Vietnam is substantially increasing our links to community organizations as they will play a pivotal role in helping achieve the 1st 90 targets, and provide services to some of the key populations.

Based on preliminary results from the Hanoi MSM cohort study, Vietnam has seen a sharp increase in HIV prevalence among young MSM, and recency data suggested high levels of incident infections. Preliminary findings suggest an HIV prevalence rate in excess of 10 percent among MSM below the age of 20. Extraordinarily high rates of undiagnosed STI indicate high levels of unprotected sex. Further, recency testing results indicate that nearly 36 percent of MSM infections occurred in six months prior to HIV screening. As a result, the program has already started working on a rapid expansion of PrEP in the high risk, high yield young MSM networks and rapid diagnosis and treatment of all new infections. The team is establishing universal HIV recency testing for all new positive cases to drive prevention and treatment interventions, including in micro epidemics found.

PEPFAR is collaborating with the Global Health Security Program in country to activate at least two of the EOCs to map HIV incidence, identify and track partner networks, and identify gaps in viral load coverage and suppression to help GVN and PEPFAR achieve a 95 percent VL suppression rate across all KP populations. The EOCs will make use of existing national data and will promote data sharing within GVN and across partners, including GFATM and UNAIDS. The use of EOCs will also allow for real time data analysis and utilization. PEPFAR Vietnam, in close collaboration with GVN, is committed to maintaining the very high levels of VL suppression, 92 percent VL suppression under 200 copies/ml, while continuing to increase VL testing coverage and achieving 95 percent suppression across all KPs in Vietnam.

GVN has continued to adopt and implement innovative models of care and in December 2017 released revised national treatment guidelines, including same day initiation, multi-month dispensing (MMD), PrEP, and VL monitoring threshold. Same day initiation is being scaled up with PEPFAR funds in COP 2017 and will complete its surge in the two focus areas in COP 2018. PEPFAR Vietnam will continue the prioritization of TLD transition, as detailed in the next section. TLD transition will be essential for maintaining young people on treatment due to lower side effects and high effectiveness.

Finally, PEPFAR Vietnam is committed to regular monitoring and analysis for program improvement using quarterly performance as a marker to identify changes needed in implementation to ensure Vietnam is on track to achieve 90-90-95 in 2020, in NEZ and HCMC Metro. The PEPFAR team will continue effective partner monitoring through quarterly assessments of work plans, making adjustments as needed. The PEPFAR team will continue regular coordination and sharing with GVN, and civil society to ensure all partners have access to, and use the PEPFAR generated data appropriately.

4.4 Commodities

PEPFAR has provided ARVs to Vietnam since 2005. In COP 2016, the PEPFAR commodities transition plan articulated a reduction of 40 percent for ARVs in COP 2017 towards a phase out in

COP 2018, to be synchronized with the introduction of the first ever centralized procurement of ARVs using the SHI fund in August 2018, and distribution to treatment facilities starting November 2018. PEPFAR provides targeted technical assistance at multiple levels to support sustainable and functional systems for effective supply chain management during the transition, with the primary focus on commodities security. GVN's detailed timeline for this process was developed with regular stakeholder consultation, and every task has been assigned to the relevant entity. The National Quantification Team also meets on a quarterly basis to review the ARV stock status at all levels (from all sources including PEPFAR, GFATM, and the National Targeted Program), as well as the ART patient target to ensure no treatment interruption in Vietnam.

PEPFAR Vietnam and GFATM are working closely with GVN and ARV suppliers to avoid any possible stock-out of ARVs due to new regulations introduced in Vietnam in July 2017 on imported pharmaceutical products. This new importation procedure has delayed recent PEPFAR and GFATM ARV shipments to Vietnam, especially for drugs that are not registered in Vietnam. To avoid any ARV commodities shortages through FY 2019, PEPFAR and the GFATM will prioritize procuring ARV drugs that already have marketing authorizations in Vietnam. For non-registered ARV drugs, the PEPFAR team will continue to work with suppliers in advance to prepare all required documents for importation, particularly critical for the newest preferred first line ARV treatment of fixed-dose combination of TLD.

With support from PEPFAR and other international organizations such as GFATM, UNAIDS and WHO, GVN is leading the accelerated transition to TLD, with the first priority of facilitating the TLD registration in Vietnam. In the short-term, (PEPFAR in COP2017/FY 2018 and the GFATM in COP2018/FY 2019), and GVN will be responsible for domestic TLD procurement from either the state budget or SHI fund in FY 2020. As planned, the first TLD shipment will arrive in country in March 2019 and the first line patients including new and existing patients will be transitioned to TLD in April, 2019 and completed by December 2021.

In FY 2019, to support the intensified activities for epidemic control, PEPFAR Vietnam will prevent new HIV infections in the two priority regions by scaling up PrEP services more than five-fold from COP 2017. The procurement of 72,000 bottles of Tenofovir/Emtritacibine 300/200mg) will provide PrEP for 5,611 patients at 45 direct service delivery (DSD) sites in nine provinces in NEZ and HCMC Metro regions.

The Vietnam epidemic remains concentrated in key populations, including PWID, MSM, FSW, and sex partners of PLHIV. Therefore, we will prioritize offering PrEP for individuals at substantial risk from these populations. Among these, not all who test negative would be willing to take PrEP. To set PrEP_NEW target for COP18, we have considered:

- Size estimates (2017 EPP) of KP
- Estimated index testing yield (COP18 targets?)

- Anticipated need of high-risk MSM/TG and discordant couples (identified through index testing)
- Anticipated slower rate of enrollment in the first year of implementation, as PrEP will be new to most of provinces in the two priority regions. This assumption is consistent with PrEP experiences in other countries.

Specifically, our assumptions for the initiation of broad PrEP scale-up in Vietnam in FY2019 we expect the following:

- MSM/TG: ~8% coverage = 2,830
- Discordant couples: ~8% coverage = 1780
- PWID: ~2% coverage (given large scale of MMT in most provinces in the two focus regions) = 600
- FSW: ~2% coverage (focus on only higher prevalence locations such as Hanoi and HCMC) = 400
- Total: 5,610

To complement PEPFAR directly supported PEPFAR services, we continue efforts to assure that sustainable approaches for domestic finance of PrEP services and commodities are established:

- Advocacy for inclusion of PrEP/nPEP in SHI scheme
- Advocacy for pooled drug procurement for public and private facilities covered by SHI
- In parallel, facilitate registration of new PrEP generics to spur price reductions for the commercial market

PEPFAR successfully supported the scale up of routine viral load testing in all PEPFAR sites in COP 2015 and 2016, assisting GVN to reach 74 percent of ART patients, with a 96 percent VL suppression rate, 93 percent less than 200 copies/ml. In COP 2017, the expectation was that SHI would pick up routine VL testing, and the GFATM would provide targeted financial support to meet the VL testing gap. However, SHI reimbursement for VL is hampered by bureaucratic and administrative complications at site and lab levels. First, the procurement of VL under SHI is expensive due to decentralization of the service to provincial level. Second, the GFATM is experiencing delays in providing VL under its new proposal cycle. Last, only three labs in the country have experience in performing high volumes of VL testing. Patients have raised concerns regarding the relatively high cost of the co-payment for VL and the uninsured will need to rely on the GFATM support or pay out of pocket for this high-ticket item. At the national level and for patients in PEPFAR transitioned provinces, Vietnam's success in expanding routine VL testing is particularly vulnerable as the system for procuring and providing affordable viral load testing is still in flux. For VL monitoring in NEZ and HCMC Metro regions, PEPFAR will procure approximately 16,000 reagents, which will cover approximately 22 percent of the need in these two regions. Global Fund resources will be able to cover up to 70-80 percent of VL testing need in surge provinces in CY 2018-2020 with a focus on provision of VL testing for uninsured patients.

To continue progress on increasing domestic resources for key commodities and HIV services, the expectation is that gradually SHI will take on the costs for routine VL testing beginning in COP 2018. PEPFAR, VAAC and the Global Fund are committed to jointly plan for the phased handover to SHI and GVN resources for VL testing with full responsibility borne domestic sources including SHI in 2020. Costs for services, consumables, specimen transfer, storage and distribution will need to be balanced with other efforts to ensure sustainable and affordable VL testing for all patients in the country.

PEPFAR Vietnam will procure 150,000 HIV rapid test kits in COP 2018 to support case finding targets that require multiple HIV testing modalities in the two priority zones. To compensate for commodities procurement lead times, an immediate realignment of COP 2017 resources will accelerate the availability of PrEP, viral load reagents, and rapid test kits.

4.5 Collaboration, Integration, and Monitoring

PEPFAR Vietnam's COP 2018 strategy is structured to support attainment of the goal of sustainable epidemic control in NEZ and HCMC Metro priority regions, while concurrently assuring that the foundation of domestic financing for essential treatment services and commodities is maintained and strengthened. The COP 2018 strategy reflects a substantial geographic pivot in the focus of PEPFAR Vietnam's work, moving the center of PEPFAR activities out of the mountainous provinces into NEZ and HCMC Metro. The aggressive scale-up targets to achieve 90-90-95 in 2020 in the two regions will include direct service delivery (DSD) support—notably to accelerate case-finding, tight linkage to treatment, and rapid introduction of PrEP services to those at substantial risk; but the expectation remains that the domestic SHI system will remain the backbone for finance of essential treatment services and commodities.

In parallel, PEPFAR site-level activities and DSD support outside the two priority regions will cease at the end of calendar year 2018, requiring PEPFAR Vietnam to monitor transition progress in order to assure hard-won PEPFAR-supported gains are maintained and fully handed over to GVN responsibility. PEPFAR Vietnam will work to achieve aggressive scale-up targets through primary reliance on domestic financing mechanisms to fund the major portions of treatment services, and the program will assure successful transition of all DSD activities outside the two priority regions to GVN financial and programmatic ownership. In establishing domestic finance and program leadership as the primary drivers for HIV service delivery, quality and scale-up, the PEPFAR Vietnam program is distinguished from other standard-process countries and requires close coordination with and collaboration among PEPFAR, GVN, and GFATM. In assuring that aggressive targets to achieve epidemic control in the priority regions are met, and in parallel transitioning all PEPFAR non-priority DSD outside the priority regions, PEPFAR has worked closely with GVN, GFATM, implementing partners and CBOs to assure continuity, quality and increased access to essential services.

In order to establish the geographic prioritization to achieve the COP 2018 program pivot and accelerate progress toward epidemic control in NEZ and HCMC Metro, PEPFAR interagency technical and management teams reviewed data on epidemic burden, case-finding yields and treatment facility characteristics. The result of this collaboration is the sharp geographic pivot and concentration of PEPFAR resources and efforts in two regions. Within those regions, jointly established criteria defined priority districts within the aggressive scale-up provinces; teams delineated respective agency roles and responsibilities. The plans for the COP 2018 pivot were shared with key stakeholders including VAAC; provincial departments of health; the Vietnam Ministry of National Defense, Military Medical Department (MoD/MMD); GFATM; WHO; UNAIDS; CBO;, and implementing partners (IPs) and adjustments were made into the plan based on feedback received.

Programmatically, there has been close interagency discussion and coordination around priority activities that will be taken to scale across the aggressive scale-up regions. These include: case verification to improve understanding of progress on the first 90 and aggressively link previously identified positives to treatment; rapid acceleration of index partner testing; increased use of lay- and self-testing; universal recency testing of all newly identified positives to improve understanding of micro-epidemics; intensified partner notification to and break transmission chains; broad roll-out of multi-month scripting and dispensing to improve ART patient retention and adherence; rapid scale-up of same-day and rapid ART initiation; routine viral load testing for all ART patients; and aggressive roll-out of PrEP services for key populations at substantial risk of HIV infection.

4.6 Targets for scale-up locations and populations

Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts			
Entry Streams for ART Enrollment	**Tested for HIV (APR FY19)** ***HTS_TST***	**Newly Identified Positive (APR FY19)** ***HTS_TST_POS***	**Newly Initiated on ART (APR FY 19)** ***TX_NEW***
Total Men	215,059	7,553	8,640
Total Women	72,186	3,112	4,666
Total Children (<15)	0	0	92
Adults			
TB Patients	0		
Pregnant Women	0		
VMMC clients	0		
Key populations	101,671	5,150	
Priority Populations			
Other Testing	185,575	5,515	
Previously diagnosed and/or in care			2,691
Pediatrics (<15)	NA	NA	NA
HIV Exposed Infants			
Other pediatric testing			
Previously diagnosed and/or			

in care			

Table 4.6.2 – N/A

Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate (scale-up SNUs)**	**Coverage Goal (in FY19)**	**FY19 Target**
MSM not SW	98,539	54%	53,107
TG not SW			5,096
FSW	30,573	44.3%	13,531
PWID male	93,625	48.9%	45,803
PWID female			2,781
Other population (PP_PREV)			132,549
TOTAL			**252,867**

Table 4.6.4 – N/A

Multiple sources and methods have been used to estimate the size of various key populations for each of the 11 provinces in the two aggressive-scale-up regions: NEZ and HCMC Metro. For MSM population size we have relied on estimations conducted with support from UNAIDS and the GFATM in a number of selected provinces. PEPFAR Vietnam used the available estimations to calculate population size estimation for the provinces where no size estimation was available. With support from the GFATM and UNAIDS, population size estimation (PSE) was conducted among MSM in 14 provinces. Four of these 14 provinces are in the two PEPFAR supported regions. They are Hanoi, Hai Phong, Dong Nai and HCMC. The provinces where PSE was not conducted, estimates were calculated based on the following: the population size of the province; population size on social apps in province; age demographic profiles of the province; and geographic proximity to a province with known population size. Using this method, the team was able to estimate the size of MSM population for the remaining seven provinces. This provided the total estimated size of the MSM population for the eleven provinces that are in these two regions.

In Vietnam, few studies have been conducted to estimate the population size of FSW. Recently, UNAIDS released the Quick Start Guide for Spectrum and suggested the proportion of the adult

female population that should be used to estimate the FSW population size. For this exercise, PEPFAR Vietnam has used UNAIDS suggested proportion and estimated FSW PSE for the eleven priority provinces. PWID size estimations for the eleven provinces are based on estimations used in conducting the AEM. Currently in Vietnam, no population size estimations are available for transgender individuals nor for female injection drug users.

The coverage target goals for FY 2019 are for PEPFAR only. In addition, these targets are for the high burden districts in the selected eleven provinces for year one and implementation of the activities to reach the targets are expected to begin now.

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

5.1 COP18 Programmatic Priorities

The Vietnam COP 2018 contains no targets for attained and sustained locations or populations, while Table Six activities provide a 'light touch' for transition monitoring and activities that ensure our responsible transition. As a result of the specific mandate during the Regional Planning Meeting in Johannesburg to immediately pivot from a technical assistance strategy to a strategy of sustainable epidemic control, PEPFAR Vietnam will now move away from activities in the attained and sustained locations to focus on the two identified focused zones: NEZ and HCMC Metro. However, in response to specific requests from outside of these two zones, PEPFAR Vietnam may elect to provide technical assistance on issues pertaining to service quality, transition monitoring, or data utilization for planning and local resource mobilization.

5.2 Targets for attained and sustained locations and populations – N/A

5.3 Establishing service packages to meet targets in attained and sustained districts

PEPFAR-supported sites outside of the COP 2018 focus regions (NEZ and HCMC Metro) have a clear timeframe in which they will either transition to central support under MOH, or cease receiving donor support by the end of 2018. All remaining PEPFAR treatment activities, prevention of mother-to-child transmission (PMTCT) activities, outreach, HTS, and MMT support (TA and/or DSD) outside of NEZ and HCMC Metro regions will conclude and transition to MOH by the end of CY 2018. In COP 2018, PEPFAR Vietnam has re-characterized technical assistance packages for all COP 2017 PEPFAR-supported sites outside of NEZ and HCMC Metro regions as above-site responsive technical assistance.

PEPFAR Vietnam will monitor performance in these transitioned provinces for two years post-transition through a variety of measures to identify and mitigate short-term and long-term risks to service continuity. Quarterly mechanism reporting (already a component of existing national

reporting requirements), and ongoing engagement with stakeholders (GVN, GFATM, PLHIV, CSOs) will assist the team to identify and respond to short-term risks. Because HIVQUAL is institutionalized at the national level, all transitioned sites will continue to report their standard set of HIVQUAL data annually, and select two quality indicators for improvement. Longer term risks will be identified through national and provincial strategic planning meetings, portfolio reviews, information sharing sessions, and transition monitoring reporting.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

PEPFAR Vietnam's programmatic shift to achieving sustainable epidemic control in 2020 in two regions is reflected in PEPFAR Vietnam's above-site investments for COP 2018. The above-site activities complement and are aligned to priorities for concentrating resources and efforts in the 11 key provinces within NEZ and HCMC Metro. PEPFAR Vietnam's above-site strategy also reflects the program's commitment to GVN and country stakeholders to responsibly transition the program that once received PEPFAR DSD and TA support, assisting central level GVN to translate successful innovations and best practices for their broader scale up in the rest of the country, and to ensure the sustainability of the national HIV program through targeted and time-focused technical assistance to resolve issues that are critical to achieving and sustaining epidemic control.

All above-site activities are complementary to site-level strategy and approaches. A key component of PEPFAR Vietnam's site level support strategy is to build on GVN success in sustainable financing and progress in taking on key components of financing the HIV program. As site level achievements rely on SHI as the backbone of the program, a major priority is the continued monitoring and operationalizing of SHI for current and newly initiated treatment patients that will ensure their access to the HIV services package while they are in treatment. PEPFAR Vietnam above-site activities reflect the continuing technical assistance needed to ensure that the SHI system is flexible and responsive to the needs of this group.

To meet case finding and treatment initiation goals, above-site activities also address the policy, technical, and implementation needs that will ensure successful scale up of lay-, self- and index-testing, other partner services, PrEP, same-day initiation and differentiated care services tailored to MSM, PWID, sex workers (SW), and their partners. It is expected that, as noted above, PEPFAR's successes in the two regions will then be translated by GVN and domestic partners to other geographic areas of need, to ensure a comprehensive and responsive National HIV program.

A breakdown of the geographic and investment scope of PEPFAR Vietnam's above-site activities reflects the shift of focus to NEZ and HCMC Metro regions, with approximately 75 percent of activities and 74 percent of the budget focused on the two aggressive scale-up regions in COP 18.

PEPFAR Vietnam agencies and implementing partners have clearly delineated their geographic focus at provincial, district and site levels, therefore ensuring no overlap or duplication in the execution of above-site activities, including for technical approaches, which in some instances may be similar across partners, and reflect geographic and technical coordination of the program at the multiple levels of implementation.

Table 6.1.1 Geographic Distribution of Above-Site Activities and Budget in Table 6			
Geographic area	NEZ & HCMC Metro	National Level & Other provinces, including NEZ/HCMC Metro and transitioned provinces	Close out
% of activities	75%	23%	2%
% of budget	74%	25%	1%

Approximately one-quarter of above-site activities will support national level activities to ensure sustainable epidemic control, such as sustainable financing for HIV prevention and treatment activities, including the operationalization of SHI for a majority of HIV services, expanding to prevention services, and ensuring multi-month dispensing (MMD) is taken to scale. Technical assistance and monitoring of the ARV and HIV commodities supply chain under SHI for transitioned as well as surge provinces will ensure that PEPFAR patients transfer to SHI drugs with minimal treatment disruption. This is a critical activity for PEPFAR to support in COP 2018 due to the timing of the first centralized procurement of ARVs using the SHI fund, anticipated to occur in January 2019. The success of this procurement, along with the completion of OPC consolidation in major provinces such as Hanoi and HCMC, are required to achieve a successful transition to sustainable domestic financing. Expected outcomes include 75 percent of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by COP 2020/FY 2021 and 70 percent of national stable ART patients will be switched to MMD model by COP 2020/FY 2021.

PEPFAR Vietnam will also ensure the *expansion and decentralization of capacity to deliver essential HIV laboratory monitoring services.* Essential HIV laboratory monitoring services, including VL, recency and HIV confirmatory testing are expanded and decentralized at provincial

and district levels, in particular for NEZ and HCMC Metro regions, to promote patient-centered practices, including abbreviated return of HIV test results for rapid initiation of treatment, and determination of treatment failure for targeted clinical monitoring to increase viral suppression and treatment adherence. The inclusion of recency testing into the national testing algorithm will ensure the availability and application of universal recency testing in Vietnam, which is critical to achieving epidemic control in the two PEPFAR regions. Other activities within this geographic grouping, such as post-transition monitoring at national and provincial levels, will allow GVN to continue to proactively monitor provincial HIV programs to determine technical priorities and deploy the necessary support to assure program quality.

At the national level, a key strategic objective (SO) that focuses on PWID and their needs is to *build capacity at public academic institutions for the education and training of the diverse drug abuse workforce*. The purpose of this strategic objective is to ensure adequate levels and an appropriate mix of clinical professionals to provide HIV services, including PrEP, ART, medication-assisted treatment (MAT), and psychosocial counseling to those with heightened HIV risk due to drug use. The goal of activities in support of this strategic objective is to ensure a workforce that can provide a package of services to a complex drug using population, including those who are MSM or FSW, in a stigma-free community care setting. Expected outcomes in 2020 include guidance and policies developed and implemented which facilitate comprehensive HIV services at the community level, including HIV testing, access to PrEP, ART and MAT. Selected priority districts from Hanoi and HCMC start to implement diversion/alternative sentencing and in select districts, 75 percent of drug users identified by the police are referred to community-based/voluntary treatment and HIV services.

The following inter-agency strategic objectives reflect PEPFAR Vietnam's priorities during this unique phase of both sustainable scale up for epidemic control in two regions and post-transition responsibility for provinces, sites, and patients transitioning from service delivery support, including ARV treatment at the end of COP 2017.

Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services. This objective is to enhance case finding and verification, including linking PLHIV to treatment services, to address gaps in the 1st 90, with an increased number of PLHIV knowing their status and linked to care. Activities under this strategic objective will update regional and provincial estimations of PLHIV, generate better understanding of HIV/sexually transmitted infection (STI) risks especially among MSM and TG and size of PWID and FSW populations in specific locales to focus and tailor case finding activities, as well as support provinces to verify and update their list of reported HIV cases and link at least 80 percent of re-identified, "found" cases to ART services by end 2020.

Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV and KPs through improved risk identification capacity, tools, and analysis. The aim of this objective is improving

GVN capacity to identify and analyze risk, thereby reaching increased numbers of PLHIV and KP with HIV services. Other activities will also improve understanding of the number of KP and PLHIV reached with HIV services. Expected outcomes from these activities include tailored and targeted programming for specific key populations, especially MSM, through analysis and use of meta- data on MSM online and social media activity to better understand where they access information, services, and other preferences in NEZ and HCMC Metro.

Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, lost to follow-up (LTFU), VL gaps, etc. The main focus of this objective is to strengthen the capacity of GVN to collect and use surveillance data, and manage the national HIV program. To surge activities in the two regions, PEPFAR Vietnam will support GVN to activate the Ministry of Health Emergency Operations Centers in the North and South to track in real-time HIV case finding, including analysis of recency and VL data, specifically to tailor geographic and KP focus for increased case finding and treatment initiation. A separate site- and program- specific data system to track to patient-level SHI enrollments and claims will ensure that all new and current eligible ART patients are enrolled in SHI and are being reimbursed for their HIV treatment and care.

Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services. Achieving epidemic control in NEZ and HCMC Metro regions relies on our ability to fast-track better solutions to overcome barriers that prevent KP from accessing testing and treatment services. Activities under this strategic objective will expand access to innovative prevention, testing, and HIV drug and treatment services for key populations by reducing barriers and scaling up effective models. Community groups play a significant role in these activities as their participation is required to close key gaps in access to HIV services. This SO will be measured by the increased uptake of PrEP; increased number of PLHIV identified; and increased number of PLHIV linked to care in these two aggressive/scale up regions. Within three years (by end 2020), expected outcomes include:

- TA package for HIV case finding is adopted by CBOs/CSOs in NEZ and serves as a national model.
- Increase reach and successful referrals from HTS to OPC by 20 percent.
- National STI and HIV/HCV comorbidity guidelines, focusing on MSM and TGW, updated and rolled out in the two regions.
- Lay provider/self-testing services contribute 50 percent of the total tests performed and 50 percent of the total positives identified in the two regions.
- Partner services guidelines, implementation of standard operating procedures (SOPs), and training toolkits, updated through implementation in the two regions, is also disseminated nationwide, with partner notification and index testing program a key strategy for case finding.

- Increased uptake of self-pay PrEP/PEP models among targeted populations and reduced risk of HIV acquisition among these populations in NEZ and HCMC Metro.
- Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75 percent of the target set in the HCM Metro and NEZ, with coverage meeting 85 percent of the national target.
- MAT retention guidance will be available and followed by the MAT clinics in NEZ and HCMC Metro.
- A hub for drug abuse data use is institutionalized and dissemination for decision-making during the surge to reach 90-90-95 in NEZ and HCMC Metro.
- 20 community organizations in NEZ and HCMC Metro will be trained in recovery coaching and the establishment of peer services.

Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services. This strategy focuses on strengthening an HIV program patient-level database to track patients across provinces and within sites and districts to increase retention and reduce lost to follow-up. Given the regional focus of the program, and understanding that PLHIV and KPs are a highly mobile population who prefer to access services in multiple sites within a given province or region, activities within this strategic objective will promote patient retention by ensuring that patients can be monitored and tracked wherever they choose to get their HIV care in these regions. Through the initiatives related to this strategic objective, successful HTS-OPC referrals will double within NEZ, and a majority of patients will be able to access and/or continue treatment under SHI should they move or transfer clinics.

Optimize treatment retention and quality by assisting GVN in transition to and roll out of TLD regimen. Activities under this strategic objective will facilitate GVN's transition to TLD through the development and rolling out of revised guidelines, including mentoring service providers on the implementation of TLD guidelines and forecasting for TLD. Through the increased capacity of GVN to provide TLD as the first-line regimen, PEPFAR Vietnam expects that all first-line ART and eligible patients will switch to TLD by COP 2022/FY 2023.

Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models. PEPFAR will support GVN in the implementation of same-day initiation and differentiated models of care to increase both domestic capacity and meet program targets of number of patients enrolled in treatment and retained in treatment. Through focused technical assistance activities at provincial and district levels, PEPFAR Vietnam will contribute the following outcomes in NEZ and HCMC Metro in 2020:

- 70 percent of newly initiated ART patients who are uninsured are enrolled within seven days of treatment initiation.

- 90 percent of PLHIV are able to access SHI and be reimbursed for HIV services, tests, and medications through SHI.
- 95%of newly identified cases recorded in targeted districts are linked to ART
- Attrition rate in NEZ and HCMC Metro under 4.5 percent.
- By end 2020, at least 95 percent newly registered patients at HIV clinics starting TPT and increased HIV testing among populations at high risk of TB and HIV (PWID) through active screening and linkage to care.
- At least one annual viral load result for 95 percent of ART patients
- Annual increase in number of tests performed and number of positives identified due to innovative testing strategies that account for 30 percent to 50 percent of tests performed and positive yield.

Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels. To meet the multiple goals of sustainable epidemic control, responsible transition and bolstering an HIV system that is sustainable and responsive, PEPFAR Vietnam will continue to support GVN to strengthen and standardize HIV-dedicated TA platforms to provide HIV program quality support at national, regional, provincial, and site levels. In the context of post-transition of PEPFAR DSD support and the changing structure of the HIV program at administrative levels, these indigenous TA platforms are crucial to GVN management and support. Platform implementation efforts will build upon and leverage GVN leadership and success in routine viral load expansion, MMT program capacity and sustainability, and mobilization of domestic resources-- ensuring that provinces and sites have access to high–quality domestic technical support mechanisms that are sustainable both financially and technically. Expected outcomes include 85 percent of site level TA provided in PEPFAR provinces will be through these platforms, with national and regional centers of excellence engaged for monitoring and documentation by end 2020. For improved service quality, HIV-related stigma and discrimination reduction tools and policies are applied in a majority of HIV sites, as well as HIVQUAL measures are included in quality improvement (QI) programs in 80 percent of hospitals and sites. Seventy percent of PLHIV in transitioned provinces will be reimbursed for HIV services and domestic resources make up 70 percent of all resources. The meaningful participation and inclusion of civil society and community-based groups in these indigenous platforms is also a key priority; and specific modules and measurements will be standardized to ensure and track their contributions through the TA platforms.

Assure sustainability and accessibility to prevention services through development and monitoring of diverse funding mechanisms through public and private sectors. SID findings highlight Vietnam challenges for civil society and community-based organizations to fully realize their mandates to monitor the HIV program as well as to engage in service delivery. Prevention activities are particularly vulnerable as the primary financing mechanism for the HIV program relies on SHI for treatment services, and domestic resources at provincial level are expected to cover the prevention program gap, which are variable and unpredictable. Recognizing that surge priorities

in the two regions will result in temporary time- and target-specific direct funding, PEPFAR Vietnam will work with GVN and civil society partners to move the needle on social contracting and other financing mechanisms for a KP/PLHIV-led community response to close HIV service gaps to sustain epidemic control post-2020. Support to institutionalize mechanisms that allow for CSO/CBOs to raise public funds and provide non-profit services, coupled with local government budget allocation for performance-based case finding, will result in at least 20 CBOs/CSOs receiving GVN and/or private sector support to provide HIV services by end 2020, and set the standard for CBO sustainable service provision during the sustained epidemic control phase. We expect to see private sector investment in HIV commodities and services to increase in both number of private sector partners and in monetary contributions. Self-test kits and other recency rapid tests should be available in the Vietnam market and accessible to KP in all PEPFAR supported provinces.

In addition to the above joint strategic objectives reflecting PEPFAR Vietnam program priorities, the following above-site investments also address needs of specific populations and approaches that will contribute to achieving epidemic control:

For the military population in Vietnam: *Strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.* The military healthcare system accounts for approximately 10% of total public hospitals at central and regional level and provides services to not only military, but also the civilian population (80-90% of patients are civilians). In addition to most military medical facilities being located in the priority regions, two military nursing schools and the Military Medical University are in Hanoi and HCMC, and more than 50% of their students are civilians. The purpose of this strategic objective is to strengthen the military HIV program's response and share the burden with national/civilians program through training and TA for military health care staff in key military hospitals, preventive medicine centers, military medical and nursing schools that mostly located in the NEZ and HCMC Metro.

Expected outcomes include: meaningful engagement of the military sector in HIV testing and peer support to positives within the military, updated HIV/TB care and treatment and stigma and discrimination (S&D) capacity within the military medical training system, and improved performance of the laboratory system through International Organization for Standardization (ISO) accreditation for 10 labs and adherence to ISO standards for at least 15 labs within the military system.

Mobilize and strengthen the PWID community to advocate for and implement peer recovery and psychosocial support services. The purpose of this strategic objective is to ensure adherence to treatment regimens; including PrEP, ART, and MAT; reduce HIV risk-taking; and maintain low levels of relapse among those recovering from drug use. The goal of activities in support of this

strategic objective is to reduce stigma and discrimination in HIV services, ensure linkage to services following compulsory rehabilitation, and enhance access to HIV referral and psychosocial services among those who use drugs.

In addition to the above-site investments highlighted above and in detail in Appendix C, PEPFAR Vietnam program will support the following surveys, evaluation and research:

1. HIV Case Reporting Surveillance
2. HIV Sentinel Surveillance including recency testing
3. KP Size Estimates in a number of provinces (Hai Phong, Tien Giang, and Quang Ninh)

4. HIV Estimates in Up to Four Provinces
5. Analyze factors impacting HIV service quality during transition
6. Acute infection chains intervention
7. MMT in Vietnam: Using routine program data for program improvement (2012-2018)
8. Improving the Quality of HIV Care Services in Vietnam
9. Vietnam Cryptococcal Retention in Care Study (CRICS)
10. Evaluation of an Enhanced Tuberculosis Infection Control Intervention in Healthcare Facilities in Vietnam and Thailand (EnTIC Trial)
11. Evaluation of the prevention provincial coaching team model
12. Acceptability and feasibility of oral fluid HIV self-testing as a strategy to reach people who inject drugs and their female sex partners in Vietnam
13. Evaluation of the sustainability of PEPFAR supported programs post transition in Vietnam: Effects of PEPFAR Transition
14. Pre- and post-intervention assessment on stigma and discrimination in nine hospitals in three provinces in Vietnam
15. On-demand/event driven PrEP among PrEP users in Vietnam
16. Preparing for implementation of long-acting, injectable ART
17. Hanoi MSM Cohort study

7.0 Staffing Plan

PEPFAR Vietnam continues to assess its staffing footprint to ensure a staffing profile aligned to funding levels, programmatic goals, and performance. With the new NEZ and HCMC Metro emphasis, staff will focus on these two regions. Additionally, PEPFAR is aligning with local and international partners to further streamline roles and responsibilities, ensuring coordination for maximum impact. These changes have significant impact on how human capital will be managed moving forward. PEPFAR Vietnam has replaced direct hire or contract positions with locally-employed staff (LES) when applicable, and monitors salary savings for these vacancies. The team continues to increase LES leadership within agencies, in the interagency and government

technical working groups, and in key strategic planning discussions of program activities. No new positions are requested in COP 2018.

When positions become vacant, consideration is given to the need for the position, and the alignment of duties with core activities. This year, PEPFAR Vietnam will continue to reduce its staffing with appropriate attrition; the PEPFAR footprint will be reduced by a total of one Direct Hire American (DHA) and two LES. Approximately 20 positions (three DHA and 17 LES) continue to be shared with other programs (primarily Global Health Security), reducing the overall costs to PEPFAR. Additionally, all cost of doing business (COBD) areas are re-examined and reduced when possible. This year, the PEPFAR Vietnam Management and Operations (M&O) decreased from $11,300,000 in COP 2017 to approximately $10,000,000 in COP 2018 and represents 26 percent of total funding. The savings result from reductions in DHAs. The team has adjusted for slight increases in the International Cooperative Administrative Support Services (ICASS) and Capital Security Cost Sharing (CSCS) budgets.

The number of existing, unfilled positions has remained low, and PEPFAR currently only has four vacancies – all LES or Eligible Family Members (EFMs) positions. One has been impacted by the hiring freeze and two have proven hard to fill – a statistician and an information and technology (IT) position (only 50 percent under PEPFAR). The team is working with human resources to explore additional options for recruitment. Rehiring is justified on the basis of current and expected program priorities. Consideration is given to positions that are able to meet the staffing needs of more than one PEPFAR Vietnam agency and staff expertise is carefully aligned to program objectives. This results in a smaller, better-aligned staffing pattern.

APPENDIX A -- PRIORITIZATION

SNU Prioritization
Table A.1

SNU	COP 15-16 prioritization	APR 16 Achievement	COP 17 Prioritization	Expected Achievement by APR 18	COP 18 Prioritization	Overall TX Coverage (by APR 19)
Ho Chi Minh City	ScaleUp Agg	60%	ScaleUp Agg	69%	ScaleUp Agg	74%
Ha Noi	Sustained	39%	Sustained	47%	ScaleUp Agg	63%
Ba Ria-Vung Tau	Sustained	54%	Sustained	64%	ScaleUp Agg	71%
Binh Duong	Sustained	60%	Sustained	68%	ScaleUp Agg	73%
Hai Phong	Sustained	55%	Sustained	59%	ScaleUp Agg	69%
Long An	Sustained	54%	Sustained	59%	ScaleUp Agg	69%
Quang Ninh	Sustained	62%	Sustained	65%	ScaleUp Agg	72%
Tay Ninh	Sustained	46%	Sustained	62%	ScaleUp Agg	70%
Thai Nguyen	Sustained	50%	Sustained	54%	ScaleUp Agg	67%
Dong Nai	Not Supported	38%	Not Supported	47%	ScaleUp Agg	63%
Tien Giang	Not Supported	48%	Not Supported	63%	ScaleUp Agg	71%
Dien Bien	ScaleUp Agg	53%	ScaleUp Agg	63%	Ctrl Supported	65%
Nghe An	ScaleUp Agg	55%	ScaleUp Agg	71%	Ctrl Supported	72%

Son La	ScaleUp Agg	44%	ScaleUp Agg	57%	Ctrl Supported	58%
Thanh Hoa	ScaleUp Agg	44%	ScaleUp Agg	61%	Ctrl Supported	62%
An Giang	Sustained	59%	Sustained	66%	Ctrl Supported	67%
Bac Giang	Sustained	43%	Sustained	49%	NOT DEFINED	50%
Bac Ninh	Sustained	28%	Sustained	40%	NOT DEFINED	41%
Can Tho	Sustained	51%	Sustained	61%	Ctrl Supported	62%
Cao Bang	Sustained	36%	Sustained	42%	NOT DEFINED	43%
Hoa Binh	Sustained	68%	Sustained	68%	NOT DEFINED	70%
Kien Giang	Sustained	34%	Sustained	38%	Ctrl Supported	39%
Lao Cai	Sustained	37%	Sustained	42%	NOT DEFINED	43%
Nam Dinh	Sustained	35%	Sustained	38%	NOT DEFINED	39%
Quang Nam	Sustained	51%	Sustained	66%	NOT DEFINED	67%
Soc Trang	Sustained	31%	Sustained	36%	Ctrl Supported	37%
Thai Binh	Sustained	36%	Sustained	43%	NOT DEFINED	44%
Vinh Long	Sustained	43%	Sustained	53%	NOT DEFINED	54%
Binh Thuan	Centrally Supported	82%	Centrally Supported	94%	Not Supported	96%

Da Nang	Centrally Supported	37%	Centrally Supported	51%	Not Supported	52%
Bac Kan	Not Supported	43%	Not Supported	52%	Not Supported	53%
Bac Lieu	Not Supported	47%	Not Supported	59%	Not Supported	60%
Ben Tre	Not Supported	52%	Not Supported	63%	Not Supported	64%
Binh Dinh	Not Supported	33%	Not Supported	37%	Not Supported	38%
Binh Phuoc	Not Supported	27%	Not Supported	32%	Not Supported	33%
Ca Mau	Not Supported	27%	Not Supported	31%	Not Supported	32%
Dak Lak	Not Supported	23%	Not Supported	29%	Not Supported	30%
Dak Nong	Not Supported	20%	Not Supported	31%	Not Supported	31%
Dong Thap	Not Supported	25%	Not Supported	31%	Ctrl Supported	32%
Gia Lai	Not Supported	24%	Not Supported	35%	Not Supported	36%
Ha Giang	Not Supported	43%	Not Supported	50%	Not Supported	51%
Ha Nam	Not Supported	45%	Not Supported	52%	Not Supported	53%
Ha Tinh	Not Supported	40%	Not Supported	52%	Not Supported	53%
Hai Duong	Not Supported	47%	Not Supported	58%	Not Supported	60%

Hau Giang	Not Supported	39%	Not Supported	57%	Not Supported	59%
Hung Yen	Not Supported	38%	Not Supported	46%	Not Supported	47%
Khanh Hoa	Not Supported	27%	Not Supported	33%	Not Supported	33%
Kon Tum	Not Supported	25%	Not Supported	27%	Not Supported	28%
Lai Chau	Not Supported	34%	Not Supported	41%	Not Supported	42%
Lam Dong	Not Supported	44%	Not Supported	53%	Not Supported	55%
Lang Son	Not Supported	53%	Not Supported	67%	Not Supported	69%
Ninh Binh	Not Supported	43%	Not Supported	56%	NOT DEFINED	57%
Ninh Thuan	Not Supported	50%	Not Supported	57%	Not Supported	59%
Phu Tho	Not Supported	42%	Not Supported	54%	Not Supported	55%
Phu Yen	Not Supported	39%	Not Supported	52%	Not Supported	54%
Quang Binh	Not Supported	43%	Not Supported	58%	Not Supported	59%
Quang Ngai	Not Supported	40%	Not Supported	52%	Not Supported	53%
Quang Tri	Not Supported	32%	Not Supported	40%	Not Supported	41%
Thua Thien-Hue	Not Supported	64%	Not Supported	77%	Not Supported	79%

Tra Vinh	Not Supported	29%	Not Supported	38%	Not Supported	39%
Tuyen Quang	Not Supported	41%	Not Supported	48%	Not Supported	49%
Vinh Phuc	Not Supported	46%	Not Supported	61%	Not Supported	62%
Yen Bai	Not Supported	31%	Not Supported	43%	Not Supported	44%
_Military Vietnam	Mil		Mil	Mil		Mil

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV**	**Expected current on ART (APR FY 18)**	**Additional patients required for 80% ART coverage**	**Target current on ART (APR FY19) *TX_CURR***	**Newly initiated (APR FY 19) *TX_NEW***	**ART Coverage (APR 19)**
Attained						
Scale-Up Saturation						
Scale-Up Aggressive	124,944	74,416	25,539	84,341	14,928	67.5%
Sustained						
Central Support						
Commodities (if not included in previous categories)						
Total						

APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP18 Budget by Approach and Program Area

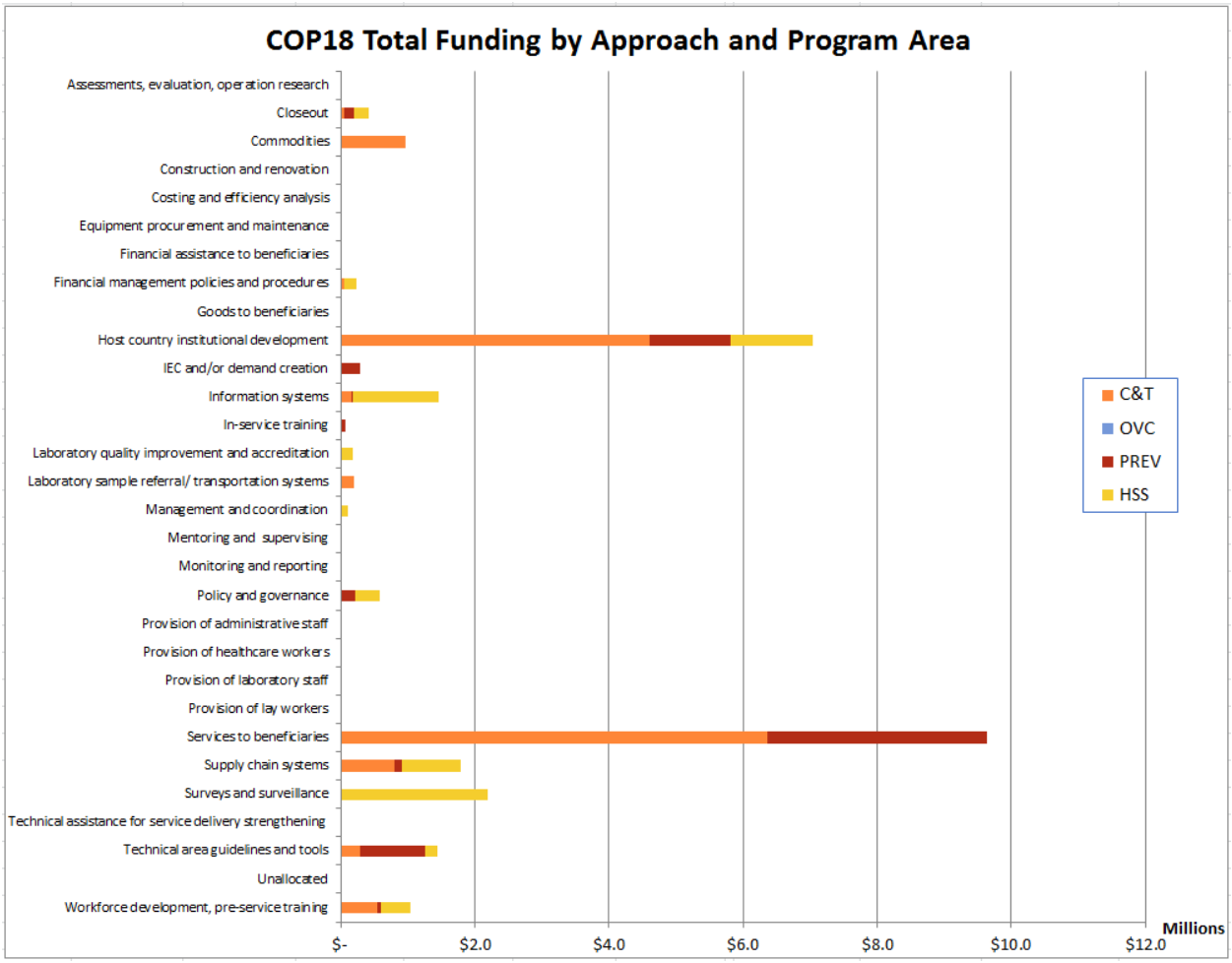


Table B.1.2 COP 18 Total Planning Level

Applied Pipeline	New Funding	Total Spend
$4,611,189	**$28,206,561**	**$38,960,000**

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	
HVOP	Other Sexual Prevention	$ 4,787,276
IDUP	Injecting and Non-Injecting Drug Use	$ 1,654,991
HMBL	Blood Safety	
HMIN	Injection Safety	$ 59,844
CIRC	Male Circumcision	
HVCT	Counseling and Testing	$ 3,397,595
HBHC	Adult Care and Support	$ 671,731
PDCS	Pediatric Care and Support	$ 97,134
HKID	Orphans and Vulnerable Children	
HTXS	Adult Treatment	$ 6,687,719

HTXD	ARV Drugs	$ 47,428
PDTX	Pediatric Treatment	$ 97,134
HVTB	TB/HIV Care	$ 682,093
HLAB	Lab	$ 922,626
HVSI	Strategic Information	$ 2,861,267
OHSS	Health Systems Strengthening	$ 2,276,674
HVMS	Management and Operations	$ 3,963,049
TOTAL		**$ 28,206,561**

B.2 Resource Projections

PEPFAR Vietnam used the FAST to generate IM-level strategic objectives and budgets using the incremental budgeting approach. Based on COP 2017 results, the latest EPP data, and the strategic focus of epidemic control in the two urban regions, the TWGs developed the COP 2018 targets by site and sub-national unit (SNU). Those targets were put into the data pack and assumptions and coverage rates were reviewed and verified for feasibility. The interagency PEPFAR Vietnam team established standard service delivery packages for each essential HIV service; reviewed prior-years' spending patterns across partners for key service components; established common cost norms for packages, with adjustments for facility size and rural/urban locations; and adopted a budgeting structure to be utilized across interagency implementing partners. The distinguishing and innovative features of service delivery packages in COP 2018 include: (1) SHI as the backbone for treatment financing with PEPFAR's limited funds to support copayments for ARVs and viral load at a fraction of prior direct service delivery costs; and (2) the predominant use of performance based incentives. Instead of payments for salaries, utilities, and other recurrent operational costs previously included in unit budgets, PEPFAR Vietnam's new approach will pay incentives for key results, such as new patient enrollment in ART; ART initiation within three days; retention rates of over 90 percent for newly enrolled patients; attrition rates of less than five percent per year; viral load suppression rates of over 90 and 95 percent; and successful re-engagement to ART for drop-out and LTFU patients.

Above-site activities were developed during the Table 6 discussions. Each activity was proposed through TWG discussions, and were prioritized, negotiated, and reviewed for potential duplication. Specific activities and mechanism totals were entered into the FAST. Agencies used the FAST to allocate funding to IM-level strategic objectives and major functional areas including C&T, prevention (PREV), and health systems strengthening (HSS). The TWGs created a common set of ten strategic objectives within the FAST and discussed most relevant approaches by IM. The common set of strategic objectives were developed to support interagency planning and budgeting process based on short—and long-term solutions and outcomes that will help ensure that work plans and finances optimize PEPFAR investments. Additionally, agency or IM-specific strategic objectives were utilized when the activities were not cross-cutting.

PEPFAR Vietnam utilized the commodities tab of the FAST to distribute commodities to the appropriate mechanism. PEPFAR Vietnam is at the funding level and met the C&T earmark requirement.

Table 6 Attachment

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
1	USAID	Healthy Markets	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Provide TA to GVN to develop cost-effective behavior change and demand generation strategies for NEZ and HCMC metro regions. 1. TA to VAAC/GF program in updating and refreshing HIV prevention behavior change and demand generation strategies At Provincial Level: 1. TA to regional hubs in reviewing, updating and refreshing HIV prevention behavior change and demand generation strategies
2	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	TA to CSOs/CBOs in NEZ on effective multi-dimensional case finding strategies such as index testing and partner notification to identify positives and ensure they enroll on ART; as well as treatment continuation, viral suppression (U=U). Ensure ART patients enroll in SHI.
3	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Scale up the patient navigator system (PNS), a new mobile technology providing real-time data for community service providers to link clients to HIV services throughout the continuum of HIV prevention and care
4	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Deliver responsive TA to USAID- supported provinces with focus on performance and quality of transitioned programs.
5	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Build provincial capacity to apply self testing, recency and index testing to identify emergency hot spots in Dong Nai, Tay Ninh, Tien Giang, Quang Ninh, and targeted districts in HCMC and Hanoi. Introduce contact tracing to interrupt HIV transmission network from cases identified as recent infections.
6	USAID	Healthy Markets	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Bring to scale access to PrEP and nPEP for epidemic control in two priority regions At National level: 1. Support VAAC to develop and roll-out PrEP/nPEP service SOPs and training manual 2. Assist VAAC with leading a national PrEP/nPEP TWG to efficiently coordinate and scale; provide TA to VAAC/Global Fund PrEP plan 3. Support VAAC with calculating nation PrEP targets per sub-population based on size estimations and epidemiology (generate proxy TGW size-estimate since there is none); 4. Facilitate technical discussion on event driven/on demand and 4xweek PrEP dosing to inform revision of ARV guidelines in 2019 At Provincial level: 1. Assist PMC/PACs in generating PrEP denominator and target by KP and coverage targets 2. Assist PMC/PACs in rolling out national guidelines; SOPs; training manual and M&E tools 3. Support PMC/PACs in develop PrEP/combo prevention scale-up plan and financing that plan

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
1	Lack of targeted behavioral change communications messages and strategies for HIV prevention among KP: Low perception of HIV risk, self-protection and fear of stigma and discrimination among KP; unstained safe behavior and health seeking behavior	6. Service Delivery	5.79	Cost effective HIV prevention behavior change and demand generation guidance and strategies, emphasizing ICT/social media, updated and implemented nation-wide	1	At National Level: 1. Evidence of VAAC updating prevention behavior change strategies At Provincial Level: 1. Evidence of PMC/PACs refreshing their HIV behavior change strategies	Program Data
2	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	3. Civil Society Engagement	4.04	Increase reach and successful referral from HTS to OPC by 20% in NEZ region	2	MER 2.0: KP_PREV, PP_PREV, HTC_TST, HTC_TST_POS	Program data
3	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Community service providers in NEZ region utilize the PNS and model is replicated nationally	2	% of trained community service providers using the PNS	NA
4	Transition monitoring	6. Service Delivery	5.79	Transitioned sites continue to maintain the quality of program and apply innovations as well as new care models to meet the need of targeted populations.	2	IM report of progress	Responsive TA support from PEPFAR
5	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Targeted regions and districts are fully capable to roll out recency and index network tracing.	2	IM report of progress	No recency and contact tracing introduced to these targeted places
6	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Pre and post exposure prophylaxis are part of the national HIV prevention program and provided to KP nation wide	3	1. % of relevant clinicians and community providers trained in PrEP service delivery in HCMC and Hanoi; 2. % of PrEP targets set nationally, and for HCMC and Hanoi; 3. # of PrEP TWG meetings/year; # of provincial HIV prevention financing plans in place	Program Data

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
1	At National Level: 1. VAAC has updated their HIV prevention behavior change strategies (adopting newer approached that are fresh, affordable and evidence-based, synergizing efforts between GOV/GF/PEPFAR); 2. VAAC/MOH HIV behavior change guidelines are rolled out in 15 provinces in partnership with GF; 3. VAAC is tracking results from online reach efforts and cross-references them on the VAAC website At Provincial Level: 1. A total of 5 additional provinces have overhauled their HIV prevention behavioral efforts bringing together disparate campaigns, and leveraging existing evidenced-based efforts; 2. A total of 5 additional PMC/PACs are oriented in monitoring current online reach strategies including a quarterly report of reach-test-ART or PrEP, and monitoring online reach strategies including a quarterly report of reach-test-ART or PrEP					
2	Increase reach and successful referral from HTS to OPC increases by 10% in NEZ region		Increase reach and successful referral from HTS to OPC increases by 20% in NEZ region			
3	80% of trained community service providers using the PNS in NEZ region		Model is scaled up nationally			
4	Transitioned sites continue to maintain the quality of program and apply innovations as well as new care models to meet the need of targeted populations		Transitioned sites continue to maintain the quality of program and apply innovations as well as new care models to meet the need of targeted populations			
5	Recency and contact tracing introduced and rolled out to these targeted places		Targeted regions and districts are fully capable to roll out recency and index network tracing			
6	National level: 1.1 50% of relevant clinicians and community providers trained in PrEP service delivery; 1.2 Training modules and SOPs available online for in-service training; 1.3 Plan in place to integrate PrEP/nPEP into pre-service training; 2.1 VAAC PrEP/nPEP TWG holds at least 2 coordination meetings; 2.2 1 National PrEP scale-up and lesson learned meeting held; 3.1 Proxy TGW size estimation completed in HCMC and Hanoi; 3.2 100% of national PrEP denominator and target established to achieve epidemic control; 4.1 2 technical discussions held on demand/event driven, 4xweek PrEP and long-acting PrEP to inform revision of ARV guidelines in 2019; Provincial level: 1.1 PrEP denominator and target by KP established in Hanoi and HCMC (and environs); 1.2 Model impact of different levels of PrEP coverage on new HIV infections; 2.1 HIV prevention financing plans in place for HCMC and Hanoi (and environs), and key transition provinces		National level: 1.1 75%% of relevant clinicians and community providers trained in PrEP service delivery; 1.2 Updated training modules and SOPs available online for in-service training; 2.VAAC PrEP/nPEP TWG holds at least 2 coordination meetings; 2.2 1 National PrEP scale-up, lesson learned and forward financing/sustainability meeting held; 3.1 National PrEP denominator and targets tracked; 4.1 National ARV guidelines revised and include demand/event driven and/or 4xweek PrEP, and reference long-acting PrEP to inform revision of ARV guidelines in 2019; Provincial level: 1.1 PrEP denominator and target by KP tracked in Hanoi and HCMC, and established in other priority locations; 1.2 Track impact of different levels of PrEP coverage on new HIV infections; 2.1 Annual HIV prevention financing plans updated in key transition provinces		National level: 1.1 100% of relevant clinicians and community providers refreshed in PrEP service delivery; 1.2 Revised training modules and SOPs available online for in-service training; 2.1 VAAC PrEP/nPEP TWG holds at least 2 coordination meetings; 3.1 National PrEP denominator and targets tracked; 4.1 Revised national ARV guidelines including demand/event driven and/or 4xweek PrEP, and long-acting PrEP rolled-out; Provincial level: 1.1 PrEP denominator and target by KP tracked in Hanoi and HCMC, and in other priority locations; 2.1 Annual HIV prevention financing plans updated in HCMC, Hanoi, Quang Ninh, Dong Nai and other localities, TA to GF in how to apply the provincial HIV prevention planning and financing tools	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
7	USAID	Healthy Markets	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Facilitate enabling environment to allow private KP-led/friendly clinics to provide multi-month scripting and exams, and same day ART, integrated into their service packages keep KP engaged and retained in treatment in two priority regions At National Level: 1. Support VAAC to track ART enrollment and retention in private clinics over time. At Provincial Level: 1. TA to PAC/PMC to develop M&E tools to track quality of private clinic ART
8	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Support training and systems improvements to ensure appropriate patient management actions are undertaken based on VL results; and patient engagement and understanding of the test value and process in targeted districts of HCMC Metro and NEZ.
9	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Provide TA to decentralize 3-RT confirmatory capacity to district hospitals and health centers in targeted and remote districts
10	USAID	Healthy Markets	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Scale up access to HIV-lay and self-testing, integrate syphilis and HCV testing in two priority regions At National: 1. TA to VAAC in targeting where HIV lay/self-testing should be offered; TA for GF procurement of HIV self-test kits; analyzing results of HIV lay/self-testing post-DSD At Provincial: 1. TA to PMC/PACs to track quality, results of, and any barriers to uptake of HIV lay and self-testing post-DSD; 2. TA to PMC/PACs to diversify financial resources for lay and self-testing through public, private and fee-based models in urban provinces/districts 3. Lay-testing financing in rural areas: HIV testing role included in official VHW job description; province agrees to pay for lay-testing HIV RDTs (through GF or local budget)
11	USAID	Healthy Markets	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Scale-up targeted Index Testing in private and KP-led CSOs settings At National level: 1. TA to VAAC and Global Fund to roll-out guidelines, and monitor quality of services in private and KP-led CSOs settings At Provincial Level: 1. Support PMC/PAC in rolling out national guidelines; tracking Index Testing trends; and monitoring quality in private and KP-led CSO settings
12	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Training and technical assistance to DOH/PAC/district health centers and hospitals in Dong Nai, Tay Ninh, Dong Thap, Quang Ninh, HCMC and Hanoi in implementing partner notification and index testing services in targeted hospital setting to identify potentially undiagnosed partners and ensure they enroll on ART.
13	CDC	HAIVN	C&T	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	1. Expand S&D reduction tool and activities, including QI collaborative on S&D, to an additional 3 provinces/12 sites in NEZ and HCMC metropolitan provinces. 2. Analyze results and translate findings to other HIV facility types (HTC, etc.), policy development for S&D monitoring and reduction at central and provincial levels. 3. Collaborate with GVN (VAAC, VAMS) to institutionalize policies. 4. Implement feasible mechanisms for participatory engagement with provincial CBOs, PLHIV and KP groups to disseminate S&D reduction activities at the community level. 5. Develop and disseminate a communications package for U=U/ K=K for stigma reduction

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
7	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Application of OraQuick self-testing and other rapid recency testing technologies for HIV identification, partner services, and PrEP/PEP being used by KP-led CSOs and private clinics in PEPFAR supported provinces	3	# of materials, tool kits, SOPs for key community HIV services made available # of CBOs access and use these materials	Program Data
8	Limited clinical use of routine VL	6. Service Delivery	5.79	Routine test and use of VL results to monitor HIV treatment progress	3	% of supported patients get routine VL test and used to monitor HIV treatment	% of patients having VL test in the last 12 months
9	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Remote targeted districts have functional confirmatory labs by 3-RT	2	# of district confirmatory labs that have full capacity to deliver high-quality services	No district confirmatory labs that have full capacity to deliver high-quality services
10	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Lay provider/self-testing services contribute 50% of the total tests performed and 50% of the total positives identified in the 10 provinces	3	1. VAAC annual HIV testing plan; 2. # of HIV testing uptake post-DSD assessments conducted; 3. VHW job description	Program Data
11	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Index testing scaled up in private and KP-led CSOs settings in two priority regions of HCM Metro and NEZ Index testing implementation contributes 25% of the total tests performed and 20% of the total positives identified in two priority regions of HCM Metro and NEZ.	3	Guidelines, SOPs and training materials developed	Program Data
12	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Partner notification and index testing program rolled out and become key strategy for case finding	3	IM report of progress	New targeted districts and provinces not aware of partner notification and index testing and not implementing it as critical case finding strategy
13	Non- PLHIV/KP-friendly services and facility based stigma discourages testing, linkage to care, treatment, retention, and or adherence.	2. Policies and Governance	5.75	Effective approaches and tools for reducing HIV-related stigma and discrimination in HIV healthcare settings are institutionalized in 100% priority provinces.	3	# Training knowledge tests # S&D assessments with facility and patients, including routine hospital surveys	Stigma Index 2015 and HCMC S&D pilot reports demonstrate PLHIV and KP fear disclosure and lack of confidentiality when accessing HIV services.

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
7	1. National ART in private sector tracking system developed (enrollment, retention, VL); 2. Provincial private sector ART tracking developed that includes numbers in treatment, retention, VL and other measures		1. National ART in private sector tracking system in place; 2. PACs/PMCs are tracking numbers of PLHIV in private sector treatment, including retention, VL and other measures		1. VAAC using ART in private sector data to inform ARV planning and coverage; 2. PACs/PMCs are tracking numbers of PLHIV in private sector treatment, including retention, VL and other measures	
8	60% supported patients get routine VL and use to clinically monitor treatment progress		70% supported patients get routine VL and use to clinically monitor treatment progress		75% supported patients get routine VL and use to clinically monitor treatment progress	
9	50% of remote targeted districts have district confirmatory labs that have full capacity to deliver high-quality services		100% of remote targeted districts have district confirmatory labs that have full capacity to deliver high-quality services			
10	National level: 1. VAAC targeted HIV lay/self-testing provision plan in place; 2. HIV lay/self-testing uptake assessed post-DSD, gaps/opportunities identified; Provincial level: 1. Quality, results of, and any barriers to uptake of HIV lay and self-testing post-DSD tracked and plan in place to address gaps in Hanoi and HCMC 2. Official VHW job descriptions include HIV lay-testing role (in rural areas only) and province agrees to pay for lay-testing HIV RDTs (through GF or local budget)		National level: 1. VAAC tracking coverage of HIV lay/self-testing based on KP need; 2. Plan to address HIV lay/self-testing uptake gaps implemented; Provincial level: 1. Plans to address gaps in HIV lay and self-testing quality post DSD implemented;		National level: 1. VAAC tracking coverage of HIV lay/self-testing based on KP need; 2. Plan to address HIV lay/self-testing uptake gaps implemented; TA to VAAC in inclusion of HIV lay and self-testing (including RDTs) in the 2020-2022 GF concept note; Provincial level: 1. Plans to address gaps in HIV lay and self-testing quality post DSD implemented;	
11	1. 35 KP-led CSOs and private clinics to implement index testing in two priority regions of HCM Metro and NEZ ; 2. 15 PEPFAR/GF provinces have Index Testing tools and oriented on their use; 3. 2 provinces tracking Index Testing roll-out and monitoring quality		1. 45 KP-led CSOs and private clinics to deliver index testing services in two priority regions of HCM Metro and NEZ; 2. 15 PEPFAR/GF provinces are using Index Testing approaches and tools; 3. 4 provinces tracking Index Testing roll-out and monitoring quality		1. 60 KP-led CSOs and private clinics to deliver index testing services in two priority regions of HCM Metro and NEZ; 2. 15 PEPFAR/GF provinces are using Index Testing approaches and tools; 3. 6 provinces tracking Index Testing roll-out and monitoring quality	
12	Program Managers and staff trained on technical protocol and develop rolling out index testing for their locales		Partner notification and index testing program rolled out and become key strategy for case finding		Partner notification and index testing program rolled out and become key strategy for case finding	
13	GVN-accredited facility-based S&D reduction program implemented in 4 priority provinces in NEZ and HCMC Metro Area. QI collaborative on stigma protocol approved and established in 4 provinces above..		GVN-accredited facility-based stigma reduction program implemented in 7 out of 11 priority provinces in NEZ and HCMC Metro. Stigma indicator incorporated into a national reporting system.		S&D reduction program standardized at national level. Financing options for S&D reduction activities are established through local mechanisms (public and private). MOH S&D reduction policy updated and monitored nationally.	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
14	CDC	Department of Health HCMC	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Improve access and uptake of services among KP in HCMC through updating and adapting training materials TOT training: 1. KP sensitization training for HCWs with an emphasis on innovative case finding, same day initiation and demand of VL testing 2. Expanding use of Risk Assessment/Categorization tool (incl. for treatment settings): risk identification follow on 3. implementation of culturally appropriate health messages to promote and increase demand for HIV testing, same day initiation, VL testing, and prevention services 4. STI screening and integration into CCSCs 5. Data management and use
15	CDC	University of California at San Francisco	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Surveys and surveillance	1. Development of protocol for size estimation activities, implementation, and analysis of findings in HCMC Metro area. 2. TA to central level GVN (VAAC and VAMS) to roll out and institutionalize QI collaborative on stigma and discrimination, track and monitor progress and country engagement in regional S&D QI collaborative.
16	CDC	HMU follow on	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Data-driven development and implementation of comprehensive sexual health services for MSM in NEZ, to address HIV and STI burden among this population.
17	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Program implementation and data management system for PrEP/PEP roll-out in NEZ and HCMC Metro for: 1.. PrEP/PEP in HIV-negative persons at substantial risk for HIV; 2.. PrEP/PEP for sexual partners of PLWHIV who are not suppressed (VL>200 copies/mL) or who have initiated ART in the past six months; 3. PrEP/PEP for sexual or injecting partners of newly diagnosed HIV-positive individuals.
18	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Improving access and uptake of services among KP in HCMC Metro and Northern Econ Area through: 1. Standardization and dissemination of KP sensitization guidelines and training packages for national use 2. KP sensitization TOT training for HCWs; 3. Expanding use of Risk Assessment/Categorization tool (incl. treatment settings) 4. implementation of culturally appropriate health messages to promote and increase demand for HIV testing and prevention services; and 5. Data management and use
19	CDC	Department of Health HCMC	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Program implementation and data management for PrEP/PEP roll-out in HCMC for: 1. PrEP/PEP in HIV-negative persons at substantial risk for HIV; 2. PrEP/PEP for sexual partners of PLWHIV who are not suppressed (VL>200 copies/mL) or who have initiated ART in the past six months; 3. PrEP/PEP for sexual or injecting partners of newly diagnosed HIV-positive individuals.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
14	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	1. KP outreach activities in supported areas contribute to 80% of HIV positives identified. 2. KP sensitization curriculum integrated and implemented during routine training program for sites that serve KP 3. Standard KP-friendly BCC curriculum implemented in all supported sites	2	MER 2.0: KP_PREV, PP_PREV, HTC_TST, HTC_TST_POS Training knowledge checks/completion tests; training data records; attendance sheets from training conducted	1. KP outreach activities in supported areas contribute to < 70% of HIV positives identified. 2. KP sensitization curriculum is not integrated into routine training program for sites that serve KP 3. Standard KP-friendly BCC curriculum has not been implemented in any province
15	Non- PLHIV/KP-friendly services and facility based stigma discourages testing, linkage to care, treatment, retention, and or adherence.	2. Policies and Governance	5.75	Reliable PSE data available for program planning, improvement and implementation. Regional QI collaborative data from 4 countries will promote best practices in HIV S&D reduction at facility level.	2	Protocol SE report QI collaborative national and regional data	No or limited data on PSEs Stigma Index 2015 and HCMC 2016 S&D pilot reports demonstrate PLHIV/KP fear disclosure and lack of confidentiality when accessing HIV services.
16	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Increased uptake of HIV/STI services among MSM in Hanoi and NEZ and reduced risk of HIV/STI acquisition among this population	3	Rate of HIV incidence and STI prevalence among MSM in Hanoi and NEZ	No data and findings from MSM studies in Hanoi and NEZ utilized to guide development of interventions and services for MSM in Hanoi and NEZ
17	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Increased uptake of self-pay PrEP/PEP model among targeted populations and reduced risk of HIV acquisition among these populations in NEZ and HCMC Metropolitan Area	3	# of PrEP/PEP clients (MER)	<75% of relevant clinicians providers trained in PrEP service delivery;
18	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	(1) KP outreach activities in supported areas contribute to 70% of HIV positives identified. (2) KP sensitization curriculum integrated into routine training program for sites that serve KP (3) Standard KP-friendly BCC curriculum implemented 6 in provinces	3	MER 2.0: KP_PREV, PP_PREV, HTC_TST, HTC_TST_POS Training knowledge checks/completion tests; training data records; attendance sheets from training conducted	(1) KP outreach activities in supported areas contribute to < 70% of HIV positives identified. (2) KP sensitization curriculum is not integrated into routine training program for sites that serve KP (3) Standard KP-friendly BCC curriculum has not been implemented in any province
19	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Increased uptake of self-pay PrEP/PEP model among targeted populations and reduced risk of HIV acquisition among these populations in in HCMC	3	# of PrEP/PEP clients (MER)	<75% of relevant clinicians providers trained in PrEP service delivery

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
14	1. KP outreach activities in supported districts contribute to 70% of HIV positives identified. 2. KP sensitization curriculum integrated into routine training program for sites that serve KP 3. Standard KP-friendly BCC curriculum implemented in selected priority districts		1. KP outreach activities in supported areas contribute to 80% of HIV positives identified. 2. KP sensitization curriculum implemented in routine training programs for sites that serve KP 3. Standard KP-friendly BCC curriculum implemented all supported district sites			
15	Population size estimation methods selected, protocol developed. GVN-accredited facility-based S&D reduction program implemented in 4 provinces. QI collaborative on Stigma protocol approved and established in 4 provinces		PSE conducted in HCMC metro provinces GVN-accredited facility-based stigma reduction program implemented in 7 PEPFAR provinces Stigma indicator incorporated into a national reporting system			
16	Data and findings from MSM studies in Hanoi and NEZ utilized to guide development of interventions and services for MSM in Hanoi and NEZ		Monitoring uptake of services and interventions, continued tailoring services/interventions to meet the need of targeted populations based on data		Standardization of service package, SOPs, monitoring tools, continued tailoring services/interventions to meet the need of targeted populations based on data; and expanding services as needed in Hanoi and NEZ	
17	75% of relevant clinicians providers trained in PrEP service delivery; 8 sites qualified to provide PrEP up to ~960 clients		100% relevant clinicians providers trained in PrEP service delivery; Monitoring uptake of services and tailoring services to meet the need of targeted populations , 10 sites qualified to provide PrEP up to ~1,200 clients		Continued monitoring of uptake of services; Standardization of SOPs and technical guidelines for implementation and expansion of services	
18	(1) KP outreach activities in supported areas contribute to 70% of HIV positives identified. (2) KP sensitization curriculum integrated into routine training program for sites that serve KP (3) Standard KP-friendly BCC curriculum implemented 1 (Hanoi) in province		(1) KP outreach activities in supported areas contribute to 70% of HIV positives identified. (2) KP sensitization curriculum integrated into routine training program for sites that serve KP (3) Standard KP-friendly BCC curriculum implemented 6 NEZ provinces		(1) KP outreach activities in supported areas contribute to 70% of HIV positives identified. 2) All supported provinces/district sites implementing standard KP-friendly services guidelines	
19	75% of relevant clinicians providers trained in PrEP service delivery; 11 sites will be qualified to provide PrEP and approx. 1,500 clients will access PrEP		100% of relevant clinicians providers trained in PrEP service delivery; Monitoring uptake of services and tailoring services to met the need of targeted populations; 14 sites will be qualified to provide PrEP and approx. 3,000 clients will access PrEP		Continued monitoring of uptake of services; Standardization of SOPs and technical guidelines for implementation and expansion of services	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
20	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical area guidelines and tools	Improve access to high quality MMT services in Northern Economic Zone and HCMC Metropolitan Area through application of a MethQual toolkit, analysis of QI results, and roll-out of a MMT MIS
21	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	12. Train clinicians and treatment providers in HCMC and NEZ regions to screen, diagnose, and refer methamphetamine and opioid users to HIV and drug treatment services, including HIV testing, PrEP, ART and MAT. Provide technical assistance and mentoring in prioritized treatment settings in HCMC Metro and NEZ to ensure the availability of a comprehensive HIV package of services for key populations, including HIV testing, PrEP, ART and MAT.
22	SAMHSA	RECOVERY+	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	1.8. Build capacity for judicial and law enforcement officials in HCMC Metro and NEZ to contribute to HIV epidemic control by directing drug users to comprehensive HIV services, including drug treatment, at the community level. 1.9 Provide technical assistance to the National Committee on HIV, Drug Control and Prostitution, during a period of intensive legislative review and reform, with specific attention on HCMC Metro and the NEZ. 1.6. Provide technical assistance to leaders across sectors in the HCMC Metro and NEZ Regions as they rapidly implement diversion/alternative sentencing of drug users to HIV services.
23	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Technical areas, guidelines and tools	1.3. Provide technical consultation to the VAAC/MOH and MOLISA on the development and revision of policies and guidance in response to the national surge to achieve epidemic control in HCMC Metro and NEZ. 4. Provide clinical mentoring through the E-mentoring platform to ensure effective case management of MAT patients, who are HIV+ in the HCMC Metro and NEZ. Establish a hub for drug abuse data triangulation, analysis, and dissemination to improve identified gaps in and threats to a comprehensive package of HIV services, including HIV testing, PrEP, ARV, and MAT starting with HCMC Metro and NEZ Region data.
24	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Conduct a legislative review of drug abuse treatment policy, including criminal and administrative codes, focusing on their implementation in the HCMC Metro and NEZ Regions and their impact on 90-90-90 achievement. Establish a web-based platform for policy makers and media to access the evidence-based practices on reaching HIV epidemic control by addressing the needs of key populations, including PWID, MSM, and FSW.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
20	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Coverage of community-based, evidence-based drug addiction treatment meets 85% of the national target	2	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	65% target met in NEZ and HCMC provinces
21	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	2. Policies and Governance	5.57	Clinicians and treatment providers are able to provide comprehensive package of HIV services to drug users, including HIV testing, access to PrEP and ART and access to necessary drug abuse treatment to ensure HIV case finding, ART and VL suppression. Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ	2	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
22	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	2. Policies and Governance	7.22	In selected districts, 75% of drug users identified by the police are referred to community-based/voluntary treatment and HIV services. Guidance and policies developed and implemented which facilitate comprehensive HIV services at the community level, including HIV testing, access to PrEP, ART and MAT. Selected priority districts from Hanoi and HCMC start to implement diversion/alternative sentencing.	2	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
23	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	9. Quality Management	6.43	MAT retention guidance will be available and followed by the MAT clinics in the HCMC and NEZ. A hub for drug abuse data use and dissemination for decision-making during the surge to reach 90-90-90 in HCMC and NEZ.	3	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
24	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by impacting VL suppression	13. Epidemiological and Health Data	5.18	A legislative review document will be produced to improve the scale up of HIV/AIDS services, MAT and voluntary community-based treatment. A web-based platform developed which contains information on evidence-based best practices and clinical approaches to maximize HIV case finding, testing and referral to treatment, and adherence to ART or PrEP among those with elevated HIV risk due to drug use.	1	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ	0.65

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20	Coverage of community-based, evidence-based drug addiction treatment meets 75% in NEZ and HCMC metro		Coverage of community-based, evidence-based drug addiction treatment meets 85% in NEZ and HCMC metro			
21	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ			
22	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ			
23	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCMC Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 95% of the target set in the HCM Metro and NEZ	
24	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ					

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
25	SAMHSA	RECOVERY+	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Policy and governance	3.7. Monitor linkages to a comprehensive package of HIV services, including HIV testing, ART, PrEP, and MAT, during the complex process of diversion/alternative sentencing and post release from compulsory rehabilitation, as the national program surges towards achieving epidemic control in HCMC Metro and NEZ.
26	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	Package comprehensive HIV service interventions for drug users that are ready for immediate scale-up led by collaborators in HaiPhong (NEZ), as the national program surges towards achieving epidemic control in HCMC Metro and NEZ. Translate results from pilots and large-scale research studies into tools, guidance, and other materials that can be used to increase the numbers of drug users retained to comprehensive HIV services, as the national program surges towards achieving epidemic control in HCMC Metro and NEZ. Provide technical assistance during implementation of interventions among drug using populations, including MSM and FSW, as the national program surges towards achieving epidemic control in HCMC Metro and NEZ.
27	SAMHSA	RECOVERY+	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Policy and governance	Assess the progress of the National Transformation Plan to convert compulsory rehabilitation centers (06) to community-based drug treatment facilities, focusing on the environment, policies and practices that ensure access to a comprehensive package of HIV services, including HIV testing, PrEP, ARV, MAT. This assessment will begin in HCMC, Hanoi, and Haiphong, where levels of compulsory detention are high.
28	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	HSS	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Workforce development, pre-service training	3.4.Educate clinicians and other practitioners to respond to the requirements of the national HIV strategy.
29	SAMHSA	Vietnam HIV-Addiction Technology Transfer Center	PREV	Address barriers to epidemic control for specific key populations—MSM, PWID, sexual partners—through innovations scale up, including in PrEP; index, lay, and self-testing; and linkages to HIV and drug treatment services.	Host country institutional development	3.8 Build capacity within the community of drug users in recovery in HCMC Metro and NEZ to reduce stigma and discrimination in HIV services and ensure linkages to a comprehensive package of HIV services, including HIV testing, ART, PrEP, and MAT, following release from compulsory rehabilitation.
30	USAID	USAID Enhanced Community HIV Link - Northern	HSS	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Financial management policies and procedures	Support GVN to analyze barriers and develop recommendations for how to directly fund CSOs to deliver HIV services
31	USAID	USAID Enhanced Community HIV Link - Northern	HSS	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Host country institutional development	Diversify financing resources for sustaining community prevention services through social contracting, fee-based models and mobilizing other public, private community resources

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
25	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	2. Policies and Governance	5.75	Provide timely data on linkages to HIV and drug treatment services from diversion/alternative sentencing to make programmatic decisions.	3	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report) # of institutions integrate Addiction Medicine into its training agenda	0.65
26	Fragile health system capacity to respond to drug abuse results in poorly coordinated care, inadequate access to community care; and insufficient credentialed professionals to meet demand.	2. Policies and Governance	5.75	Dissemination of evidence-based treatment models, provision of technical assistance for district-level implementation and facilitation of province-to-province collaboration.	3	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
27	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	2. Policies and Governance	5.75	Assessment report on progress in transformation will be delivered to the National Committee.	1	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
28	Fragile health system capacity to respond to drug abuse results in poorly coordinated care, inadequate access to community care; and insufficient credentialed professionals to meet demand.	7. Human Resources for Health	7.22	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCMC Metro and NEZ	3	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report) # of institutions integrate Addiction Medicine into its training agenda	0.65
29	Mandatory detoxification results in interrupted access to drug abuse and/or HIV services, impacting the first 90 by impeding case finding; and the second 90 by interrupting ART treatment; and the third 90 by preventing VL suppression.	2. Policies and Governance	5.75	20 community organizations in HCMC Metro and NEZ will be trained in recovery coaching and the establishment of peer services.	3	% of people received treatment at community-based, evidence-based drug addiction treatment services (MOH report) % of people received treatment at community-based, evidence-based drug addiction treatment services against provincial/ national targets (MOH report)	0.65
30	Limited domestic investment in KP outreach services: Outreach activities and CSO/CBO are dependent on donor funds	3. Civil Society Engagement	4.04	Utilization of community groups for services to sustain epidemic control in NEZ region - legal pathway for CSOs/CBOs to receive government funding for delivering HIV services	2	Availability of the Policy and Guidance for CSO/CBOs to receive government funding for delivering HIV services	NA
31	Limited domestic investment in KP outreach services: Outreach activities and CSO/CBO are dependent on donor funds	11. Domestic Resource Mobilization	7.7	Utilization of community groups for services to sustain epidemic control in NEZ region - CSOs/CBOs have sustainable financing models to maintain HIV prevention activities and services	3	# CSOs/CBOs receiving domestic public and/or private financing	NA

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
25	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 95% of the target set in the HCM Metro and NEZ	
26	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 95% of the target set in the HCM Metro and NEZ	
27	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ					
28	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 95% of the target set in the HCM Metro and NEZ	
29	Coverage of community-based, evidence-based drug addiction treatment is increased to at least 75% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 85% of the target set in the HCM Metro and NEZ		Coverage of community-based, evidence-based drug addiction treatment is increased to at least 95% of the target set in the HCM Metro and NEZ	
30	Recommendations developed for policy changes		Policy and guidance drafted for CSOs/CBOs to receive government funding for delivering HIV prevention, care & treatment services			
31	3 CSOs/CBOs in NEZ region receive domestic public and/or private financing		10 CSOs/CBOs in NEZ region receive domestic public and/or private financing		20 CSOs/CBOs in NEZ region receive domestic public and/or private financing	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
32	USAID	Healthy Markets	C&T	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Supply chain systems	Facilitate the registration and availability of HIV-self tests for sale in the markets. 1. Facilitate local market entry of quality/affordable HIVST kit products 2. Trouble-shoot product registration process with manufacturer and local importer
33	USAID	USAID Enhanced Community HIV Link-Southern Project	HSS	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Policy and governance	Diversify financing resources for sustaining community prevention services through social contracting, fee-based models and mobilizing other public, private community resources
34	USAID	Healthy Markets	HSS	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Policy and governance	Foster enabling environment for fee-based HIV services in NEZ and HCMC metro regions. 1. Develop legal framework for public sector pooled ARV procurement (provincial level) to be able to supply private clinics for ART/PrEP/nPEP 2. Source quality, low cost/access priced drugs and diagnostics for private clinic and CSO service delivery to offer maximal affordability to clients. This includes dolutegravir (DLT) and TAF-based regimens. 3. Assess private health insurance coverage for HIV services, and KP/PLHIV willingness to use and pay for private health insurance; Develop partnership with private health insurance firms to cost-out and offer key HIV services. 4. Work closely with other IMs in providing TA to GVN to revise AIDS law to include private sector HIV services
35	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Host country institutional development	TA to NGO-run clinic in Hanoi to implement a fee-based HIV service delivery model
36	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	PREV	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Policy and governance	Advocate with provincial leaders and agencies to mobilize resources for prevention program.
37	USAID	Healthy Markets	HSS	Assure sustainability and accessibility to prevention services through the development and monitoring of diverse funding mechanisms through public and private sectors.	Policy and governance	Facilitate enabling environment for growing private sector investment in HIV commodities and services at two priority regions 1. Track/model private sector company investment in HIV response and out-of-pocket expenditures 2. Support VAAC to include private sector investment as part of annual domestic HIV investment analysis 3. Identify private sector investment opportunities; broker shared values engagement; generate and share market intelligence; support match-making between manufacturers-distributors-retailers.
38	CDC	CLSI LAB	HSS	Completion of COP 17 laboratory strengthening activities.	Closeout	TA provision to national lab technical team to meet national requirements for lab CQI
39	CDC	APHL	HSS	Completion of COP 17 laboratory strengthening activities.	Closeout	Implement HIV VL data management dashboard and synchronize HIV testing viral load reporting
40	CDC	TBD-Lab	HSS	Completion of COP 17 laboratory strengthening activities.	Closeout	1. Optimize sample transportation for Gene Xpert samples 2. Improve linkage between labs and clinics to reduce TAT for GeneXpert results

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
32	Limited domestic funding for prevention commodities: condoms & lube, N/S, test kits	6. Service Delivery	5.79	Self-test kits and other recency rapid tests should be available in Viet Nam market and accessible to KP	2	National level: 1. # of HIVST products registered; 2. Evidence of trouble-shooting to facilitate product market entry	Program Data
33	Limited domestic investment in KP outreach services: Outreach activities and CSO/CBO are dependent on donor funds	11. Domestic Resource Mobilization	7.7	Utilization of community groups for services to sustain epidemic control in HCMC Metro - CSOs/CBOs have sustainable financing models to maintain HIV prevention activities and services	3	# CSOs/CBOs receiving domestic public and/or private financing	3 CBOs generated incomes from any resources - Average income generated from other resources of the 3 CBOs per year currently is $5,000
34	Lack of skills and systems among local private sector and KP-led CSOs to deliver HIV related services for KP	6. Service Delivery	5.79	HIV services including HIV community testing, differentiated care, PrEP and PEP using both fee-based and non-fee based models are provided by Private clinics and KP-led CSOs under PEPFAR and GF/VUSTA support	3	National level: 1. Evidence of analysis of legal pathways publicly pooled ARVs to be supplied to private clinics and if viable a legal pathway in place to guide policy change; 2. Evidence of work to source low cost ARVs, DAAs, etc. and diagnostics for provide clinics and KP-CSOs; 3. Evidence of assessment of viability of private health insurance to cover HIV services; 4. Evidence of TA on HIV/AIDS Law	Program Data
35	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Utilization of community groups for services to sustain epidemic control in NEZ - NGO-run clinic can deliver comprehensive HIV services using fee-based model for KP willing and able to pay	1	# of months from start-up to profit MER 2.0: KP_PREV, PP_PREV, HTC_TST, HTC_TST_POS	Program data
36	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	11. Domestic Resource Mobilization	7.7	Local government and health authorities allocate enough resources to pay for performance-based case finding.	2	There is no explicit fund for prevention case finding program at provincial level	Local decision makers and health managers aware of the case finding resource need and start to increase allocation for case finding using PBI
37	Lack of strategic and coordinated approach to HIV commodity planning, budgeting and segmenting (public sector vs commercial market) in PEPFAR provinces	4. Private Sector Engagement	6.14	Private sector's investment in HIV commodities and services will be increased in both number of private sector partners and in $ value.	3	National Level: 1. Evidence of private sector company investment in HIV response tracking system and market trends research; and out-of-pocket expenditures (OOP) assessed through KP OOP study 2. Evidence of VAAC support for private sector investment as part of annual domestic HIV investment analysis 3. # of private sector investment opportunities identified; broker shared values engagement; generate and share market intelligence; support match-making between manufacturers-distributors-retailers	National Health Account, sub-account for HIV & AIDS
38	Laboratory quality management system is not fully integrated in to national program	10. Laboratory	7.92	A national technical team on functioning CQI	1	# of national technical staff are able to provide TA on CQI for lab	Lab assessment tools for CQI are approved
39	Laboratory quality management system is not fully integrated in to national program	10. Laboratory	7.92	A HIV VL data management web based dashboard is operated	1	# of HIV VL labs upload data to dashboard	No HIV VL data management dashboard.
40		10. Laboratory	7.92	GeneXpert samples referral network optimized	1		

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32	1 HIVST product registered for commercial sale		Additional 1-2 HIVST products registered for commercial sale			
33	5 CSOs/CBOs receiving domestic public and/or private financing		8 CSOs/CBOs in HCMC metro receiving domestic public and/or private financing		10 CSOs/CBOs in HCMC metro receiving domestic public and/or private financing	
34	National level: 1. analysis of legal pathways publicly pooled ARVs to be supplied to private clinics and if viable a legal pathway in place to guide policy change; 2. Price reductions on at least 3 products; 3. assessment of viability of private health insurance to cover HIV services conducted; 4. TA on HIV/AIDS Law and private sector HIV services offered		National level: 1. MOH legal department develops and begins to implement legal pathways for publicly pooled ARVs to be supplied to private clinics; 2. Price reductions on at least 3 additional products; 3. private health insurance partner selected and coverage plan developed; 4. TA on HIV/AIDS Law and private sector HIV services offered		National level: 1. MOH legal department finalizes legal pathways required for publicly pooled ARVs to be supplied to private clinics; publicly pooled ARVs are supplied to private clinics; 2. Price reductions on at least 3 additional products; 3. private health insurance that covers HIV prevention, testing and treatment in place; 4. HIV/AIDS Law includes role of private sector HIV services	
35	Fee-based clinic operates at a profit within 1 year					
36	Local government and health authorities allocate enough resources to pay for performance-based case finding		Prevention case finding program started to use provincial budget to pay for performance-based results			
37	National Level: 1. private sector company investment in HIV response tracking system developed; and HIV commodity/services market trends research; and KP out-of-pocket expenditures (OOP) assessed, completed and results shared with VAAC, KP-led CSO/SE/businesses and private sector shared values partners 2. VAAC using private sector investment as part of annual domestic HIV investment analysis 3. 3 new private sector investment opportunities identified; broker shared values engagement; generate and share market intelligence; support match-making between manufacturers-distributors-retailers		National Level: 1. VAAC actively tracking private sector company investment in HIV response; 2. VAAC using private sector investment as part of annual domestic HIV investment analysis 3. 3 new private sector investment opportunities identified; broker shared values engagement; generate and share market intelligence; support match-making between manufacturers-distributors-retailers		National Level: 1. VAAC actively tracking private sector company investment in HIV response; 2. VAAC using private sector investment as part of annual domestic HIV investment analysis 3. 3 new private sector investment opportunities identified; broker shared values engagement; generate and share market intelligence; support match-making between manufacturers-distributors-retailers	
38	A national technical team is established					
39	A HIV VL data management web based dashboard is developed and functioned					
40	GeneXpert samples referral network optimized					

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
41	USAID	Challenge TB	C&T	Comprehensive, high quality diagnostics of TB and HIV for priority population.	Host country institutional development	TA to improve TB contact and symptom screening and detection for PLHIV and high risk groups including MMT patients; and TA to improve IC management in HIV and TB/HIV facilities, focus on USAID supported services in NEZ and HCMC metro regions
42	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Information systems	Build HIV treatment national database by extracting HIV Treatment from VSS e-Claim database with clinic visits, and construct national ARV patient database that includes both patient paid via SHI and patient self pay reported by hospitals. This core database that could link to the case reporting database (HIVInfo) to provide real time case tracking and management Ensure integration with commodity and lab information systems for commodity forecasting/lab management at provincial and district levels.
43	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Information systems	TA to HIV data sharing between eClaim SHI system, e-Hospital Information System in all targeted districts, and MoH central server system to support hospitals and district health centers to forecast all ARV needs, including SHI and other ARV sources to ensure the availability of ARV drugs for same-day initiation and ART continuation.
44	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Host country institutional development	Continue to provide TA for the integration targeted HIV clinics into multi-disease outpatient services that are integrated into Vietnam's clinical system in Dong Nai, Tay Ninh, Tien Giang, HCMC and Hanoi.
45	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Host country institutional development	TA to the central GVN and targeted districts and regions to develop case management strategies (sites/districts/provinces movement and referral) including real-time patient monitoring system to ensure ART retention of existing patients during transition period from donor-funded ARVs to SHI and other domestic resources
46	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Host country institutional development	TA to Increase SHI enrollment by expanding the use of the individual counseling and treatment continuation plan (ICTP) developed in COP16 to assist different patient groups (those willing to register with SHI, those willing to pay out of pocket, and those in need of provincial GVN funding); and increase SHI usage with regular monitoring of SHI reimbursement for ARV drugs
47	CDC	WHO	HSS	Coordinate with GVN to ensure standard system for cross-provincial patient tracking and promotion of regional and provincial collaboration. Implementation and monitoring of a regional/metropolitan system for tracking patients at targeted sites and districts to ensure retention in HIV services.	Information systems	Develop HIV treatment data platform to ensure patient tracking across hospitals and/or provinces in NEZ and HCMC
48	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Information systems	HIV component integrated into the electronic hospital information system and inter-operated with VSS e-Claim to ensure real time case management, patient tracking, index tracing, and VL results monitoring.
49	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Information systems	Utilize SHI eClaim database to build HIV Treatment regional and cross-province tracking tools. The SHI eClaim database will serve as the base to identify, track and support patient transfer between multiple clinics and places within province or cross the HCMC Metro and NEZ via SHI codes.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
41	Low quality of intensified TB case-finding, and TB infection control in HIV care settings	6. Service Delivery	5.79	100% of ART patients in newly supported provinces are screened for TB at each visit with documented appropriate follow-up actions 90% of HIV and TB/HIV care and treatment facilities consistently implement their own TB IC plan	2	Provincial HIV treatment reporting system, TX_TB	100% of ART patient in current PEPFAR supported sites are screened for TB at each visit. Data on ICF at other ART sites is not available.
42	HMIS integration	15. Performance Data	7.63	System enabled for HIV patient tracking across provinces, determine status and location of patients	3	Annual report on i-cloud completion	Principles agreed by MoH and VSS to roll out the data sharing and monitoring system
43	PLHIV enrolled in care are not receiving treatment because of hospital level stockouts	8. Commodity Security and Supply Chain	5.9	Hospitals that received support are fully capable to manage site-level ARV quantification for annual SHI procurement and distribution.	2	# of hospitals are being able to manage site-level ARV quantification for annual SHI procurement and distribution	No hospitals are being able to manage site-level ARV quantification for annual SHI procurement and distribution
44	PEPFAR-supported OPCs operate outside of the regular health care system - PLHIV will not have access to HIV care and treatment services once PEPFAR discontinues DSD.	6. Service Delivery	5.79	100% of USAID-supported clinics via the flagship project integrated and got SHI reimbursement.	2	# of clinics integrated and got SHI reimbursement	# of clinics integrated and got SHI reimbursement by Sep 30, 2018
45	Service delivery systems in the system transition context are not sufficiently responsive to the needs of key populations, thus unable to retain patients who linked to HIV treatment	5. Public Access to Information	5	Patients transferred in and out are tracked across provinces and nationally	2	Inter-province linkage/tracking system developed for HCMC Metro and NEZ	No inter-province electronic tracking system
46	PEPFAR-supported OPCs operate outside of the regular health care system - PLHIV will not have access to HIV care and treatment services once PEPFAR discontinues DSD.	6. Service Delivery	5.79	100% of supported patients received regular transition counselling to develop their individual treatment continuation plans	2	Number of patients successfully transitioned to ARVs funded by SHI and FFS models	Zero patients' ARVs funded by SHI
47	Lack of reliable patient tracking system.	15. Performance Data	7.63	Interoperability platform developed, tested and used in 100% of facilities	2	% of use for tracking system that is available	Interoperability platform developed, tested and used in 0% of facilities
48	HMIS integration	15. Performance Data	7.63	National standard HIV information package would enable unified SHI reimbursement, ARV drug quantification, and HIV program reporting.	3	Annual report on eHIS completion	Newly targeted districts haven't know about the modification needs and requirements
49	Service delivery systems in the system transition context are not sufficiently responsive to the needs of key populations, thus unable to retain patients who linked to HIV treatment	5. Public Access to Information	5	Inter-province linkage/tracking system developed	3	Inter-province linkage/tracking system developed for HCMC Metro, NEZ, Mountainous and Mekong regions	No inter-province electronic tracking system

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41	100% of ART patients in newly added provinces are screened for TB at each visit with documented appropriate follow-up actions. 80% of HIV and TB/HIV care and treatment facilities consistently implement their own TB IC plan		100% of ART patients in newly added provinces are screened for TB at each visit with documented appropriate follow-up actions. 90% of HIV and TB/HIV care and treatment facilities consistently implement their own TB IC plan			
42	Initial eHIS, eClaim and HIV M&E integration start operated, continue to be improved		All targeted hospitals modify eHIS to meet the requirement. eHIS, eClaim and HIV M&E operated and continue to be improved		Integration of eHIS, eClaim and HIV M&E completed	
43	All hospitals enrolled in SHI ARVs supply by Jan 1, 2019 being able to use eHIS and eClaim data to quantify ARV needs and orders		All hospitals enrolled in SHI ARVs supply in 2020 being able to use eHIS and eClaim data to quantify ARV needs and orders			
44	At least 80% USAID-supported sites integrated and got SHI reimbursement by Sep 30, 2019		100% USAID-supported sites integrated and got SHI reimbursement by Sep 30, 2020			
45	Partial of the system functioned to track SHI ART patients movement in each region		Inter-province linkage/tracking system developed for HCMC Metro and NEZ			
46	20% supported patients in 2 regions successfully transitioned to ARVs funded by SHI and FFS		50% supported patients in 2 regions successfully transitioned to ARVs funded by SHI and FFS			
47	Interoperability platform developed, tested and used in 60% of facilities		Interoperability platform developed, tested and used in 100% of facilities			
48	All targeted hospitals start to modify eHIS to meet the requirement, 30% completed		All targeted hospitals start to modify eHIS to meet the requirement, 70% completed		All targeted hospitals modify eHIS to meet the requirement.	
49	Partial of the system functioned to track SHI ART patients movement in each region		Inter-province linkage/tracking system developed for HCMC Metro, NEZ, Mountainous and Mekong regions		Inter-province linkage/tracking system developed functioned nation-wide	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
50	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Information systems	Maintain high quality data collection system for program monitoring at all levels: site, province and national which can be measured using MER indicators
51	CDC	NIHE Follow on	C&T	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Host country institutional development	1. Integration of HIV VL and recency testing data management system in EOC located at NIHE 2. Provide technical assistance for HIV screening labs in Hanoi, Thai Nguyen, Quang Ninh and Hai Phong to become HIV confirmatory labs
52	CDC	PI	HSS	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Surveys and surveillance	In priority provinces of the HCMC Metro area: 1. Incorporation of recency testing, VL and HIVDR when HSS/HSS+ surveys are implemented. 2. Incorporation of recency testing in HCRS samples. 3. Improved data management and use for programmatic decision making in timely manner by using the existing EOC at PI building for showing HIV burden and responses by district/provincial levels.
53	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Information systems	Implement in HCMC Metro and NEZ provinces: Binh Duong, Ba Ria Vung Tau, Long An, Thai Nguyen, Ha Noi and Hai Phong 1. Integrate HIV-specific variables into established hospital systems; 2. Routine data abstraction/ reporting for clinical monitoring for enhanced service quality and retention.
54	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Develop a real time monitoring and tracking system for HIV disease and HIV patients. Coordinate with GVN to monitor and track HIV incidence, LTFU, VL gaps, etc.	Information systems	1. Conduct post transition program monitoring in provinces to assure treatment continuity and quality. Each province is monitored for at least 2 years and no more than 3 years based on need. 2. Routine performance data review by site and by SNU for program planning and intervention/ remediation activities. Provinces reducing each year from 21 provinces in COP17 to 15 in COP 18, to 6 in COP 19 and 3 months (first quarter) of COP 2020)

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
50	Data are sub-optimal for strategic program planning towards epidemic control.	15. Performance Data	7.63	High quality data is being collected and is accessible in all priority provinces (NEZ & HCMC Metro)s	3	% of quarterly program reporting according to national system with high data quality	
51	Laboratory quality management system is not fully integrated in to national program	10. Laboratory	7.92	Recency and HIV VL data is managed and analyzed by EOC for real-time monitoring of HIV program for increased case finding and tx initiation. HIV confirmatory services are decentralized to district level	3	# of provinces using EOC for Epi control # of HIV confirmatory labs at district level	HIV confirmatory testing is only available at provincial level in Thai Nguyen, Quang Ninh and Hai Phong provinces EOC set up at NIHE since 2016 with support from GDPM
52	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	Data on HIV burden, VL and recency testing is available at for better informing HIV epidemic at 100% of priority province facilities 100% Provincial and site staff are equipped with necessary skills for data synthesis and interpretation.	3	- Availability of VL, drug resistance data among KPs in the HCMC Metro area. - EOC operational for tracking HIV epidemic in the HCMC Metro area.	Lack of data of VL and HIVDR among KPs in the HCMC Metro area.
53	Integration of HIV OPCs into hospitals increase challenges in patient tracking and management of longitudinal clinical data to support patient care and program reporting.	15. Performance Data	7.63	Routine national HIV program reporting is conducted by an 40 additional sites/ hospitals in NEZ and HCMC Metro provinces.	2	# hospitals with HIV OPCs have information systems that can report HIV required information	There are 4 hospital- based OPCs with an information system that can report HIV required information, and are reporting routine performance data
54	Limited use of program data for planning and monitoring at provincial and district levels.	15. Performance Data	7.63	Assure robust post-transition program monitoring and evaluation to assess risks and technical assistance needs in transitioned provinces.	3	Post-transition provincial program monitoring data	Quarterly post-transition program monitoring data collected from 21 provinces and analyzed for program remediation.

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50	High quality data is being collected and is accessible in 60% of priority provinces		High quality data is being collected and is accessible in 75% of priority provinces		High quality data is being collected and is accessible in 90% of priority provinces	
51	1) HIV VL testing and recency from Hanoi and NEZ provinces is integrated to EOC 2) 6 district labs will be certified HIV confirmatory labs		1) Dashboard with HIV VL and recency data is functional 2) 3 additional district labs will be certified HIV confirmatory labs		1) HIV VL and recency data is routinely generated from EOC 2) 3 additional district labs will be certified HIV confirmatory labs	
52	Availability of VL, drug resistance data among KPs in the HCMC Metro area. - EOC operational for tracking HIV epidemic in the HCMC Metro area.		Data on HIV burden, VL and recency testing is available at for better informing HIV epidemic at 100% of priority province facilities 100% Provincial and site staff are equipped with necessary skills for data synthesis and interpretation.		Data on HIV burden, VL and recency testing is available at for better informing HIV epidemic at 100% of priority province facilities 100% Provincial and site staff are equipped with necessary skills for data synthesis and interpretation.	
53	20 hospital- based OPCs with an information system that can report HIV required information, and are reporting routine performance data to inform program at the provincial level		40 hospital- based OPCs with an information system that can report HIV required information, and are reporting routine performance data to inform program at the provincial level			
54	Quarterly post-transition program monitoring data collected from at least 15 transitioned provinces and analyzed, with responsive TA provided by GVN or other stakeholders as needed.		Quarterly and annual post-transition summary program monitoring data collected from 6 and analyzed for recommended remediation to GVN and other stakeholders.		Quarterly post-transition program monitoring data collected, analyzed and disseminated for provision of TA as needed	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
55	USAID	Challenge TB	C&T	Enhance PITC for presumptive TB cases, TB service package for SHI reimbursement, and strengthen TB/HIV management in prisons	Technical area guidelines and tools	Provide TA to TB network to increase PITC coverage among TB patients in 4 provinces in NEZ and HCMC Metro Area (Quang Ninh, Tay Ninh, Tien Giang, Dong Nai)
56	CDC	NTP Follow on	C&T	Enhance PITC for presumptive TB cases, TB service package for SHI reimbursement, and strengthen TB/HIV management in prisons. Improve results turn around time and function/M&E of GeneXpert instruments (instrument connectivity, inventory management) by establishing remote connectivity as recommended by WHO. Install remote connection, TA for trouble shooting. Local TA providers set up for timely supports if issues identified through the network.	Host country institutional development	1. Establish real-time Xpert for capacity mapping and network performance monitoring, connect additional (~100 existing instrument) to remote Xpert network, improve specimen referral and turn around times; 2. Transition to Xpert Ultra: verification, diagnostic algorithm, calibration, user training, QA/TA visits in prioritized geographic areas.
57	CDC	NTP Follow on	C&T	Enhance PITC for presumptive TB cases, TB service package for SHI reimbursement, and strengthen TB/HIV management in prisons. Improve results turn around time and function/M&E of GeneXpert instruments (instrument connectivity, inventory management) by establishing remote connectivity as recommended by WHO. Install remote connection, TA for trouble shooting. Local TA providers set up for timely supports if issues identified through the network.	Host country institutional development	1. Intensive TA to improve PITC coverage among TB patients in 5 high HIV burden/suboptimal performing provinces (low coverage 40-70%) 2. Coordinate HIV testing and TB screening and linkage to TB/HIV care and treatment into the implementation of Zero TB city project (focus on PLHIV and PWID).
58	CDC	Department of Health HCMC	C&T	Expansion and decentralization of capacity to deliver essential HIV laboratory monitoring services, including VL, recency and HIV confirmatory testing.	Host country institutional development	1. Decentralize HIV confirmatory testing by establishing capacity for HIV screening labs to become HIV confirmatory labs for HCMC metro 2. Strengthen capacity for provincial DOH in performing HIV confirmatory accreditation. 3. Support TA for implementing recency testing in HCMC
59	CDC	Vietnam Administration of Medical Services (VAMS)	HSS	Expansion and decentralization of capacity to deliver essential HIV laboratory monitoring services, including VL, recency and HIV confirmatory testing.	Information systems	1. Develop a central hub with dashboard and data analysis for HIV VL; 2. Establish quality routine analysis and monitoring of HIV VL data to inform program and identify issues of quality; 3. Connect LIS – HIS to reduce TAT and improve data management and use.
60	CDC	ASCP LAB	C&T	Expansion and decentralization of capacity to deliver essential HIV laboratory monitoring services, including VL, recency and HIV confirmatory testing.	Host country institutional development	1. Development of strategy for routine use recency testing in confirmatory labs 2. Integration of HIV recency testing into GVN national policy, national guidelines for HIV testing for enhanced risk identification and case verification 3. Data analysis and dissemination of results on Asante HIV recency testing to inform understanding of epidemic patterns, program planning and policy making 4. Set up laboratory Information System for new HIV VL labs
61	CDC	NIHE Follow on	HSS	Improve data quality for epidemic response, including size estimation and HSS+, accreditation of HIV labs, and transition EQA and IQC serology program.	Surveys and surveillance	Implemented in selected Northern Economic Zone: 1. Recency testing conducted on stored specimens (HSS/HSS+, program) 2. Recency testing, VL and HIVDR conducted on prospective HSS/HSS+ specimens
62	CDC	NIHE Follow on	HSS	Improve data quality for epidemic response, including size estimation and HSS+, accreditation of HIV labs, and transition EQA and IQC serology program.	Surveys and surveillance	1. Coordinate HIV VL EQA program 2. Provide responsive technical assistance as required for labs with identified unsatisfactory performance.
63	CDC	NIHE Follow on	HSS	Improve data quality for epidemic response, including size estimation and HSS+, accreditation of HIV labs, and transition EQA and IQC serology program.	Surveys and surveillance	Monitor data collection and data analysis of HIV high-burden provinces in Northern Economic Zone for implementation of HSS/HSS+

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
55	First and second 90 - PITC for TB patients: Though the proportion of HIV testing among TB patients has increased overtime, national uptake is variable by province (40-90+%); Suboptimal HIV and TB case finding and linkage to TB/HIV care and treatment	6. Service Delivery	5.79	95% of TB patients having documentation of HIV status	2	VAAC and NTP annual report	83% of TB patients received HTC during the first 9 months of 2017
56	Lack of rapid TB Dx technology	10. Laboratory	7.92	All Xpert labs participate in EQA program and meet national requirement on CQI Xpert Ultra is operational throughout the country	1	# of Xpert labs has satisfactory connection to the network and apparent review of data. # of labs have GxAlert # of labs run Xpert Ultra for sputum and CSF	1. NTP manages approx. 170 Xpert instruments across in Vietnam. 2. Xpert Ultra is validated by WHO. 3. NTP 2012 guidelines for TB testing will be updated, including good practices for sample transfer, TAT and rejected sample management.
57	First and second 90 - PITC for TB patients: National uptake is variable by province and suboptimal HIV and TB case finding and linkage to TB/HIV care and treatment between HIV and TB programs needs improvement.	6. Service delivery	5.79	95% of TB patients having documentation of HIV status	2	Percent of TB patients having documentation of HIV status	83% of TB patients received HTC during the first 9 months of 2017
58	Laboratory quality management system is not fully integrated in to national program	10. Laboratory	7.92	20 HIV screening labs are certified as HIV confirmatory labs	2	# labs that provide HIV confirmatory in HCMC	16 labs can provide HIV confirmatory in HCMC
59	Viral load data for HIV patients is now manually collected from OPCs to PACs and then to central level with insufficient data quality, not timely report or review	10. Laboratory	7.92	1) LIS - HIS connection is set up in at least 10 labs 2) HIV VL data is managed independently at the central level	2	# of supported HIV VL labs that have LIS, #of HV VL labs that have LIS-HIS connection	LIS has been set up in 6 HIV VL labs - 3 HIV VL labs has HIS - LIS connection
60	Lack of testing method to detect HIV recent infection for better contact tracing, prevention targeting	10. Laboratory	7.92	1) National guidelines include HIV recency testing 2) Full report on recency testing is published 3) Recency testing is implemented at all HIV confirmatory lab in PEPFAR supported provinces 4) LIS is operated in at least 11 HIV VL labs	2		Test kit validation is finalized
61	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	Data on VL and recency testing is available at 100%of NEZ facilities for better understanding of the HIV epidemic at community level.	3	Availability of VL and drug resistance data by KP classification in the Northern Economic Zone	Availability of VL and drug resistance data by KP classification in the Northern Economic Zone.
62	Laboratory quality management system is not fully integrated in to national program	10. Laboratory	7.92	All HIV VL testing labs participate in EQA program and meet national standards on CQI	2	# of HIV VL labs have satisfactory score on EQAs	60% of labs participating in EQA program
63	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	Availability of reliable data of HSS in 100% of provinces of the Northern Economic Zone	3	# of reliable HSS data reports by Q4 of same surveillance year. # of epidemic updates at beginning of the subsequent year for provinces in the Northern Economic Zone.	

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
55	90% of TB patients having documentation of HIV status		95% of TB patients having documentation of HIV status			
56	1. 70% Xpert sites have GxAlert installation. 2. Standardize EQA provider for Xpert and Xpert Ultra. 3. Successful verification of Xpert Ultra before using.					
57	90% of TB patients having documentation of HIV status		95% of TB patients having documentation of HIV status			
58	10 additional HIV screening labs certified as HIV confirmatory labs in HCMC metro		20 HIV screening labs certified as HIV confirmatory labs in HCMC metro			
59	LIS is operated in at least 11 HIV labs At least 5 facilities has LIS - HIS connection		LIS-HIS connection set up and central data management			
60	1)Test performance validation and field evaluation 2) LIS is operated in at least 7 HIV labs in the NEZ and HCMC metro regions		1) Recency testing is in national guidelines and testing algorithm 2) LIS is operated in at least 11 HIV labs in the NEZ and HCMC metro regions			
61	Availability of VL and drug resistance data by KP classification in 50% of NEZ facilities.		Availability of VL and drug resistance data by KP classification in 75 % of NE facilities.		Data on VL and drug resistance by KP classification in all NEZ facilities.	
62	At least 75% of HIV VL labs participate in EQA program and achieve satisfactory scores		Over 85% of labs participating in EQA program; over 50% of labs are able to pay for their EQA participation			
63	60% of HSS data is available and reliable Q4 of calendar year. 100% of rapid tests application in HSS surveys among FSWs in 2 northern provinces. 60% of epidemic updates are available at beginning of the subsequent year for provinces in the Northern Economic Zone.		80% of HSS data is available and reliable Q4 of calendar year. 100% of rapid tests application in HSS surveys among PWIDs in 2 northern provinces. 80% of epidemic updates are available at beginning of the subsequent year for provinces in the Northern Economic Zone.		100% of HSS data is available and reliable Q4 of calendar year. Adoption of rapid recency testing in 100% HSS provinces. 100% of epidemic updates are available at beginning of the subsequent year for provinces in the Northern Economic Zone.	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
64	CDC	PI	HSS	Improve data quality for epidemic response, including size estimation and HSS+, accreditation of HIV labs, and transition EQA and IQC serology program.	Surveys and surveillance	1. Strengthen capacity of HIV screening labs to become HIV confirmatory labs in HCMC metro provinces-- Binh Duong, Dong Nai, Tay Ninh, Long An, Ba Ria Vung Tau and Tien Giang 2. Technical assistance for guidance/ policy adherence to HIV confirmatory accreditation process for 6 HCMC metro provinces 3. Support TA for implementing recency testing in HCMC metro provinces
65	CDC	PI	HSS	Improve data quality for epidemic response, including size estimation and HSS+, accreditation of HIV labs, and transition EQA and IQC serology program.	Surveys and surveillance	Improve the quality and usefulness of data in the HCMC Metro area for understanding and responding to the epidemic: 1. Strengthen data quality, analysis and timeliness of HSS/HSS+ and HCRS. 2. Improve programmatic data synthesis and enhance interpretation of data for provincial planning.
66	CDC	Vietnam Administration of Medical Services (VAMS)	C&T	Incorporate HIV quality indicators to hospital QI systems	Technical area guidelines and tools	1. Expand HIVQUAL integration into curative system 2. Build capacity for expanded hospital-integrated indicators and QI plans development 3. Add HIV quality standards into hospital quality standards of hospital system 4. Hospital quality accreditation 5. Integrate S&D QI collaborative measures and practices within hospital based QI system and practices, including combining consumer and health provider quarterly surveys
67	USAID	Healthy Markets	PREV	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Supply chain systems	Diversify, stabilize and transition HIV prevention commodities that meet the needs of KP to local financing using the total market approach (TMA). At the national level, assist MOH/VAAC to plan and lead HIV commodity finance planning, including supply/demand and diversity/stability of KP condoms, lubricants, N&S/LDSS and HIV RDT/HIVST markets. At provincial level, provide targeted TA in HIV commodity TMA analysis, planning and implementation to prevent commodity gaps.

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64		10. Laboratory	7.92	Accreditation process is fully transferred to all PEPFAR supported regions	3		1) MOH endorses decision authorizing Provincial DOHs to provide accreditation 2) 10 PEPFAR-supported provinces trained on HIV confirmatory accreditation process 3)In the HCMC metro provinces, HIV confirmatory testing is only performed at PAC.
65	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	High quality of KP size population, epidemiological and programmatic data available at provincial level to inform progress towards 95-95-95 goals.	3	- 3 HIV VL labs has HIS - LIS connection	Limited and unrealizable of KP population size.
66	Low percentage of facilities having HIVQUAL fully expanded and integrated into hospital quality system	9. Quality Management	6.43	HIVQUAL fully integrated into QI programs of the curative system in 80% of facilities providing ART	1	1. % of facilities providing ART have HIVQUAL fully integrated into QI programs of the curative system 2. # facilities implement S&D QI collaborative	40% of facilities have HIVQUAL fully integrated into QI programs of the curative system
67	Lack of strategic and coordinated approach to HIV commodity planning, budgeting and segmenting (public sector vs commercial market) in PEPFAR provinces	6. Service Delivery	5.79	VAAC and provincial HIV commodity coordination, financing and transition plans in place and tracked against actual KP access across public and commercial products	2	Market/project reports	Program data and provincial data

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64	At least 8 HIV screening labs in 6 HCM metro provinces become accredited HIV confirmatory labs		At least 12 HIV screening labs in 6 HCM metro provinces are accredited HIV confirmatory labs		At least 18 HIV screening labs in 6 HCM metro provinces become accredited HIV confirmatory labs	
65	1. Availability of reliable HSS and HCRS data by Q4 of calendar year. 2. Rapid tests application in HSS surveys among FSWs in 3 southern provinces. 3. Availability of epidemic updates at beginning of the subsequent year for provinces in the Southern Economic Zone. 4. Size estimates of KP populations are available		1. Availability of reliable HSS and HCRS data by Q4 of calendar year. 2. Rapid tests application in HSS surveys among PWIDs in 3 southern provinces. 3. Availability of epidemic updates at beginning of the subsequent year for provinces in the Southern Economic Zone. 4. Size estimates of KP populations are available		1. Availability of reliable HSS and HCRS data by Q4 of calendar year. 2. Adopt of rapid tests application in all HSS provinces. 3. Availability of epidemic updates at beginning of the subsequent year for provinces in the Southern Economic Zone. 4. Size estimates of KP populations are available	
66	80% of facilities have HIVQUAL fully integrated into QI programs of the curative system. Introduce S&D collaborative to the curative system					
67	At National Level: 1. Annual VAAC analysis of diversity and stability of KP condom, lubricant, N&S/LDSS and HIV RDT/HIVST kit markets completed; 2. VAAC convenes at least one (1) meeting with private sector to discuss results and recommend steps needed to improve market stability and sustainability; 3. VAAC rolls-out TMA commodity calculator in 15 PEPFAR/GF provinces 4. VAAC supported to aggregate TMA commodity calculator results across provinces that complete analysis, interpret results; 5. VAAC provides provinces with guidance on HIV commodity transition planning for condoms, lubricant, N&S/LDSS, HIV RDTs At Provincial Level: 1. Five (5) PEPFAR/GF provinces have completed TMA commodity analysis and are using results to inform future local budget requests;		At National Level: 1. Annual VAAC analysis of diversity and stability of KP condom, lubricant, N&S/LDSS and HIV RDT/HIVST kit markets completed; 2. VAAC convenes at least one (1) meeting with private sector to discuss results and recommend steps needed to improve market stability and sustainability; 3. VAAC oversees annual 15 PEPFAR/GF provinces the TMA commodity calculations; 4. VAAC aggregates annual TMA commodity calculator results across provinces that complete analysis, interpret results and takes action to address commodity access gaps; At Provincial Level: 1. Ten (10) PEPFAR/GF provinces have completed TMA commodity analysis and are using results to inform future local budget requests; 2. Five (5) provinces have completed HIV commodity financing/transition plans; 3. Five(5) provinces are tracking HIV commodity gaps and developing mediation plans where gaps are identified			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
68	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Host country institutional development	Technical assistance to MOH/VAAC and VSS/PSS in the final phase of the OPC integration process at national level and PEPFAR targeted provinces in HCMC Metro and NEZ. The first two phases included signing SHI contracts and reimbursement of non ARV services. The final phase is inclusion of ARV drugs in SHI reimbursement and their tracking through the SHI information system.
69	USAID	Healthy Markets	PREV	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Policy and governance	TA to GVN to secure financing for HIV testing, PrEP and nPEP At National Level: 1. TA to VAAC, VMSS to include HIV testing, PrEP/nPEP as part of essential prevention package under SHI scheme as part of revised Health Insurance Law 2. Finalize Decree 75 allowing CSO/SEs to sell HIV test kits; and finalize and roll-out guidance/protocols on pharmacy sales of HIVST kits 3. Pooled procurement: TA to VAAC to put in place norms and tools for PrEP/nPEP ARVs pooled procurement for fee-based public sector services 4. TA to VAAC/GOV to include private sector, SE and out-of-pocket financing mechanisms for HIV testing, PrEP and nPEP reflected in HIV/AIDS Law At Provincial Level: 1. Assist provinces with tracking up-take of different PrEP models: public (free or fee), KP-private clinic, other private sector; and financial barriers to PrEP uptake/maintenance
70	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Financial management policies and procedures	Provide technical assistance and advocacy/policy support to HCMC Metro and NEZ provinces to implement a SHI co-payment to ensure 100% SHI coverage for new ART patients to support same-day ART initiation and sustain long-term reimbursement for ARVs.
71	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Financial management policies and procedures	SFI: Technical Support to the VAAC and GFATM CPMU implementing and monitoring co-payments provided by the Global Fund. These are co-payments for ARV drugs for patients receiving ART reimbursed through SHI. Technical assistance will be provided at the national level and in selected PEPFAR/GF provinces in coordination with GVN, GF and other USG.
72	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Financial management policies and procedures	Technical assistance for the MOH to advocate for and incorporate appropriate preventive HIV services in the Basic Health Service Package paid for by Health Insurance. SHI is not the only potential source of funds for prevention activities; accordingly, Health financing mechanism will assist the MOH to identify other modalities to mobilize domestic financing for HIV prevention services. This will include generating evidence for innovative approaches and advising on policy for the revision of the SHI Law.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
68	No alignment of the Information System managed by VSS with the Strategic Information needs of the national HIV program HIV OPCs need integration into health care system and accreditation with the SHI fund to receive reimbursements for HIV services	11. Domestic Resource Mobilization	7.7	Reports and data generated by the SHI network's are fulfilling the needs of HIV program. HIV patients with SHI card in eligible SHI health facilities are using and receiving SHI reimbursement for HIV related services	1	1) Agreed upon list of data points to be captured by the VSS IT and Information System; 2) Reports and adequate data generated by the Vietnam Social Security IT and Information systems # facilities that have amended SHI contract with SHI Agents for inclusion of HIV services in their reimbursement list# facilities that have SHI examination and reimbursement for HIV services # patients have SHI examination and reimbursement for HIV services Tool: HFG/VAAC quarterly Integration Progress Monitoring Tool (IPMT)	70% OPC signed contracts with SHI, 60% start reimbursement of some HIV services by SHI (examination fee, basic test)
69	No domestic financing mechanism is available for HIV testing PrEP and nPEP	11. Domestic Resource Mobilization	7.7	At National Level: 1. Evidence of a pathway for HIV prevention (including HIV testing, PrEP/nPEP) to be included as part of the revised Health Insurance Law 2. Evidence of a finalize Decree 75 allowing CSO/SEs to sell HIV test kits; and finalize and roll-out guidance/protocols on pharmacy sales of HIVST kits 3. Evidence of pooled procurement norms and tools for PrEP/nPEP ARVs pooled procurement for fee-based public sector services 4. Evidence of HIV/AIDS Law technical review documents that consider the merits and make recommendations for: private sector, SE and out-of-pocket financing mechanisms for HIV testing, PrEP/nPEP, ART At Provincial Level: 1. Evidence of provincial tracking of up-take of different PrEP models: public (free or fee), KP-private clinic, other private sector; and financial barriers to PrEP uptake/maintenance	3	At National Level: 1. Evidence of a pathway for HIV prevention (including HIV testing, PrEP/nPEP) to be included as part of the revised Health Insurance Law 2. Evidence of a finalize Decree 75 allowing CSO/SEs to sell HIV test kits; and finalize and roll-out guidance/protocols on pharmacy sales of HIVST kits 3. Evidence of pooled procurement norms and tools for PrEP/nPEP ARVs pooled procurement for fee-based public sector services 4. Evidence of HIV/AIDS Law technical review documents that consider the merits and make recommendations for: private sector, SE and out-of-pocket financing mechanisms for HIV testing, PrEP/nPEP, ART At Provincial Level: 1. Evidence of provincial tracking of up-take of different PrEP models: public (free or fee), KP-private clinic, other private sector; and financial barriers to PrEP uptake/maintenance	Program Data
70	Limited SHI ARV coverage due to co-pay requirement	11. Domestic Resource Mobilization	7.7	100% USAID-supported provinces provide ARV SHI co-payment support to ensure ART continuation for SHI patients.	3	% SHI ART patients supported with co-payment by local government	0% SHI ART patients supported with co-payment by local government
71	Co-payments and Insurance premiums represent financial burden for providers and patients	11. Domestic Resource Mobilization	7.7	All patients having SHI cards managed by HIV- OPCs and Health centers get reimbursement from SHI for HIV services including ARV and subsidization for copayment from GF and other sources	3	# facilities that have amended SHI contract with SHI Agents for inclusion of HIV services in their reimbursement list# facilities that have SHI examination and reimbursement for HIV services # patients have SHI examination and reimbursement for HIV services VAAC ad hoc report on copayment subsidization and report to GF	NA
72	HIV Prevention is not financial secured due to transition out of donor funding	11. Domestic Resource Mobilization	7.7	Draft social health insurance law revision includes HIV prevention services in the basic health insurance prevention package	2	GVN policy papers and provincial documents VAAC report VSS report	NA

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68	Reports and data generated by the SHI network's are fulfilling the needs of HIV program. 80% of HIV patients with SHI card in eligible SHI health facilities used and received SHI reimbursement for HIV related services.					
69	National level: 1. Analysis of legal pathways for publicly pooled ARVs to be supplied to private clinics; and if viable, a legal pathway plan is in place to guide steps towards policy change; 2. Price reductions on at least 3 HIV-related products; 3. Assessment conducted that assessed viability of private health insurance to cover key HIV services (ART, PrEP); 4. HIV/AIDS Law background documents reflect an analysis of private sector contribution to and role in AIDS response		National level: 1. MOH legal department develops and implements legal pathway for publicly pooled ARVs to be supplied to private clinics; 2. Price reductions secured on at least 3 additional HIV products; 3. Private health insurance partner selected and coverage plan developed; 4. Draft HIV/AIDS Law includes language on private sector/social enterprise & KP-CSO HIV service provision		At National Level: 1. Pathway for HIV prevention (including HIV testing, PrEP/nPEP) to be included as part of the revised Health Insurance Law in place 2. Decree 75 allowing CSO/SEs to sell HIV test kits; and finalize and roll-out guidance/protocols on pharmacy sales of HIVST kits finalized and communicated to 15 PEPFAR/GF provinces 3. Pooled procurement norms and tools for PrEP/nPEP ARVs pooled procurement for fee-based public sector services in place 4. HIV/AIDS Law technical review completed, and recommendations made for inclusion of private sector, SE and out-of-pocket financing mechanisms for HIV testing, PrEP/nPEP, ART At Provincial Level: 1. Provincial tracking of up-take of different PrEP models: public (free or fee), KP-private clinic, other private sector; and financial barriers to PrEP uptake/maintenance in place	
70	20% SHI ART patients supported with co-payment by local government		50% SHI ART patients supported with co-payment by local government		70% SHI ART patients supported with co-payment by local government	
71	20% Patients with SHI card from HIV- OPCs and Health centers at PEPFAR TA provinces get reimbursement from SHI for HIV services and ART and being subsidized for copayment from external source		50% Patients with SHI card from HIV- OPCs and Health centers at PEPFAR TA provinces get reimbursement from SHI for HIV services and ART and being subsidized for copayment from external source		80% Patients with SHI card from HIV- OPCs and Health centers at PEPFAR TA provinces get reimbursement from SHI for HIV services and ART and being subsidized for copayment from external source	
72	Recommendations provided to inform SHI law revision include HIV preventative services in the SHI prevention benefit package		Draft of the revised social health insurance law includes HIV preventative services in the SHI prevention benefit package			

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73	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Host country institutional development	Monitor application of technical guidance for ARV payment and reimbursement through SHI. To date, guidance has not been applied since ARV drugs have yet to enter the SHI system. Accordingly, partner will ensure MOH, VAAC, VSS, VSS multiline center are capable to track health services and drugs used by PLHIV who have insurance cards in order to fulfill the needs of both the national HIV program and also Vietnam Social Security.
74	USAID	Healthy Markets	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Policy and governance	Sustain and grow KP-led social businesses to provide HIV goods and services in two priority regions 1. Advocate to increase roles of KP-led social businesses in the national HIV & AIDS responses; including representatives at national HIV TWGs 2. TA to VAAC/GF to apply similar approach to GF-funded CSOs under VUSTA 3. Institutionalize on-line training platform for KP-CSOs in business skills
75	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Host country institutional development	SFI: Provide detailed financial analysis, spending data and economic reviews that allow the Government of Vietnam (MOH, VAAC, VSS, others) to understand costs and resource implications of GVN ownership and provision of HIV services. And provide the technical assistance to allow GVN to interpret this data. This data will be used to inform policy, advocate for appropriate resources, and argue for increased of domestic financing from an informed position. This includes technical assistance for the MOH and other stakeholders to track the mobilization of domestic resources and their application for HIV drugs, tests and services.
76	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Increase in-country capacity to self-finance and sustain HIV control efforts through generation and use of financial and economic evidence for HIV domestic resource allocation and facilitating innovative finance initiatives.	Host country institutional development	Provide TA for ART fee-for-service (FFS) option as well as PrEP availability at suitable public hospitals and private clinics. SHIFT will work as liaison between central MoH policy makers to provide implementation guidance and facilitate the FFS and PrEP implementation in parallel with SHI ARV drugs in Jan 2019 in Dong Nai, Tay Ninh, Tien Giang, Quang Ninh and targeted districts of HCMC and Hanoi.
77	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Host country institutional development	Access and ensure availability of well qualified TA providers to support HIV services in new districts. Build provincial health leaders' capacity to identify and prioritize TA needs, solicit technical support and continuously strengthen quality and efficiency of HIV services.
78	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Host country institutional development	Transfer knowledge and skills to CBO/CSO master trainers in NEZ region, focusing on effective multi-dimensional case finding techniques and data use for case identification, treatment initiation, and viral load suppression (U=U)
79	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Host country institutional development	Implement and scale up a community-based case management model for re-engaging LTFU HIV positives and drop-out ART patients in NEZ
80	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Management and coordination	Development of provincial cascade information for quarterly or semi-annual monitoring of 95-95-95 progress and to inform programming gaps in specific provinces of targeted regions.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
73	SHI reimbursement for HIV impact to the security of pooled SHI fund for other diseases; Co-payments and Insurance premiums represent financial burden for providers and patients	11. Domestic Resource Mobilization	7.7	Mechanisms in place for financial sustainability for Insurance Fund to contain the cost; financial protection for PLHIV through SHI; and incentives for Providers taking on additional HIV patients	3	HGF/VAAC Ad Hoc survey/assessment	NA
74	Sustainability of CSOs/Social Enterprises	6. Service Delivery	5.79	20 CSOs/Social Enterprises financially sustain and capable to provide HIV related goods and services to KP	3	At National Level: 1. Evidence of advocacy that VAAC recognize role of KP-led social businesses; include representatives at national HIV TWG; 2. Evidence of TA to VAAC/GF to apply similar approach to GF-funded CSOs under VUSTA; 3. Evidence of maintain on-line training platform for KP-CSOs in business skills	Program Data
75	Insufficient funding for National HIV program at central and provincial levels	14. Financial/Expenditure Data	8.7	Domestic resources for HIV program (private, state budget) increased, make up 70 % of total $$ for HIV program from all sources	3	MOH_National health account (NHA) sub analysis for HIV spending Budget allocation/execution reports from VAAC/Provinces	33% in NHA 2015
76	Retaining clients on ART and care to achieve viral suppression.	6. Service Delivery	5.79	FFS option is widely available and accessible for all patients who need it.	3	IM report of progress	No FFS ART largely rolled out in public facilities
77	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Functional TA network to support effective service delivery.	3	IM report of progress	No functional TA network that are independently from donors' funding
78	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Capacitate community outreach workers to deliver quality HIV community services, such as case identification, treatment initiation, and viral load suppression (U=U)	3	# of trainings, mentoring and coaching sessions provided by Master trainers team	NA
79	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	The gap in the proportion of HTS_TST_POS to TX_NEW decreased 10% year-over-year	1	# of LTFU positives enrolled in HIV treatment # of drop-out patients re-engaged to ART treatment MER: HTS_TST_POS, TX_CURR and TX_NEW	Program data
80	Limited regional and cross-provincial management and coordination	15. Performance Data	7.63	Regional coordination mechanism set up	3	Regional Coordination meetings conducted; Quarterly and Semi-annual performance data shared and improved	No regional coordination mechanism set up

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73	Assessment report of the first year of ARV procurement and reimbursement through SHI. Recommendation for the revision is provided.		Technical Guidance/Circular are issued/revised based on implementation lessons from ARV reimbursement through SHI in 2019		Mechanisms in place for financial sustainability for Insurance Fund to contain the cost; financial protection for PLHIV through SHI; and incentives for Providers taking on additional HIV patients	
74	At National Level: 1. VAAC includes KP SE representatives in national consultation meetings and TWGs; 2. 1-2 social enterprise/business trainings provided to VAAC/GF/VUSTA KP-CSOs; 3. 15% of VAAC/GF/VUSTA trained KP-CSOs develop a business plan; 4. on-line training platform for KP-CSOs in business skills updated and usership increased by 30%.		At National Level: 1. VAAC includes Social Enterprises/Businesses into HIV service financing plans and technical documents that lead to the revised AIDS Law; 2. 50% of VAAC/GF/VUSTA trained CBOs have a business plan in place; 3. Business plan implementation mentoring provided to 50% of VAAC/GF/VUSTA KP-CSOs with a business plan; 34 on-line training platform KP-SE and CSO usership increases by a further 30%		At National Level: 1. VAAC includes KP-led or friendly Social Enterprises/Businesses into revised AIDS Law draft; 2. 85% of VAAC/GF/VUSTA KP-CSOs have developed a business plan; 3. Business plan implementation mentoring provided to 100% of VAAC/GF/VUSTA KP-CSOs with a business plan; 4. on-line training platform for KP-CSOs in business skills enhanced and updated to include latest case studies and information; KP-led SE/CSO usership increases by an additional 50%	
75	Domestic resources for HIV program (private, state budget) increased, make up 50 % of total $$ for HIV program from all sources by 2020		Domestic resources for HIV program (private, state budget) increased, make up 60 % of total $$ for HIV program from all sources by 2021		Domestic resources for HIV program (private, state budget) increased, make up 70 % of total $$ for HIV program from all sources by 2022	
76	FFS ART rolled out in HCMC, Hanoi and Quang Ninh		FFS ART rolled out in HCMC, Hanoi and Quang Ninh, Dong Nai, Tay Ninh and Tien Giang		FFS option is widely available and accessible for all patients who need it in targeted regions	
77	Capable TA providers identified in newly targeted regions, updated knowledge. Local government committed to set up TA network and fund		Capable TA providers provide TA to sites. Local government provide fund to pay TA providers		Functional TA network to support effective service delivery that fully funded by domestic resources in targeted regions and districts	
78	Prevention Provincial Coaching Teams (PCT) in NEZ region provide technical mentoring and support for 33% of HIV prevention services sites		Prevention Provincial Coaching Teams (PCT) in NEZ region provide technical mentoring and support for 50% of HIV prevention services sites		Prevention Provincial Coaching Teams (PCT) in NEZ region provide technical mentoring and support for 80% of HIV prevention services sites	
79	HTS_TST_POS to TX_NEW decreased 10% year-over-year					
80	Quarterly or Semi-annual meeting for HCMC Metro, NEZ, Mountainous and Mekong regions conducted with data shared and discussion of program improvement		Quarterly or Semi-annual meeting for HCMC Metro, NEZ, Mountainous and Mekong regions conducted with data shared and discussion of program improvement		Semi-annual meeting for HCMC Metro, NEZ, Mountainous and Mekong regions conducted with data shared and discussion of program improvement	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
81	CDC	HAIVN	C&T	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Workforce development, pre-service training	1. TA to MOH to develop a national training curriculum/ agenda for provincial technical teams (PTTs), especially in clinical services, and support to high need provinces in the HCMC metro and NEZ to implement and/or expand PTT model 2. E-mentoring sessions and training for health staff in clinical and treatment service, especially for new staff, and tailored support for experienced staff regarding treatment failure and advanced HIV clinical knowledge 3. Ensure training on coaching and mentoring for provincial networks of trainers (mentors, supervisors) 4. TA to provinces to implement TLD usage as part of ARV optimization plan 5. Support PACs to establish and maintain sustainable provincial care and treatment technical teams (PTT) to provide TA to the facility level 6. Incorporate TA functions for quality improvement, with a focus on S&D, in hospital settings.
82	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Workforce development, pre-service training	1. In transitioned provinces, track PLHIV SHI enrollments and reimbursements at community and facility levels. Prioritizing this activity to ensure SHI covers after COP 2018 as PEPFAR will no longer support. 2.Support VAAC and VSS in tracking SHI reimbursements and PLHIV enrollments in CDC and PEPFAR transitioned provinces. Deliver responsive TA to CDC- supported provinces with focus on SHI implementation issues. 2. Track provincial/domestic investments for HIV program through development and piloting of an expenditure analysis tool in 1-2 provinces for increased resource mobilization. Continued analysis, review, development, and monitoring of DRM policies to ensure sustainable funding for HIV activities and commodities, including non-SHI sources of funding for the uninsured; HIV prevention activities; specimen transfer; and HIV commodities and reagents. 3. Policy support to CDC establishment at provincial level to ensure systems sustainability
83	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Workforce development, pre-service training	Establish and scale-up indigenous national TA platform: 1. TA to MOH to standardize key measurements, training packages, and capacity building activities at national and provincial levels for enhanced coordination and monitoring of provincial TA bodies. 2. Formalize national and provincial linkages to regional centers of excellence. 3. Mobilize S&D reduction TA partners activities to further enhance case identification and treatment initiation among key populations
84	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Workforce development, pre-service training	1. Monitor S&D reduction policies and activities and update S&D reduction guidance; develop policies and activities, including TA to HTC facilities to enhance 1st 90 outcomes - completed by end of COP 18 2. Incorporate stigma measure into national reporting system(s). 3. Conduct baseline S&D assessment in HCMC and NEZ provinces.
85	CDC	HAIVN	C&T	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Workforce development, pre-service training	1. Build QI capacity for consolidated OPCs with new staffing and structure 2. Improve QI performance of OPCs in provinces and coaching for integration 3. Update QI indicators to be consistent with MOH new C&T GLs 4. Integrate QI collaborative as a part of the overall HIVQUAL program
86	State/EAP	Ambassador's Fund for HIV/AIDS Public Diplomacy	HSS	Maintain HIV program quality through institutionalization of an HIV-dedicated platform that ensures TA needs are met at national, regional, provincial, and site levels.	Management and coordination	CSO Engagement Fora; Media trainings Public programs addressing stigma and discrimination.
87	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Maintain viral load testing coverage by expanding and improving VL testing network through decentralized and diverse testing platforms.	Laboratory sample referral/ transportation systems	Support provinces in targeted regions to scale up VL testing, including (1) generating demand; (2) managing clinical decisions appropriate to VL test results; (3) diversifying VL testing platforms; (4) operation of viable HIV VL and CD4 specimen transportation; and (5) facilitating various local VL financing options.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
81	Low service quality after transition	6. Service Delivery	5.79	Provincial TA mechanisms ensure responsive and high quality technical support is provided to HIV service sites. Provincial and site staff practice and implement newly revised treatment guidelines, improving quality of services for HIV patients.	3	# of health staff trained HIV-related TA network/system developed # of PCT on-site TA # of central on-site TA # of TA visits	50% of on-site TA is conducted by PTTs. All HIV/AIDS service providers are trained according to MOH requirements in ART initiation & retention, VL and Tx monitoring
82	Insufficient funding for National HIV program at central and provincial levels	11. Domestic Resource Mobilization	7.57	70% of PLHIV in CDC transitioned provinces are able to access SHI and be reimbursed for HIV services, tests, and medications through SHI. Domestic resources for HIV program (private, state budget) make up 70 % of total money allocated for HIV program from all sources	1	1. MOH_National health account (NHA) sub analysis for HIV spending 2. Budget allocation/execution reports from VAAC/Provinces 3. VAAC tracking tool, GVN data calls and provincial reports on SHI coverage of PLHIV 4. # of sites that have signed revised contracts with VSS including HIV services 5. # of sites that have begun reimbursing through SHI	65% of OPCs are processing reimbursements. 25% PLHIV have been reimbursed for at least 1 HIV service under SHI - ARVs under SHI will be implemented in CY2019
83	Limited capacity to deliver and monitor HIV services affect quality and retention	6. Service Delivery	5.79	Coordinated and responsive indigenous TA system that address program need at community, facility, provincial and central levels	3	1. National TA platform monitoring reports. 2. Program quality reporting, such as HIVQUAL.	1. Provincial TA bodies in 15 provinces 2. SOPs for Provincial TA teams for Care and Treatment and Prevention services
84	Non- PLHIV/KP-friendly services and facility based stigma discourages testing, linkage to care, treatment, retention, and or adherence.	2. Policies and Governance	5.75	Effective policies and tools for reducing HIV-related stigma and discrimination in HIV healthcare settings are institutionalized.	2	Data from provincial and sites participating in S&D program; data collected at Southeast Asia regional level from 4 countries participating in the QI collaborative on stigma.	Policy on S&D reduction in HIV facilities signed and disseminated in November 2017.
85	Low service quality after transition	9. Quality Management	6.43	HIVQUAL fully integrated into QI programs of the curative system in 80% of facilities providing ART	1	% of facilities have HIVQUAL fully integrated into QI programs of the curative system	40% of facilities have HIVQUAL fully integrated into QI programs of the curative system
86	Challenges in accessing services by people in the community; stigma and discrimination against KPs and HIV patients; Limited stakeholder engagement in the HIV response, including the media.	3. Civil Society Engagement	4.04	For a for CSO engagement; Media members at national and provincial levels trained on working with KPs and HIV patients; Stakeholders approached with messages addressing stigma and discrimination.	1	# CSOs engaged; # media members trained; # stakeholders reached.	
87	Access to Viral Load remains a challenge in Vietnam to test all persons on ART once a year	6. Service Delivery	5.79	VL test reimbursable by SHI and other financing options.	3	% of supported patients get routine VL test done and reimbursed by SHI	% of patients having VL test reimbursed by SHI

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81	65% of on-site TA is conducted by PTTs. All HIV/AIDS service providers are trained according to MOH requirements in ART initiation & retention, VL and Tx monitoring.		80% of on-site TA is conducted by PTTs. All HIV/AIDS service providers are trained according to MOH requirements in ART initiation & retention, VL and Tx monitoring.		At least 90% of on-site TA is conducted by PTTs. Structure and activities will be maintained by PTTs/GVN, with monitoring and maintenance TA by PEPFAR. HIV/AIDS service providers have access to training and TA to meet MOH requirements in ART initiation & retention, VL and Tx monitoring.	
82	60% of PLHIV are enrolled in SHI and are reimbursed for SHI HIV-related services - 50% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2019 - Government contribution for HIV commodities, test kits, VL and MMT increased by 50% by 2019					
83	1. National platform operational, with SOPs and guidelines developed and implemented across priority provinces. 2. Linkages with regional hubs of excellence formalized 3. .M&E for the system developed and scaled-up in priority provinces. 4. Provincial TA bodies expanded and begin to engage in site level responsive TA for enhanced case identification and linkage to care		1. Regular M&E and documentation of indigenous TA bodies activities and outcomes. 2. Provincial TA teams take on 40-50% of site level support activities independently.		1. Provincial TA teams ready to independently conduct a majority of site level TA (85%) 2. Domestic resources secured for sustainability of the TA deployment system 3. A toolkit and set of best practices, including innovations and measurements, available	
84	GVN-accredited facility-based S&D reduction program implemented in 3 NEZ, HCMC metro provinces. QI collaborative on Stigma protocol approved and established in key PEPFAR provinces		GVN-accredited facility-based stigma reduction program monitored and expanded to other priority provinces. Stigma indicator incorporated into a national reporting system			
85	80% of facilities have HIVQUAL fully integrated into QI programs of the curative system					
86	# CSOs engaged; # media members trained; # stakeholders reached.					
87	50% supported patients get routine VL reimbursed by SHI		60% supported patients get routine VL reimbursed by SHI		65% supported patients get routine VL reimbursed by SHI	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
88	DOD	VNA	C&T	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Host country institutional development	Training and technical assistance for military HTS trainers in HMZ and NEZ and military medical schools to emphasize case identification, same day treatment initiation and VLS, via various modalities and approaches: index testing with fidelity, partner notification, self testing, lay testing, recency testing, PrEP initiation, immediate and successful linkage to treatment, etc.
89	DOD	VNA	PREV	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Host country institutional development	Training and mentoring for military peer education trainers in HMZ, NEZ and beyond on HIV prevention messaging and risk avoidance, case identification including index testing with fidelity, partner notification, self testing, lay testing, recency testing, PrEP initiation, same day treatment initiation and VLS, etc.; Revising the military Peer Education Guidelines and expanding the program to military schools as future hub of program providers; TA to site-staff on quality service provisions.
90	DOD	VNA	HSS	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Host country institutional development	In-service training for military staff on data collection, reporting and analysis for program planning and improvement (based on national and PEPFAR MER and SIMS requirements);
91	DOD	VNA	HSS	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Laboratory quality improvement and accreditation	Continue TA support to improve the military laboratory system in in HMZ and NEZ through lab quality management mentoring for HIV labs , integrating quality management training modules into pre-service training curriculum of military medical schools and development of military blood transfusion guidelines.

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88	Military system limited capacity to provide technical mentoring and support to HTS services in military settings and to plan and coordinate HIV programs in general	7. Human Resources for Health	7.22	1) 100% of all 16 participating HTS facilities in HMZ and NEZ and 3 military medical schools attain at least 01 fully-capable HTS trainer each who will provide training to own facility staff 2) Military HTS Guidelines and training curriculum revised and effective	3	1) number of participating facilities having attained at least 01 fully-capable HTS trainer and actually provide training to own facility staff. 2) Military HTS Guidelines and training curriculum in existence	1) 10/16 participating HTS facilities and 1 military medical school attain at least 01 fully-capable HTS trainer each who will provide training to own facility staff 2) Military HTS Guidelines and training curriculum released in 2015 without reflection on new modalities and strategies.
89	Military system limited capacity to provide technical mentoring and support to military peer education program and to plan and coordinate HIV programs in general	7. Human Resources for Health	7.22	1) 100% of all 50 participating military regiments and military schools in HMZ, NEZ and beyond attain at least 03 fully capable trainers each who will provide training for the military peer education program at own facilities 2) Military Peer Education Guidelines revised and effective	3	1) % of all participating regiments and military schools having attained at least 03 fully-capable trainer who actually provide training for the military peer education program 2) Military Peer Education Guidelines in existence	1) 70% of all 50+ participating military regiments and military schools attain at least 03 fully capable trainers each who will provide training for the military peer education program at own facilities 2) 70% key military leaders and cadres involved in HIV prevention response fully capable of planning programs and coordinating with civilian services
90	Limited data on HIV/AIDS prevention program in the military; Staff rotation for data collection and reports; Military system limited capacity to ensure quality data collection and to analyze data for program performance improvement	15. Performance Data	7.63	Military staff in charge of program monitoring and reporting improve the use of data for program planning and improvement. Information of HIV/AIDS prevention program in the military are shared with MOH for ending HIV epidemic	3	# of military staff received training on data collection, reporting and analysis	70% of site staff in charge of program monitoring and reporting are trained on training on data collection, reporting and analysis based on national and PEPFAR MER and SIMS requirements
91	Military HIV, other clinical and blood transfusion labs well behind national and ISO quality requirements, hindering timely and quality HIV and other diagnosis; no standardized guidance on blood safety and transfusion for military system	10. Laboratory	7.92	1) Quality management practices are in place at all 15 HMZ and NEZ participating labs meeting at least 95% of ISO quality requirements (or the national equivalence) with at least 10 labs obtaining ISO accreditation; 2) National lab quality management checklist approved and effective throughout military system; quality management training modules approved, integrated into and executed in pre-service training programs at all military medical schools/colleges; 3) VL-military lab fully competent of and carry out VL testing within the national VL program 4) Military guidance on blood transfusion approved and effective throughout military system with site staff fully competent of and adhere to the developed guidelines	3	1) % of ISO requirements met by participating labs through on-site assessment (based on ISO check-list) at end of a COP year; Number of labs being accredited by ISO; 2) National lab quality checklist in existence in the military system; Number of quality management training modules included in pre-service training program at military medical school/college; 3) VL-military lab accredited/approved by MOH and fully functioning within the national VL program; 4) Blood safety and transfusion guidance for military system in existence; number of military blood labs with properly trained/refreshed staff according to and adhere to new guidance;	1) 2 labs ISO accredited; 13 labs continue rolling out quality improvement programs, currently meeting 50-70% of ISO requirements; 2) National lab quality management checklist approved by MOH, planning for rolling out nation-wide; Quality management training briefly lectured in pre-service training program and need to be enhanced; Trainers at military schools properly trained on quality management; 3) No military labs running VL testing as part of the national VL program; 4) Blood safety and transfusion guidance for military system in the drafting.

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88	1) 13/16 participating HTS facilities and 02 military medical and nursing schools attain at least 01 fully-capable HTS trainer each who will provide training to own facility staff 2) Military HTS Guidelines and training curriculum revisions made and approved		1) 16/16 participating HTS facilities and 3 military medical and nursing schools attain at least 01 fully-capable HTS trainer each who will provide training to own facility staff 2) Revised Military HTS Guidelines released and implemented		1) Refresher training to HTS trainers at 16/16 participating HTS facilities and 3 military medical and nursing schools, building on successes and updating practices/modalities	
89	1) 80% of all 50+ participating military regiments and military schools in HMZ, NEZ and beyond attain at least 03 fully capable trainers each who will provide training for the military peer education program at own facilities 2) Revisions of the military Peer Education Guidelines in existence made and approved		1) 90% of all 50+ participating military regiments and military schools in HMZ, NEZ and beyond attain at least 03 fully capable trainers each who will provide training for the military peer education program at own facilities 2) Revised Military Peer Education Guidelines released and implemented		1) 95% of all 50+ participating military regiments and military schools in HMZ, NEZ and beyond attain at least 03 fully capable trainers each who will provide training for the military peer education program at own facilities 2) Refresh for key military leaders and cadres involved in HIV prevention response on new/revised national guidelines/protocols	
90	1) 85% of site staff in charge of program monitoring and reporting are trained on training on data collection, reporting and analysis based on national and PEPFAR MER and SIMS requirements; 2) All sites improve the use of data for program planning and improvement		1) 100% of military staff in charge of program monitoring and reporting are trained on reporting requirements of PEPFAR and MOH; 2) Military staff improve the use of data for program planning and improvement 3) HIV/AIDS prevention data at military sites are shared with VAAC.		1) 100% of military staff in charge of program monitoring and reporting (including rotations) are refreshed on reporting requirements of PEPFAR and MOH; 2) Military staff improve the use of data for program planning and improvement 3) HIV/AIDS program data from military sites are integrated with National HIV/AIDS reporting system	
91	1) Lab quality management practices are maintained in 2 ISO-accredited labs; and continue rolling out at 13 HMZ and NEZ remaining labs meeting at least 75% of ISO quality requirements (or the national equivalence) with at least 3 labs obtaining ISO accreditation; 2) National lab quality management checklist approved in military system, all labs meet at least 75% of checklist requirements; Quality management training modules developed and approved for pre-service training program at military medical schools/colleges; 3) VL-military lab received TA and needed training on VL testing (towards full competency the year after) and mechanisms readily in place to roll out VL testing within the national program; 4) Military guidance on blood transfusion approved and effective throughout military system; mentors/trainers properly trained to roll out mentoring/teach-back to system		1) Lab quality management practices are maintained in 5 ISO-accredited labs; and continue rolling out at 10 HMZ and NEZ remaining labs meeting at least 85% of ISO quality requirements (or the national equivalence) with at least 3 more labs obtaining ISO accreditation; 2) National lab quality management checklist embedded in military system, all labs meet at least 85% of checklist requirements; Training of the approved quality management modules fully delivered to military medical schools/colleges students; 3) VL-military lab fully function within the national program; 4) 70% of military blood safety and transfusion staff trained and adhere to new guidance by teaching/mentoring of military trainers		1) Lab quality management practices are maintained in 8 ISO-accredited labs; and continue rolling out at 7 HMZ and NEZ remaining labs meeting at least 90% of ISO quality requirements (or the national equivalence) with at least 2 lab obtaining ISO accreditation; 2) National lab quality management checklist embedded in military system, all labs meet at least 90% of checklist requirements; Training of the approved quality management modules fully delivered to military medical schools/colleges students; Refinement/Revision of training modules after pilot year; 3) VL-military lab fully function within the national program with continuing TA; 4) 100% of military blood safety and transfusion staff trained and adhere to new guidance by teaching/mentoring of military trainers;	

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92	DOD	VNA	PREV	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Technical area guidelines and tools	Develop policies/technical guidelines and CME/pre-service training curriculum on standard precautions, TB/HIV infection control, patient safety and S&D; and rolling out training/TA to build teaching/mentoring capacity on same for lead staff of military and selected civilian facilities in HMZ and NEZ and military medical/nursing schools, to provide nurses and health care workers to prevent, control, and manage exposures to HIV/AIDS, TB, Hepatitis and other transmission diseases
93	DOD	VNA	C&T	Military --- strengthen quality of HIV-related programs that focus on the priority population of Military males aged 18-29 through i) development of national policies, technical guidelines and training curriculum, ii) institutional capacity building for HIV case finding in the military medical system, and iii) sustainable control planning/coordination between the Mil and civilian/national healthcare systems.	Technical areas, guidelines and tools	Develop policies/technical guidelines and CME/pre-service training curriculum on HIV/AIDS nursing care and support including patient counselling, nursing leadership and management including task-shifting in HIV treatment, and S&D; and rolling out training/TA to build teaching/mentoring capacity on same for lead staff of military and selected civilian facilities in HMZ and NEZ and military medical/nursing schools.
94	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Support regional program managers' and provincial case managers' network to implement Enhanced Case Management, Index Testing and contact tracing for patients with VL > 200 copies/ml and apply in targeted clinics to improve the VL suppression to be under 200 copies/ml in targeted districts.
95	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Development of community-based Case Management model for re-engaging LTFU HIV positives and drop-out ART patients; TA to implement the model in Tay Ninh, Tien Giang, Dong Nai, and targeted districts in Hanoi and HCMC.
96	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	In parallel with rolling out revisions to Circular 32 and officially endorsing MMS for the national program, SHIFT will assist program managers in targeted regions to implement and ensure the quality of MMS, same-day ART, and other differentiated care models that fit with the regional context for mobile and transient populations in HCMC Metro and NEZ, packaging MMS implementation (clinical protocol, SHI reimbursement, reporting, and tracking system) and community-level ART adherence monitoring for stable patients, including patients who are migrant workers and crossed the border to work in China, Laos, and Cambodia.
97	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Interagency collaboration to provide TA to improve treatment retention to treatment. Regular reviewing retention data and problem-solving with national, provincial, district program managers and clinic staff will help to identify LFTU and initiate tiered tracking and re-engagement services. Prioritizing training will be provided to all targeted provincial program managers to ensure that comprehensive understandings of the benefits of ART continuation in HCMC Metro and NEZ

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
92	Military system nurses and cadres having limited capacity to provide technical mentoring and support on caring HIV patients and IC program	2. Policies and Governance	5.75	1. At least 01 policy/guidance and 03 CME/pre-service training curriculums approved and implemented in the areas of standard precautions, TB/HIV infection control, patient safety and S&D 2. 100% of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on standard precautions, TB/HIV infection control, patient safety and S&D, achieve competency to provide peer-teaching back at their facilities and actively contribute to establishing/functioning regional/national networks of professionals.	3	# of policies and guidance have been developed/updated; # of technical modules/guidance integrated into CME trainings/pre-service training program of military medical schools # of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on standard precautions, TB/HIV infection control, patient safety and S&D	01 policy on TB prevention and TB/HIV treatment and care in military setting issued;
93	Lack of policies, guidance and CME training curriculum on HIV nursing care and support, task-shifting, IC program, patient safety (in both national and military medical systems)	2. Policies and Governance	5.75	1. At least 03 policy/guidance and 03 CME/pre-service training curriculum approved and implemented in the areas of HIV/AIDS nursing care and support including patient counselling, nursing leadership and management, task-shifting in HIV treatment, and S&D; 2. 100% of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on HIV/AIDS nursing care and support including patient counselling, nursing leadership and management including task-shifting, and S&D, achieve competency to provide peer-teaching back at their facilities and actively contribute to establishing/functioning regional/national networks of professionals	3	# of policies and guidance have been developed/updated; # of technical modules/guidance integrated into CME trainings/pre-service training program of military medical and nursing schools # of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on HIV/AIDS nursing care and support including patient counselling, nursing leadership and management including task-shifting in HIV treatment, and S&D	01 CME curriculum on health education (focusing on HIV/AIDS counselling) was updated; Work on other deliverables in process of advocacy and/or technical drafting; 80% of lead staff of military and selected civilian facilities and military medical and nursing schools received training and TA on health education including HIV/AIDS counselling, nursing leadership and management
94	Limited clinical use of routine VL	13. Epidemiological and Health Data	5.18	Program managers in priority regions and targeted districts fully capable to manage and roll out Enhanced Case Management package for patients with VL > 200 copies/ml.	1	IM report of progress	No awareness of program managers and clinicians on the need to intensively manage those with VL > 200 copies/ml
95	Service delivery systems in the system transition context are not sufficiently responsive to the needs of key populations, thus unable to retain patients who linked to HIV treatment	6. Service Delivery	5.79	Attrition rate sustained at below 5% annually.	2	LTFU rate and Death Rate by the national M&E system	LTFU rate and Death Rate by Sep 30, 2018
96	The current HIV service system lacks differentiated care models to ensure effective and efficient practices for sustainable HIV epidemic control	6. Service Delivery	5.79	New regional service delivery models developed and rolled out.	2	New regional service delivery models developed and rolled out	No differentiated care models rolled out
97	Retaining clients on ART and care to achieve viral suppression.	9. Quality Management	6.43	National and Regional HIV Program Managers are capable to use data in managing ART program to mitigate risk of late appointments and eventually LTFU	2	LTFU rate and Death Rate by the national M&E system	No standardized retention SOPs provided or used to improve retention

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
92	1) 02 additional guidance on standard precaution and patient safety were updated (v1.0). 2) 03 guidance on TB prevention and TB/HIV treatment and care, standard precaution and patient safety (v1.0) were integrated into CME trainings/pre-service training program at 01 military medical and nursing schools and 01 military teaching hospital 3) 30% of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on standard precautions, TB/HIV infection control, patient safety and S&D to prevent, control, and manage exposures to HIV/AIDS, TB, Hepatitis and other transmission diseases.		1) 03 guidance on TB prevention and TB/HIV treatment and care, standard precaution and patient safety (v1.0) were integrated into CME trainings/pre-service training program at additional 01 military medical and nursing school and 01 military teaching hospital 2) 70% of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on standard precautions, TB/HIV infection control, patient safety and S&D to prevent, control, and manage exposures to HIV/AIDS, TB, Hepatitis and other transmission diseases.		1) 03 guidance/CME curriculum revised/updated version 2.0; 2) 03 CMEs/guidance version 2.0 integrated into pre-service training program at 02 military medical and nursing schools and 02 teaching hospitals 3) 100% of staff working with HIV/AIDS patients at military and selected civilian facilities in HMZ and NEZ and military medical and nursing schools received training and TA on standard precautions, TB/HIV infection control, patient safety and S&D; competent of providing peer-teaching back at their facilities and actively contribute to establishing/functioning regional/national networks of professionals	
93	1) 03 additional guidance on nursing leadership management, HIV/AIDS nursing care and supports and S&D were revised (v1.0) 2) 03 guidance on nursing leadership management, HIV/AIDS nursing care and supports and S&D (v1.0) were integrated into CME trainings/pre-service training program at 01 military medical and nursing school and 01 military teaching hospital 1) 30% of staff working with HIV/AIDS patients of military and selected civilian facilities in HMZ and NEZ received training and TA on HIV/AIDS nursing care and support, nursing leadership and management, task-shifting in HIV treatment, and S&D		1) 03 guidance on nursing leadership management, HIV/AIDS nursing care and supports and S&D (v1.0) were integrated into CME trainings/pre-service training program at additional military medical and nursing school and 01 military teaching hospital 2) 70% of staff working with HIV/AIDS patients of military and selected civilian facilities in HMZ and NEZ received training and TA on HIV/AIDS nursing care and support, nursing leadership and management, task-shifting in HIV treatment, and S&D		1) 03 guidance/CME curriculum revised/updated to version 2.0; 2) 03 CMEs/guidance version 2.0 integrated into pre-service training program at 02 military medical and nursing schools and 02 teaching hospitals 3) 100% of staff working with HIV/AIDS patients of military and selected civilian facilities in HMZ and NEZ received training and TA on HIV/AIDS nursing care and support including patient counselling, nursing leadership and management, task-shifting in HIV treatment, and S&D; competent of providing peer-teaching back at their facilities and actively contribute to establishing/functioning regional/national networks of professionals	
94	Program managers in priority regions and targeted districts fully capable to manage and roll out Enhanced Case Management package for patients with VL > 200 copies/ml					
95	Attrition rate improved and reduced		Attrition rate < 5% annually			
96	Models developed and rolled out in both HCMC Mero and NEZ		Completed rolled out of new models			
97	Program Managers trained and start to roll out Retention SOPs in the HCMC Metro and NEZ		Program Managers trained and start to roll out Retention SOPs in the HCMC Metro and NEZ and achieved attrition < 5% annually			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
98	USAID	Challenge TB	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Support VAAC and NTP to continue scaling up implementation of TB/HIV integration at district and commune levels where the approach is applicable
99	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Support PACs of targeted regions and provinces to monitor ART registration of newly identify cases reported in the case management system (HIVInfo) and target support for those unlinked to ensure fast-track registration for newly diagnosed patients that ensure immediate linkage and treatment initiation. HIV facilities will receive support to streamline clinic operations to minimize wait times, improving training and supervision with all staff to identify and remediate discriminatory behaviors by any member of clinic staff, and establishing a welcoming environment between patients and clinic staff, particularly for key populations. Also included is advocacy for treatment support needs, particularly for underserved groups, hotlines for questions and missed appointments.
100	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	In NEZ and HCMC Metropolitan provinces: 1. technical assistance to sites to renew contracts with SHI and roll out same-day initiation for SHI for HIV patients 2. Implement and review site level progress of critical services for HIV care and treatment via SHI, including VL and CD4 testing, ARV drugs
101	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Support district health centers to meet SHI requirements and roll out same day initiation SHI for HIV patients 2. Support HCMC to implement and review progress of critical services for HIV care and treatment via SHI, including VL and CD4 testing, ARV drugs
102	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Develop a focused NEZ and HCMC Metro strategy for patient demand creation for VL testing, use of results/outcomes and promotion of U=U: 1. Update and adapt IEC materials to strengthen VL demand creation among patients on ART and PLHIV 2. Diversify communication channels, including social media to convey key messages on VL
103	CDC	HAIVN	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Workforce development, pre-service training	To maintain current high VL coverage and suppression rates in HCMC metro and the NEZ, provide targeted TA to OPC staff to improve VL documentation, communication between labs and OPC, VL results interpretation, and regular review of program data and data use for VL outcome improvement/maintenance

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
98	Weak linkage, feedback, and tracking patients between HIV and TB system	12. Technical and Allocative Efficiencies	9.1	VAAC and NTP scale up TB/HIV integration services model	2	VAAC and NTP annual reports	10 provinces have TB/HIV integration services
99	Clinical operations hinder the ability of Test and Start to effectively link newly identified cases to same-day ART initiation services.	9. Quality Management	6.43	95% of newly identified cases recorded in targeted districts are linked to ART	2	Provincial HIVInfo database Provincial ART record	Case recorded in the system by Sep 30, 2018
100	Low HIV-related services reimbursement by SHI	6. Service Delivery	5.79	All HIV treatment, including ARV, is reimbursed by SHI for 90% of patients	3	% patients receiving SHI reimbursements for HIV treatment, including ARV	40% patients with SHI are reimbursed for HIV services, but with the exclusion of ARVs
101	Low HIV-related services reimbursement by SHI	6. Service Delivery	5.79	All HIV treatment, including ARV, is reimbursed by SHI for 90% of patients	3	% patients receiving SHI reimbursement for all HIV treatment including ARV	40% patients with SHI are reimbursed for HIV services, but with the exclusion of ARVs
102	Limited use of routine VL	6. Service Delivery	5.79	At least one viral load result in 95% of HIV patients on ART per year in HCMC metro and NEZ regions	3	% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions	65% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions
103	Limited use of routine VL	6. Service Delivery	5.79	At least one viral load result in 95% of HIV patients on ART per year in HCMC metro and NEZ provinces	3	% of HIV patients on ART have at least one viral load result per year in HCMC metro and NEZ regions	75% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions

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98	20 provinces have TB/HIV integration services		30 provinces have TB/HIV integration services			
99	70% of newly recorded case in the reporting system linked to HIV treatment		95% of newly recorded case in the reporting system linked to HIV treatment			
100	60% patients receive reimbursements through SHI, including for ARVs		80% patients receive reimbursements through SHI, including for ARVs		90% patients receive reimbursements through SHI, including for ARVs	
101	60% patients in HCMC receive reimbursements through SHI, including for ARVs		70% patients in HCMC receive reimbursements through SHI, including for ARVs		80% patients in HCMC receive reimbursements through SHI, including for ARVs	
102	75% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions		85% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions		95% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions	
103	85% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions		90% of HIV patients on ART have at least one viral load result per year in HCMC and NEZ regions		95% of HIV patients on ART have at least one viral load result per year	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
104	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Maintain quality of HIV services after transition through building capacity for national/provincial QM system 2. Provide TA to provinces and facilities including QI integration 3. Update QI indicators to be consistent with MOH new C&T GLs 4. Engage in QI collaborative at national and province levels
105	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Scale up engagement of CBOs and PLHIV network in treatment retention and LTFU monitoring in HCMC 2. Develop procedure to identify patients at risk for LTFU and provide early intervention for them in HCMC 3. Develop strategies to integrate successfully patients discharged from prisons to community but continue getting ARVs from SHI in HCMC
106	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1.Scale up engagement of CBOs and PLHIV network into treatment retention and LTFU monitoring in NEZ & HCMC Metro 2. Develop procedure to identify patients at risk for LTFU and provide early intervention for them in NEZ & HCMC Metro 3. Develop strategies to integrate successfully patients discharged from prisons to community but continue getting ARVs from SHI in NEZ & HCMC Metro
107	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Targeted TA to OPC staff to improve VL documentation, communication between lab and OPC, VL result interpret, review of program data and data use for program improvement 2. Update and adapt IEC materials to strengthen VL demand creation among patients on ART and PLHIV 3. Diversify communication channels, including social media to convey key messages on benefits of VL to PLHIV and relatives
108	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	In HCMC Metro and NEZ, ensure SHI is implemented and reimbursing: 1. Fast-track SHI enrollment for newly initiated patients through provincial policy and technical support 2. Track PLHIV SHI enrollments at provincial and facility levels to ensure treatment coverage. 3. Guide provinces in implementing and monitoring tracking and financial liquidation system for CD4 and VL payments (with DPF) and for ARV co-payments under SHI. Monitor ARVs under SHI implementation in VAAC Co-Ag supported focus provinces. 4) Deliver TA to provinces to maintain and increase provincial investments for SHI subsidy; develop sustainable SHI TA model through PTTs.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
104	Low service quality after transition	9. Quality Management	6.43	HIVQUAL fully integrated into QI programs of the curative system in 90% of facilities providing ART	3	% of facilities have HIVQUAL fully integrated into QI programs of the curative system	40% of facilities have HIVQUAL fully integrated into QI programs of the curative system
105	Low ART retention after transition	6. Service Delivery	5.79	>95% patients are retained on treatment	3	% loss to follow up % continue receiving ART services	5% loss to follow up 90% continue receiving ART services
106	Low ART retention after transition	6. Service Delivery	5.79	>95% patients are retained on treatment	3	% loss to follow up % continue receiving ART services	5% loss to follow up 90% continue receiving ART services
107	Limited use of routine VL	6. Service Delivery	5.79	At least one viral load result in 95% of HIV patients on ART per year	3	% of HIV patients on ART have at least one viral load result per year	80% of HIV patients on ART have at least one viral load result per year
108	Low enrollments in SHI results in poor coverage for PLHIV.	3. Civil Society Engagement	4.04	70% of newly initiated ART patients who are uninsured are enrolled within 7 days of treatment initiation 90% of PLHIV in the NEZ and HCMC Metro areas are able to access SHI and be reimbursed for HIV services, tests, and medications through SHI.	2	VAAC tracking tool, GVN data calls and provincial reports on SHI coverage of PLHIV % domestic contribution to spending on HIV commodities in that specific year. VAAC procurement reports, VSS procurement reports and HGF/VAAC quarterly Integration Progress Monitoring Tool (IPMT)	82% of PLHIV on ART are covered by SHI Only 25% of insured PLHIV are being reimbursed for services 4 sites/92 patients initiated SHI for reimbursement for CD4 and VL tests

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104	60% of facilities have HIVQUAL fully integrated into QI programs of the curative system		80% of facilities providing ART have HIVQUAL fully integrated into QI programs of the curative system		90% of facilities providing ART have HIVQUAL fully integrated into QI programs of the curative system	
105	4% loss to follow up >95% continue receiving ART services		<4% loss to follow up >95% continue receiving ART services		3% loss to follow up >95% continue receiving ART services	
106	4% loss to follow up >95% continue receiving ART services		<4% loss to follow up >95% continue receiving ART services		3% loss to follow up >95% continue receiving ART services	
107	85% of HIV patients on ART have at least one viral load result per year		90% of HIV patients on ART have at least one viral load result per year		95% of HIV patients on ART have at least one viral load result per year	
108	60% of PLHIV are enrolled in SHI and are reimbursed for SHI HIV-related services 50% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2019 Government contribution for HIV commodities, test kits, VL and MMT increased by 50% by 2019		70% of newly initiated ART patients who are uninsured are enrolled within 7 days of treatment initiation 90% of PLHIV in the NEZ and HCMC Metro areas are able to access SHI and be reimbursed for HIV services, tests, and medications through SHI. Government contribution for HIV commodities, test kits, VL and MMT covers 70% of need by 2020			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
109	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Strengthen HIV treatment and patient tracking in the HCMC by: 1. Improve case management and cross-province patient referral tracking 2. TA on expansion of multi-month scripting implementation 3. TA for scaling up same day ART initiation to more sites, monitoring process and provide onsite TA
110	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Strengthen HIV treatment and patient tracking in the NEZ and HCMC Metro area: 1. Improve case management and patient referral tracking 2. TA on expansion of multi-month scripting implementation 3. TA for scaling up same-day ART initiation and monitoring
111	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	PTTs with technical capacity in HIV prevention technical issues expanded in NEZ and HCMC Metropolitan provinces through incorporating technical updates, building provincial expertise on new guidelines and innovations, including recency testing and partners services, and provision of TA and mentoring to sites and regional provinces.
112	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Refresher training for PTT teams with different skills and topics, including soft skills, data analysis, and updated clinical guidelines and knowledge 2. Coordinated with other technical program areas to provide on-site TA both on services procedures and clinical aspects focusing on case identification and initiation on treatment.. 3. Review outputs and outcomes for better TA plan and strategies. Services quality reflected in HIVQUAL and routine program indicators are key data elements for improvement

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
109	Lost to follow up and challenges with treatment adherence	6. Service Delivery	5.79	Almost all transferred patients continue on ART, with minimal LTFU and attrition. A majority of new ART patients in HCMC will be initiated on the same day and a majority of PLHIV will receive drugs for multiple months.	2	1. % of patients transferred continue on ART at a receiving OPC 2. Attrition rate 3. % of patients receiving 3-month ARVs	86% ARV patient continue on ART HCMC attrition rate is 5.3% Thai Nguyen attrition rate: 6.38%
110	Lost to follow up and challenges with treatment adherence	6. Service Delivery	5.79	Almost all transferred patients continue on ART, with minimal LTFU and attrition. A majority of new ART patients in HCMC metro and NEZ will be initiated on the same day and a majority of PLHIV will receive drugs for multiple months	2	1. % of patients transferred continue on ART at a receiving OPC 2. Attrition rate 3. % of patients receiving 3-month ARVs	86% ARV patient continue on ART National attrition rate is 5.6% HCMC metro attrition rate is 5.5%
111	Limited provincial capacity to provide technical mentoring and support to HIV prevention services central level	7. Human resources for Health	7.22	Prevention Provincial Technical Teams provide technical mentoring and support to 80% of HIV prevention services sites in NEZ and HCMC Metropolitan Area	3	% of HIV prevention services sites receive at least two technical assistance visits per year by the PTT TA visit reports. Satisfaction surveys among sites that receive TA from the PCTs MER: HTS_TEST/HTS_POS, TX_NEW, PREV_KP, MAT	Prevention PTTs provides technical mentoring and support for <50% of HIV prevention services sites in NEZ and HCMC Metropolitan Area
112	Low capacity of local health staff due to staff turn over and transition	6. Service Delivery	5.79	MOH training requirements for 100% HIV/AIDS service providers and 90% of on-site TA is conducted by PTT teams	3	# of health staff trained HIV-related TA network/system developed # of PCT on-site TA # of central on-site TA # of TA visit	50% of on-site TA is conducted by PCT team themselves. All HIV/AIDS service providers to be trained as MOH requirement

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109	90% transferred ARV patients continue on ART Attrition < 5% 30 % of ART patients receive 3-month ARVs 40 % of newly eligible ART patients are initiated on the same day		95% transferred ARV patients continue on ART Attrition < 4. 5% 70 % of ART patients receive 3-month ARVs 70 % of newly eligible ART patients are initiated on the same day			
110	90% transferred ARV patients continue on ART Attrition < 5% 30 % of ART patients receive 3-month ARVs 40 % of newly eligible ART patients are initiated on the same day		95% transferred ARV patients continue on ART Attrition < 4. 5% 70 % of ART patients receive 3-month ARVs 70 % of newly eligible ART patients are initiated on the same day			
111	Prevention PTTs provide technical mentoring and support to 50% of HIV prevention services sites in NEZ and HCMC Metropolitan Area		Prevention PTTs provide technical mentoring and support to 70% of HIV prevention services sites in NEZ and HCMC Metropolitan Area		Prevention PTTs provides technical mentoring and support for 80% of HIV prevention services sites in NEZ and HCMC Metropolitan Area	
112	80% of on-site TA is conducted by PCT team themselves. All HIV/AIDS service providers to be trained as MOH requirement		90% of on-site TA is conducted by PCT team themselves. All HIV/AIDS service providers to be trained as MOH requirement		90% of on-site TA is conducted by PCT team themselves. All HIV/AIDS service providers to be trained as MOH requirement	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
113	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Scale-up innovative models for HTS and linkage for KP in Northern Economic Area and HCMC Metropolitan Area through: 1. strengthening HTC-OPC linkage/referral tracking systems 2. quarterly stakeholder meetings for HIV testing data sharing and program improvements 3. implementation of tracking system for partner services
114	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Expand HCMC PTT in prevention to become a regional hub of excellence through incorporating technical updates, building provincial expertise on new guidelines and innovations, including recency testing and partners services, and provision of TA and mentoring to metro area provinces.
115	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Accelerate the availability of TLD (tenofovir disoproxil fumarate, lamivudine, and dolutegravir) to public sector in Vietnam through: 1. Convening and facilitating expert consultation to review and disseminate clinical evidence for supporting the approval of TLD use in VN 2. Disseminate policy and evidence to advocate for the approval of TLD on essential drug list for SHI 3. Support provinces to implement TLD usage as part of ARV optimization plan
116	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Scale-up of innovative models of HTS and linkage for KP in HCMC through: 1. strengthening HTC-OPC linkage/referral tracking systems; 2. quarterly stakeholder meetings for HIV testing data sharing and program improvements. 3. development and implementation of tracking system for partner services
117	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Evaluation of ICF/TPT implementation program
118	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Improve ICF/IPT services to achieve targets through QA/QI, refresher training for treatment initiation, on-going TB/HIV supervision and collaboration in HCMC 2. Implement HIV testing and TB screening and linkage to TB/HIV care and treatment, integrated into the Zero TB city project (focus on PLHIV and PWID) in HCMC

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
113	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Annual Increase in # of tests performed and # of positives identified due to innovative testing strategies that account for 30%-50% of tests performed and positive yield.	3	# of provinces implementing innovative testing strategies MER: HTS_TST; HTS_TST_POS	<20% of all tests performed & < 20% of all positives identified are due to innovative strategies
114	Limited provincial capacity to provide technical mentoring and support to HIV prevention services	7. Human resources for Health	7.22	HCMC Prevention Provincial Coaching Team functioning as a regional hub by providing technical support to 80% of HIV prevention services sites in HCMC and 20% of sites in HCMC Metropolitan Area	2	% of HIV prevention services sites receiving at least two technical assistance visits per year by the PCT. TA visit reports. Satisfaction surveys among sites that receive TA from the PCTs MER: HTS_TEST/HTS_POS, TX_NEW, PREV_KP, MAT	HCMC Prevention Provincial Coaching Team functioning as a regional hub for technical excellence and provide support for <60% of HIV prevention services sites in HCMC
115	No national guidance on implementation of TLD treatment regimen.	6. Service Delivery	5.79	50% patients receiving TLD	2	% patients receiving TLD	<1% patients receiving TLD
116	Current service delivery systems are not sufficiently responsive to the needs of key populations	6. Service delivery	5.79	Increase in number of tests performed and number of positives identified on annual basis due to innovative testing strategies that account for 30%-50% of tests performed and positive yield.	2	MER: HTS_TST; HTS_TST_POS	<30% of all tests performed & <30% of all positives identified are due to innovative strategies
117	Third 90 - Low uptake of TPT among newly registered PLHIV	15. Performance data	7.63	Evaluation findings help inform policy change and decision making	1	Completion of National TPT evaluation	
118	First and second 90s -- Suboptimal HIV and TB case finding and linkage to TB/HIV care and treatment Third 90 - TPT uptake among newly registered remain low at 60% and incomplete reporting on TPT completion in HCMC.	6. Service delivery	5.79	95% newly registered patients at HIV clinics starting TPT; Increased HIV testing among population at high risk of TB and HIV (PWID) through active screening and linkage to care	3	Percent of newly registered patients at HIV clinics starting TPT Number of PLHIV and PWID who are reached in the community are screened for TB and referred for TB services workup	N/A

Row	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP19) Annual Benchmark (Planned)	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP20) Annual Benchmark (Planned)	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
113	20% of all tests performed & 20% of all positives identified are due to innovative strategies		40% of all tests performed & 40% of all positives identified are due to innovative strategies		50% of all tests performed & 50% of all positives identified are due to innovative strategies	
114	HCMC Prevention Provincial Technical Team provides technical support to 60% of HIV prevention services sites in HCMC		HCMC Prevention Provincial Technical Team provides technical support to 80% of HIV prevention services sites in HCMC and 20% of sites in HCMC Metropolitan Area			
115	TLD guidelines are available; 20% of patients receiving TLD		50% patients receiving TLD			
116	30% of all tests performed & 30% of all positives identified are due to innovative strategies		50% of all tests performed & 50% of all positives identified are due to innovative strategies			
117	National TPT evaluation conducted to inform program on implementation progress					
118	85% newly registered patients at HIV clinics start TPT; Increased HIV testing among population at high risk of TB and HIV (PWID) through active screening and linkage to care		90% newly registered patients at HIV clinics starting TPT; Increased HIV testing among population at high risk of TB and HIV (PWID) through active screening and linkage to care		95% newly registered patients at HIV clinics starting TPT; Increased HIV testing among population at high risk of TB and HIV (PWID) through active screening and linkage to care	

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
119	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1.Enhanced/rapid TB screening, integrate into differentiated care models for PLHIV, same day ART, advanced disease C&T, NEZ 2. Above site level support to improve ICF/IPT coverage to achieve targets; harmonization of M&E system QA/QI (focus on cascade monitoring between TB and HIV service and vice versa), NEZ 3. Intensive TB/HIV supervision; Provincial Coaching Teams TB/HIV 4. Provide TA to provincial TB program in implementing SHI reimbursement for TB treatment among PLHIV
120	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Evaluate national HIV testing algorithm to integrate HIV recency testing; 2. Scale up and decentralize HIV recency testing in PEPFAR supported regions in case finding and surveillance. 3. Technical assistance for HIV recency testing implementation
121	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	1. Integrate Lab CQI to national guidelines and policies to improve the quality of HIV-related rapid testing, HIV VL, and EID; 2. Enhance the utilization of score cards for viral load and HIV rapid testing for northern region; 3. Technical assistance to ensure quality of HIV related test services; 4. Develop mapping on conventional, POC to optimize sample referral network for HIV VL, and EID.
122	CDC	Department of Health HCMC	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	Enhance the utilization of score cards for viral load and HIV rapid testing for southern region

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
119	The uptake of TPT remains low nationally and at PEPFAR supported sites. Lack of M&E system to track TPT service outcomes and TB-HIV linkages has resulted in challenges of having good TB-HIV data to inform strategies First and second 90s -- Suboptimal HIV and TB case finding and linkage to TB/HIV care and treatment.	6. Service delivery	5.79	90% newly registered patients at HIV clinics in NEZ starting TPT	3	Percent of newly registered PLHIV starting TPT; Number of PLHIV and PWID who are reached in the community are screened for TB and referred for TB services workup.	* TPT coverage 34% (2017)
120	Lack of testing method to detect HIV recent infection for better contact tracing, prevention targeting	10. Laboratory	7.92	Recency testing to identify new infections is implemented in PEPFAR supported regions	3	# of HIV confirmatory labs performing recency testing	Asante Recency testing was validated and qualified for application
121	Low capacity and coverage of HIV VL testing labs	10. Laboratory	7.92	1) Lab CQI for HIV VL and HTC is applied nationwide to ensure quality of HIV testing 2) A map for conventional, POC is developed for optimized sample referral network	2		National guidelines on HIV VL testing revised in January 2018 to include DBS guidance
122		10. Laboratory	7.92	Quality of HIV testing in HCMC metro is sustained	2		12 labs were certified HIV confirmatory labs in HCMC

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119	* 80% newly registered patients at HIV clinics start TPT.		* 85% newly registered patients at HIV clinics start TPT		* 90% newly registered patients at HIV clinics start TPT	
120	1) HIV confirmatory labs at 2 PEPFAR supported regions (HCMC Metro, NEZ provinces) perform HIV recency testing at the 4th test 2) All lab technicians are trained on recency testing		1) Recency testing is routine use in case finding and surveillance		1) Recency testing is integrated to national testing algorithm for routine use	
121	Lab CQI for HIV VL and HTC is integrated to national policy and guidance		Lab CQI is applied nationwide			
122	75% HIV labs (HIV VL and HIV serology labs meet the national requirements on CQI)		90% HIV labs (HIV VL and HIV serology labs meet the national requirements on CQI)			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
123	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Host country institutional development	In NEZ and HCMC Metropolitan area: 1. Track PLHIV SHI enrollments at community and facility levels. Strengthen partnerships with PLHIV, KP and CBO groups to expand SHI access and address challenges in accessing and maintaining coverage. 2. Guide provinces in implementing and monitoring tracking and financial liquidation system for CD4 and VL payments (with DPF) and for ARV co-payments under SHI. Monitor ARVs under SHI implementation in VAAC Co-Ag supported focus provinces. Deliver TA to provinces to maintain and increase provincial investments for SHI subsidy; develop sustainable SHI TA model through PTTs.
124	DOD	VNA	C&T	Optimize treatment retention and quality by assisting GVN in the scale up of innovative models such as same day initiation and differentiated care models.	Workforce development, pre-service training	Refresh training on HIV care and treatment for military OPCs and medical schools; strengthen linkages between HTS and treatment sites; TA for rolling out test and start/index testing/TLD regimen/VL tests for HIV patients at military OPCs; continue TA on OPC transition process and to transitioned OPCs;
125	USAID	Global Health Supply Chain Program (GHSCP)	C&T	Optimize treatment retention and quality by assisting GVN in transition to and roll out of TLD regimen.	Supply chain systems	Support GVN (MoH, VAAC, CPU, Drug Administration of Vietnam) to implement the TLD transition plan, including assistance to complete registration for TLD and its inclusion the SHI drug list; updating tools for inventory management; and sharing international experience on forecasting and supply planning to replace TLE and other less effective combination regimens.
126	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Optimize treatment retention and quality by assisting GVN in transition to and roll out of TLD regimen.	Host country institutional development	SHIFT will participate in the central TLD clinical taskforce to coordinate implementation protocol and then provide direct mentoring to provincial program managers to roll out TLD in all targeted clinics once DTG is available in the country. SHIFT will begin exploring and sensitizing national authorities to "next generation" ART methods, including injectable ART delivered by providers.
127	USAID	Challenge TB	C&T	Patient-centered care and treatment, including active case finding, TB infection control, and treatment of TB and MDR-TB for PLHIV.	Technical area guidelines and tools	Capacity building for TB network to ensure quality and safety detection and treatment provided to TB/HIV co-infection, including capacity building to utilize existing patient management systems to improve detection of TB and MDR-TB among PLHIV
128	USAID	Challenge TB	C&T	Patient-centered care and treatment, including active case finding, TB infection control, and treatment of TB and MDR-TB for PLHIV.	Host country institutional development	Capacity building for TB network to ensure quality and safety treatment provided to TB/HIV co-infection
129	USAID	Global Health Supply Chain Program (GHSCP)	HSS	Strengthen government capacity on ARV supply planning, quantification, bidding and procurement from state budget and social health insurance fund.	Supply chain systems	Support GVN (MOH, VAAC, CPU, VSS and others) through technical meetings, on-the-job training, professional training, experience sharing, and/or consultancy to develop the Annual National ARV Procurement and Supply Management Plan, which will include ARV product selection and quantification, finalization of bidding dossiers and contract templates, guidelines on SHI ARV usage monitoring, and regular ARV coordination among key stakeholders.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
123	Low enrollments in SHI results in poor coverage for PLHIV.	3. Civil Society Engagement	4.04	PEPFAR patients are able to access SHI and be reimbursed for HIV services, tests, and medications through SHI.	2	VAAC tracking tool, GVN data calls and provincial reports on SHI coverage of PLHIV % domestic contribution to spending on HIV commodities in that specific year. VAAC procurement reports, VSS procurement reports and HGF/VAAC quarterly Integration Progress Monitoring Tool (IPMT)	82% of PLHIV on ART are covered by SHI
124	Military system limited capacity to provide technical mentoring and support to CT program and to plan and coordinate HIV programs in general	6. Service Delivery	5.79	1) Enhanced collaboration and harmonization with national HIV CTx program; 2) Health staff at key military hospitals in HMZ and NEZ and Mil Med and nursing schools refreshed on and adhere to national CTx guidance. 3) military OPCs follow the updated national guidance on HIV/AIDS treatment 4) At least 95% of HIV patients at military OPCs in HMZ and NEZ having access to quality services and retain on ART.	3	# of military medical staff received refreshed training or mentoring on HIV/AIDS CTx; % of OPC sites follow national guidance on HIV/AIDS treatment; % of HIV patients having access to quality services and retain on ART	1) 80% of military OPC medical staff received refreshed training on HIV/AIDS CTx;
125	The fixed dose combination (FDC) of tenofovir disoproxil fumarate/lamivudine/dolutegravir (TLD) is currently the least expensive FDC. GVN is planning to switch current first line ART patients over to TLD as soon as possible in FY2019	8. Commodity Security and Supply Chain	5.9	Increased capacity of the GVN to provide TLD as the first-line regimen and clinically eligible patients are switched to TLD	2	VAAC reports: # First line ART Patients # First line ART Patients in TLD	0% patients on TLD
126	Retaining clients on ART and care to achieve viral suppression.	6. Service Delivery	5.79	Capacitate GVN to implement TLD transition.	1	IM report of progress	No TLD registered and imported to Vietnam
127	Low quality of TB detection and treatment for PLHIV, only provincial TB facilities can detect and treat TB for PLHIV	6. Service Delivery	5.79	TB network in supported provinces has capacity to detect, initiate treatment and manage TB and MDR-TB for PLHIV	3	Provincial TB reporting, VITIMES	NA
128	Low quality of TB detection and treatment for PLHIV, only provincial TB facilities can detect and treat TB for PLHIV	6. Service Delivery	5.79	TB network in supported provinces has capacity to detect, initiate treatment and manage TB and MDR-TB for PLHIV	2	Provincial TB reporting, VITIMES	NA
129	* Insufficient national capacity in SHI ARV procurement and supply management. * Centralized ARV procurement function shifted from VAAC to the new MoH/Centralized Procurement Unit (CPU) in 2018	8. Commodity Security and Supply Chain	5.9	75% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by COP20/FY2021	2	VAAC procurement and supply data Distribution data SC_STOCK	23% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by GVN State Budget Allocation

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123	60% of PLHIV are enrolled in SHI and are reimbursed for SHI HIV-related services 50% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2019 Government contribution for HIV commodities, test kits, VL and MMT increased by 50% by 2019		70% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2019 Government contribution for HIV commodities, test kits, VL and MMT covers 70% of need by 2020			
124	1) 90% health staff at key military hospital departments refreshed on and adhere to national CTx guidance; including treatment initiation, index testing and VL suppression 2) 100% military OPCs follow the updated national guidance on HIV/AIDS treatment, and roll out Test and Start/index testing/TLD regimen/VL tests for HIV patients 3) At least 90% of HIV patients at OPCs having access to quality services and retain on ART.		1) 100% health staff at key military hospital departments and Mil Med Schools refreshed on and adhere to national CTx guidance, including treatment initiation, index testing and VL suppression 2) 100% military OPCs follow the updated national guidance on HIV/AIDS treatment and roll out Test and Start/index testing/TLD regimen/VL tests for HIV patients. 3) At least 95% of HIV patients at OPCs having access to quality services and retain on ART.		1) Enhanced collaboration and harmonization with national HIV CTx program; 2) 100% health staff (including staff rotations) at key military hospital departments and Mil Med Schools refreshed on and adhere to national CTx guidance, including treatment initiation, index testing and VL suppression 3) 100% military OPCs follow the updated national guidance on HIV/AIDS treatment and scale up Test and Start/index testing/TLD regimen/VL tests for HIV patients	
125	Registration completed for TLD and its inclusion on the SHI drug list; 15% First line ART Patients on TLD		45% First line ART Patients on TLD			
126	Hands-on mentoring to clinical doctors and program managers to switch patients' regimen to TLD					
127	80% of USAID supported services in HCMC metro region have capacity to provide TB detection and management service to TB/HIV co-infection.		90% of USAID supported services in HCMC metro region have capacity to provide TB detection and management service to TB/HIV co-infection.		100% USAID supported services in HCMC metro region have capacity to provide TB detection and management service to TB/HIV co-infection.	
128	USAID supported services in HCMC metro region have capacity to provide TB detection and management service to TB/HIV co-infection.		USAID supported services in HCMC metro region and Northern economic region have capacity to provide TB detection and management service to TB/HIV co-infection.			
129	37% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2019		66% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2020			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
130	USAID	<HFG follow on- 70427 Vietnam USAID>	HSS	Strengthen government capacity on ARV supply planning, quantification, bidding and procurement from state budget and social health insurance fund.	Financial management policies and procedures	SFI: Technical support for efficient financial management of centralized ARV procurement through consolidated governance structure and clarified financial management functions at MOH and VSS. This work is in tandem with and done through collaboration by the Chemonics PSM technical assistance mechanism. Health Policy+ manages the financial flows for central ARV procurement while PSM technical assistance assures the actual logistical and supply chain functions of the central ARV procurement.
131	USAID	Global Health Supply Chain Program (GHSCP)	C&T	Strengthen government systems and capacities in ARV supply chain management, including guidelines, SOPs, tools and relevant trainings.	Supply chain systems	Technical assistance to centralized ARV procurement entities (VAAC, CPU, VSS) to revise/update guidelines and SOPs/tools for SHI ARV procurement and supply (quantification, procurement, bidding, distribution, reallocation, coordination and monitoring the usage & reimbursement). Upgrade the Logistics Management Information System for ARVs towards an automated system integrated into the government information management system.
132	USAID	Global Health Supply Chain Program (GHSCP)	C&T	Strengthen government systems and capacities in ARV supply chain management, including guidelines, SOPs, tools and relevant trainings.	Supply chain systems	Provide training and technical assistance to VAAC to scale up MMD, focusing on ARV supply chain management to ensure the stock availability for dispensing to patients.
133	USAID	USAID Enhanced Community HIV Link-Southern Project	HSS	Strengthen human and organizational capacity for CBOs providing HIV/AIDS services.	Host country institutional development	Build capacity of CSOs/CBOs to use data for planning and HIV program quality improvement, starting with the establishment of QA/QI systems
134	USAID	USAID Enhanced Community HIV Link-Southern Project	PREV	Strengthen human and organizational capacity for CBOs providing HIV/AIDS services.	Workforce development, pre-service training	Transfer knowledge and skills to CBO/CSO master trainers in HCMC metro, focusing on effective multi-dimensional case finding techniques and data use for case identification, treatment initiation, and viral load suppression (U=U)
135	USAID	USAID Enhanced Community HIV Link-Southern Project	PREV	Strengthen human and organizational capacity for CBOs providing HIV/AIDS services.	Technical area guidelines and tools	Develop E-Community learning hub for CBOs to access community-tailored technical materials, tool kits, SOPs, and training courses for HIV services
136	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen local capacity for data use and analysis to improve HIV service quality.	Surveys and surveillance	Continue to update PLHIV Estimation using AEM modeling for 2018-2023 to support national and provincial level estimates of PLHIV. This effort is made in joint-effort under coordination with national AEM/EPP TWG by VAAC/MoH. The selected provinces and TA will be closely coordinated with other IMs and detailed in annual workplan to ensure supplement value and avoiding overlaps.
137	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen local capacity for data use and analysis to improve HIV service quality.	Information systems	TA, coaching focus on development and utilization of the provincial HIV/AIDS database. Develop the linkages between multiple databases at district and provincial level (C09, C03, ARV, HTC, MMT) in NEZ and HCMC metro regions (Quang Ninh, Tay Ninh, Tien Giang, Dong Nai)

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
130	SHI ARV supply is not integrated into GVN ARV supply system. Centralized ARV procurement function shifted from VAAC to the new MoH/Centralized Procurement Unit (CPU) in 2018	8. Commodity Security and Supply Chain	5.9	SHI ARV procurement and supply is fully integrated in the GVN owned-central ARVs procurement and supply by COP20/FY2021	1	GVN decisions, circular, guidelines SOPs related ARV procurement & supply Quantification tool SHI ARV consumption data by site/province	* No mechanism for sharing inventory management, stock status, consumption data among VAAC, CPU and VSS
131	* SHI ARV supply is not integrated into GVN ARV supply system * Centralized ARV procurement function shifted from VAAC to the new MoH/Centralized Procurement Unit (CPU) in 2018	8. Commodity Security and Supply Chain	5.9	Guidelines are completed and information system is adapted to implement centralized ARV procurement using the SHI fund in 2019	1	GVN decisions, circular, guidelines SOPs related ARV procurement & supply Quantification tool SHI ARV consumption data by site/province	No mechanism for sharing inventory management, stock status, consumption data among VAAC, CPU and VSS
132	Current monthly prescription of ARV to patients is not sufficiently responsive to the needs of KP and vulnerable populations. GVN is moving forward to the Multiple Month Dispensing (MMD) model to meet the UNAIDS' 90-90-90 treatment targets	8. Commodity Security and Supply Chain	5.9	Vietnam successfully implements differentiated care models for stable ART patients	2	VAAC reports # ART patients on MMD model	3% of national stable ART patients will be switched to MMD model
133	Data quality issues and limited use of data hinder program performance. Currently, CBOs collect data for mainly reporting purpose. Ability to analyze data to understand the epidemic, clients' preference, community service performance and coverage for decision making and service quality improvement is still limited.	15. Performance Data	7.63	Capacitate community based organizations to deliver quality HIV community services, such as case identification, treatment initiation and viral suppression (U=U)	3	# of CBOs use data for planning and program quality improvement	3 CBOs use data for service quality improvement, No CBOs have QA/QI system in place and use
134	Limited capacity to deliver and monitor HIV services affect quality of reach and retention. In addition, there is a huge demand for technical trainings, post training, follow up coaching due to turning over among community outreach workers, and community network development. There is also a need to maintain community knowledge and skills from generation to generation	7. Human Resources for Health	7.22	Capacitate community outreach workers to deliver quality HIV community services, such as case identification, treatment initiation, and viral load suppression (U=U)	3	# of trainings, mentoring and coaching sessions provided by Master trainers team	No training, mentoring and coaching sections provided by Master trainers team
135	There is a huge demand for technical materials, training tool kits, SOPs for CBOs to access and use for training their community outreach workers. There is also a need to maintain community knowledge and skills from generation to generation.	6. Service Delivery	5.79	Relevant and high-quality materials, tool kits, SOP needed for HIV community service delivery and organizational development are used by CBOs to improve support for case identification, treatment initiation and viral suppression	3	% of community service sites in HCMC and their respective provinces access and use these materials	No materials, tool kits, SOPs for key community HIV services made available, no community service sites access and use these materials
136	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; - Insufficient Case Reporting Data & KP Size Estimations - Limited new infection monitoring (COP16: Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	National and provincial updated estimation and projection on PLHIV and other parameters updated regularly for planning and monitoring epidemic control.	3	AEM reports & use	Data inputs collection for new round of estimation and projection in 2018
137	Beyond 3 years/long term (COP16: service delivery and system support)	13. Epidemiological and Health Data	5.18	Provincial database on HIV/AIDS in place and routinely updated	2	# provinces with completion of provincial HIV database	0

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130	* Updated/revised/new guidelines and related SOPs/tool for each entity (VAAC, CPU and VSS) are available * The basic information of inventory management, stock status, consumption data are accessible for VAAC, CPU and VSS					
131	Updated/revised/new guidelines and related SOPs/tool for each entity involved in SHI ARV procurement (VAAC, CPU and VSS) are available. The basic information of inventory management, stock status, consumption data are accessible for VAAC, CPU and VSS.					
132	15% of national stable ART patients will be switched to MMD model		25% of national stable ART patients will be switched to MMD model			
133	5 CBOs use data for planning and program quality improvement		8 CBOs use data for planning and program quality improvement		10 of CBOs use data for planning and program quality improvement	
134	Master Trainer and Coaching Team in Southern Region provide training, technical mentoring and support to 20% HIV community services sites in HCMC metro provinces		Master Trainer and Coaching Team in Southern Region provide training, technical mentoring and support to 40% HIV community services sites in HCMC metro provinces		Master Trainer and Coaching Team in Southern Region provide training, technical mentoring and support to least 60% HIV community services sites in HCMC metro provinces	
135	50% of directory filled with basic relevant and contemporary high quality materials and at least 20% HIV community services sites in HCMC metro access and use these materials		80% of directory filled with basic relevant and contemporary high quality materials and at least 40% HIV community services sites in HCMC metro access and use these materials		100% of directory filled with basic relevant and contemporary high quality materials and at least 60% HIV community services sites in HCMC metro access and use these materials	
136	Completion of Data inputs collection for new round of estimation and projection in 2019		AEM modelling at sub-national level for selected provinces		New AEM modelling results at national level	
137	2 provinces with 100% completion of HIV database		4 provinces with 100% completion of HIV database			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
138	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen local capacity for data use and analysis to improve HIV service quality.	Workforce development, pre-service training	TA for data utilization at all levels for evidence-based planning and local resource mobilization, advocacy
139	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen the production and improve the quality of HIV and AIDS related data for program monitoring at community, provincial and national levels.	Information systems	TA for high quality data generation for epidemic control at both provincial level with focus on development of Interoperability and linkages of HIV information software (HIVInfo, SHI, eHIS, HIV Online Reporting, etc.) in place at provincial level to track HIV cascades and sync HIV data into provincial database. NEZ and HCMC Metro regions.
140	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen the production and improve the quality of HIV and AIDS related data for program monitoring at community, provincial and national levels.	Information systems	Development of SOPs and mechanisms for community groups in NEZ and HCMC Metro to integrate their data and information into the routine provincial & national M&E system for HIV/AIDS to ensure high quality comprehensive data for epidemic control
141	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen the production and improve the quality of HIV and AIDS related data for program monitoring at community, provincial and national levels.	Technical area guidelines and tools	Support NEZ and HCMC metro provinces (Quang Ninh, Tay Ninh, Tien Giang, Dong Nai) to develop and utilize guidelines for provincial cascade monitoring system of 90-90-90 quarterly progress
142	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen the production and improve the quality of HIV and AIDS related data for program monitoring at community, provincial and national levels.	Information systems	Assist PACs to generate geospatial data for monitoring program coverage for KP in NEZ and HCMC Metro regions
143	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Strengthen the production and improve the quality of HIV and AIDS related data for program monitoring at community, provincial and national levels.	Information systems	TA to PAC, HTCs, OPCs and CBOs on collecting, managing, & reporting routine data to enhance data use at different levels, support intervention program on performance data collection and analysis to improve service quality in NEZ and HCMC metro regions.
144	USAID	Challenge TB	C&T	Support activities and programs strengthen treatment-service enrollment and quality, such as: ART service delivery quality, recency testing, focused partner services for serodiscordant couples, early initiation, case management and retention and viral load scale-up; update the comprehensive national HTC service package and linkage to care for KP; strengthen local HIV testing and counselling TA capacity; and assure quality of TB detection, treatment and prevention in PLHIV.	Host country institutional development	Support TB and HIV networks in USAID supported provinces to improve TB screening and TPT for PLHIV

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
138	Beyond 3 years/long term (COP16: service delivery and system support)	13. Epidemiological and Health Data	5.18	Routine dashboard analysis on program performance conducted by provincial specialists and managers on a quarterly basis	2	# of provinces that routine use data/report for evident-base programming	0
139	Beyond 3 years/long term (COP16: service delivery and system support)	13. Epidemiological and Health Data	5.18	Interoperability and linkages of HIV information software (HIVInfo, SHI, eHIS, HIV Online Reporting, etc.) in place at provincial level	3	% completion of linkages within HIV information systems/software and # of online-indicators generated routinely for HIV programs	Development of HIV e-tools linkages at provincial level
140	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; (COP16: Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	HIV service delivery activities by community groups are integrated in the GVN national monitoring, reporting, and surveillance system for HIV.	1	Level of CSO integration into national system Routine report of CSOs into provincial M&E	50% CSOs having routine data reported into HIV/AIDS system
141	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; - Insufficient Case Reporting Data & KP Size Estimations - Limited new infection monitoring (COP16: Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	Provincial cascade guidelines developed and utilized quarterly	1	Quarterly Cascade Performance Review at Provincial level	Quarterly Cascade Performance Review in 2 Provinces
142	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; - Insufficient Case Reporting Data & KP Size Estimations - Limited new infection monitoring (Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	Provinces routinely use geospatial data for KP program coverage assessments (at commune and district levels)	2	Completed program coverage assessments	0
143	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; (COP16: Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	100% of CSOs (KP included) assigned, funded, implementing services, and reporting results as part of the GVN national monitoring and reporting system.	3	% of CSO DATA MANAGEMENT SYSTEM COMPLETED % of Site data level integrated into national M&E system	50% of CSOs and sites having functional data management system
144	Low coverage of TPT for ART patients in PEPFAR and non PEPFAR supported services	6. Service Delivery	5.79	90% eligible TX_NEW patients are provided with TPT	2	TB_PREV	NA

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138	2 provinces with routine dashboard and data analysis used for annual planning		4 provinces with routine dashboard and data analysis used for annual planning			
139	50% completion of HIV e-tools linkages at provincial level		75% completion of HIV e-tools linkages at provincial level		100% completion of HIV e-tools linkages at provincial level	
140	SOPs developed for CSO data integration into the national and provincial HIV data systems					
141	Quarterly Cascade Performance Review in 4 Provinces					
142	2 provinces use geospatial data for KP program coverage assessments		4 provinces use geospatial data for KP program coverage assessments			
143	60% of CSOs and sites having functional data management system		80% of CSOs and sites having functional data management system		100% of CSOs and sites having functional data management system	
144	80% eligible TX_NEW patients are provided with TPT		90% eligible TX_NEW patients are provided with TPT			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
145	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	PREV	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV and KPs through improved risk verification capacity, tools, and analysis.	IEC and/or demand creation	Using big data to roll out Reach 4.0 Targeted Social Media Strategy to reach further, younger and/or more hidden MSM users in HCMC Metro and NEZ, advertise available HIV testing/self testing services and attract them to use services and link to care and treatment with maximum cost efficiency.
146	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Host country institutional development	Assist GVN in Dong Nai, Tay Ninh, Tien Giang, Quang Ninh and targeted districts in HCMC and Hanoi to validate HIV case reporting database, and all cases identified in hospital system in HCMC Metro and NEZ and had been LTFU through enhanced case verification to ensure linkages/re-engage to ART for previously HIV identified cases.
147	USAID	TBD - Local Strategic Information Systems Strengthening Project/Follow-on	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	Accelerate TA activity for high quality data generation for epidemic control at both national and sub-national level includes: Technical support to provincial and district staff on DQA for case reporting and case verification. Upgrade HIV Info to include new tools/function of analysis and linked to ARV treatment. Development of provincial and district-level capacity for routine HCRS DQA and HCRS system improvement.
148	USAID	Challenge TB	C&T	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Information systems	Support NTP and VAAC to utilize existing patient management systems to increase referral and reporting between HIV and TB facilities in NEZ and HCMC Metro area.
149	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	C&T	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Host country institutional development	Expand activity the lesson learned from case verification in Nghe An, Dien Bien, Son La and Thanh Hoa to provide TA to the provinces in HCMC Metro and NEZ to assist them to reconcile cases reported in HIVInfo database that have not yet enrolled in ART, including support for year-round, continuous HIV linkage efforts in communities with seasonal mobility and in/out migration populations and implementation of tracing SOPs (untraceable cases; standardized approach to pre-ART clients) to update HIVInfo accordingly in Dong Nai, Tay Ninh, Tien Giang and Quang Ninh.
150	USAID	USAID Enhanced Community HIV Link - Northern	PREV	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Information systems	TA to DOHs/PACs in NEZ to enhance data linkages between health systems and CSOs/CBOs; between community and facility-based services including inter--province linkage/tracking system for PLHIV
151	USAID	Sustainable HIV Response from Technical Assistance (SHIFT) Project	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	Continue to support PLHIV Estimation using AEM modeling for targeted regions and provinces for strategic investment and planning.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
145	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	4. Private Sector Engagement	6.14	Private big data companies participated in the HIV prevention and case finding effort and contribute their corporate responsibility with the community.	3	Annual progress report by IM	No companies involved
146	ART coverage for PLHIV: - Limited data quality for the first 90; - Limited linked of previously identified cases to the second 90; - Case finding challenges	13. Epidemiological and Health Data	5.18	80% of previously identified HIV cases in primary regions verified and linked to treatment services.	3	Number previously identified HIV cases in primary regions verified and linked to treatment services	Number of cases reported in the national system by Sep 30, 2018
147	ART coverage for PLHIV: - First 90; Second 90; - Case finding; - CSO involvement; - Insufficient Case Reporting Data & KP Size Estimations - Limited new infection monitoring (COP16: Coverage of PLHIV on ART < 50% in 3 of 5 Priority Provinces First 90 - Limited CSO Involvement; Insufficient Case Reporting Data & KP Size Estimations	13. Epidemiological and Health Data	5.18	HIV Case Reporting System updated and verified to have data reconciled with HTC and ARV managing system.	1	SOPs HIVInfo3.1 with ART add-in. Completion and regular updated HIVInfo at provincial level.	Draft SOPs 2 provinces with updated HIVInfo
148	Weak linkage, feedback, and tracking patients between HIV and TB system	9. Quality Management	6.43	At least 90% of TBHIV patients receive ART and TB treatment	1	VAAC and NTP annual reports	90% of TB patient who are HIV positive receive ART and TB treatment
149	Nationally, approximately 100,000 cases (nearly 50% of estimated PLHIV) reported in HIVInfo are not yet enrolled in ART.	13. Epidemiological and Health Data	5.18	Supported provinces will be able to verify, update the HIV reported list and link 60% of re-identified cases to ART services	3	Provincial HIVInfo database Provincial ART record	No case verification
150	Current service delivery systems are not sufficiently responsive to the needs of key populations, thus unable to increase the coverage of prevention services, intensify HIV case identification and linkage to HIV care and treatment.	6. Service Delivery	5.79	Data verification system and linkage between community and facility services established and utilized	2	# of provinces have data verification system and linkage system from community to facility # of LTFU positives enrolled in HIV treatment # of drop-out patients re-engaged to ART treatment	Program Data
151	- Insufficient Case Reporting Data & KP Size Estimations - Limited new infection monitoring	13. Epidemiological and Health Data	5.18	Regional and provincial updated estimation and projection on PLHIV and other parameters updated on an annual basis for planning and monitoring epidemic control.	2	AEM reports & use	By 2018, no regional and provincial updated estimation and projection for some specific provinces

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145	Big data companies know how and start to provide online targeted outreach services to MSM and TG who are seeking sex online and link them to community testing and treatment		Big data companies' capacity fully developed and provide significant results to case finding efforts		Big data companies provide significant results to case finding efforts and continue their corporate responsibility commitment	
146	100% HIV Case Reporting List verified		At least 50% of those verified alive linked to treatment		80% of those verified alive linked to treatment	
147	Finalized SOPs for case verification - 4 provinces with updated HIVInfo and case reporting system					
148	At least 90% of TBHIV patients receive ART and TB treatment					
149	70% of targeted districts conduction case verification and linked to treatment		90% of targeted districts conduction case verification and linked to treatment		100% of targeted districts conduction case verification and linked to treatment	
150	1 province in NEZ region has data verification system and linkage system from community to facility including inter-provincial linkage system		NEZ region has data verification system and linkage system from community to facility including inter-provincial linkage system			
151	National & Regional TWG finalize protocol, collect data and initial triangulation		Final reports			

Row	Funding Agency	Implementing Mechanism Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)
152	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	1. Development of HIV estimation and projections for national level and high burden provinces. 2. Update, maintain and analyze national HSS dataset for better understanding and utilization of HSS findings. 3. Routinely review and use HCRS data at central level for program planning and improvement.
153	CDC	Department of Health HCMC	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	1. Integrate HIV-specific variables into established hospital systems in HCMC 2. Routine data abstraction/ reporting for clinical monitoring, and enhanced service quality and retention.
154	CDC	Department of Health HCMC	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	In HCMC: 1. Expand S&D reduction tool and activities, including QI collaborative on S&D, to an additional 3 sites in HCMC. 2. Update QI indicators to be consistent with MOH new C&T GLs Conduct QI collaborative as a part of the overall HIVQUAL program. 3. Expand activities to include S&D reduction for the 1st 90. Analyze activity results and translate to policy on HIV-related S&D reduction and measurement in HCMC.
155	CDC	HMU follow on	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	1. In NEZ, Consolidate and expand activities, indicators/measures for KP/PLHIV-friendly services in consultation with advocacy groups. Expand the directory to 2 additional provinces in HCMC Metro or NEZ. Develop patient satisfaction measurement tools and include results. 2. Support MOH to institutionalize S&D QI and facility measures/data in a national database that has international and regional data sharing capacity.
156	CDC	Department of Health HCMC	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	In HCMC: 1. Strengthen HCRS for complying to MOH Circular 09 requirements to improve quality, completeness and timeliness of the HIV case reports. 2. Improve quality and robustness of HSS case verification data among KPs through SOP adherence, monitoring.
157	CDC	HMU follow on	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	1. Monitor and evaluate effectiveness of navigator-assisted referral program for high-risk MSM in HIM-Hanoi cohort to HIV risk reduction services, including PrEP/PEP 2. Innovate and implement improved mapping of FSW in Hanoi for better sampling and recruitment in HSS survey 3. Optimize use of MMT program data to document HIV prevalence among MMT clients, triangulating with HSS/HSS+ to strengthen assessment of HIV epidemic among PWID 4. Implement HIV risk assessments and population-size estimates of transgender (TG) communities in Hanoi

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
152	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	1. Timely release of national HSS and HCRS data 2. SOPs and technical guidance reflect international standards for case verification and data quality 3. Updated EPP estimates, with greater reliability, are available	2	1. Availability of SOP for case verification and data quality improvement of HCRS. 2. Results of data audits of national HCRS every quarter. 3. National updates on case report and shared internal availability of HCRS dataset.	1. Current SOP does not meet international standards. 2. Estimates were conducted in late 2016/early 2017 and require updating. 3. HSS data are not readily available for routine program planning.
153	Integration of HIV OPCs into hospitals increase challenges in patient tracking and management of longitudinal clinical data to support patient care and program reporting.	15. Performance Data	7.63	Support for system maintenance to ensure the quality of the system and ensure data accessibility for monitoring clinical quality	2	Data in some selected sites in HCMC will be consolidated for use	No inclusion of HIV report into Hospital based monitoring system yet
154	Non- PLHIV/KP-friendly services and facility based stigma discourages testing, linkage to care, treatment, retention, and or adherence.	2. Policies and Governance	5.75	Effective approaches for reducing HIV-related stigma and discrimination in HIV healthcare settings are institutionalized in HCMC HIV facilities. HIVQUAL fully integrated into QI programs of the curative system in 90% of facilities providing ART	3	Training knowledge tests S&D assessments with facility and patients, including routine hospital surveys	UNAIDS-HCMC 2016 S&D pilot in 3 sites reports demonstrate PLHIV and KP fear disclosure and lack of confidentiality when accessing HIV services. Site level S&D activities need further TA for scale-up
155	Non- PLHIV/KP-friendly services and facility based stigma discourages testing, linkage to care, treatment, retention, and or adherence.	2. Policies and Governance	5.75	PLHIV and key populations in select provinces access patient-friendly and client-centered services and remain in HIV treatment.	3	# of provincial level directories A national database and system for assessing stigma and discrimination in HIV facilities.	Development of directory in 1 province to inform key standards for KP/PLHIV-friendly services
156	Data are sub-optimal for strategic program planning towards epidemic control.	13. Epidemiological and Health Data	5.18	1. Reliable HSS data by Q4 of same surveillance year are available. 2. Routine monitoring and review of HCRS reports are in place. 3. Complete, reliable HCRS data for HCMC new reported cases are available. 4. Timely epidemic updates for HCMC at beginning of the subsequent year is available.	3	1. Availability of reliable HSS data by Q4 of same surveillance year. 2. Routine monitoring and review of HCRS reports are in place. 3. Availability of complete, reliable HCRS data for HCMC new reported cases.	The HCRS is not fully functional at communal level in HCMC therefore HIV cases are not confirmed to be real new cases and this effects the 1st 90 number of HCMC.
157	Inconsistent quality and use of HIV sentinel surveillance, case-based surveillance and other epi data. Incomplete understanding of HIV/STI risk and transmission dynamics among key populations	13. Epidemiological and Health Data	5.18	1. Reliable HSS data with rapid dissemination for program use. 2. Enhanced approach to HSS/HSS+ in assessing HIV epidemic among PWID. 3. Improved understanding of HIV/STI risks and transmission dynamics among MSM and transgender are available	3	1. Availability of reliable HSS data by Q4 of same surveillance year. 2. A solid supplemental approach to HSS/HSS+ in assessing HIV epidemic among PWID is available 3. Prevalence and incidence of HIV, STIs among MSM and transgender available	- No solid mapping method that can help to capture "the most hidden population of FSW (e.g. FSW who reach to their clients thru phone/ internet) is available. - Recruitment in HSS to monitor HIV trend among PWID is more and more difficult to implement due to expanding of MMT program and changing in type of drug used.

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152	1. Updated SOP for case verification and data quality improvement of HCRS available. 2. Results of data audits of national HCRS every quarter. 3. National HSS data is available for provincial access 4.Reliable results of EPP round 2018 available		1. Implementation and monitoring of case verification and data quality improvement (according to international standards) in HCRS. 2. Results of data audits of national HCRS every quarter. 3. National updates on case report and (internal) sharing of HCRS dataset made available. 4. National HSS data is available for provincial access			
153	Main HIV reporting indicators are included into the monitoring system of some selected sites		Main HIV reporting indicators are included into the monitoring system of some selected sites			
154	GVN-accredited facility-based S&D reduction program implemented in 3 sites. QI collaborative on Stigma protocol approved and established		GVN-accredited facility-based stigma reduction program implemented in HCMC in 6 sites, including for HTC- Tx linkages. Stigma indicator incorporated into a national reporting system		S&D reduction program standardized at national level. Financing options for S&D reduction activities are established. MOH S&D reduction policy updated and monitored nationally.	
155	Web-based directory expanded; tool available to KPs in 3 provinces Development of a national database for S&D measures taken from HIV facilities participating in the S&D reduction program		- Patient-friendly standards reinforced and handed over to PLHIV/KP involved at provincial level -National S&D/QI database provides routine analysis of S&D activities, including regional engagement		Hand over all activities and tools related to national S&D database to GVN, with a long-term TA/support plan for GVN established	
156	1. Reliable HSS and HCRS data by Q4 of calendar year. 2. Rapid tests application in HSS surveys among FSWs implemented. 3. Routine monitoring and review of HCRS reports are in place.		1. Reliable HSS and HCRS data by Q4 of calendar year. 2. Rapid tests application in HSS surveys among PWID implemented. 3. Complete, reliable HCRS data for HCMC new reported cases are available. 4. Timely epidemic updates for HCMC at beginning of the subsequent year is available.		1. Reliable HSS and HCRS data by Q4 of calendar year. 2. Rapid tests application in HSS surveys among PWID implemented. 3. Complete, reliable HCRS data for HCMC new reported cases are available. 4. Timely epidemic updates for HCMC at beginning of the subsequent year is available.	
157	1. Availability of reliable HSS data by Q4 of same surveillance year. 2. A solid supplemental approach to HSS/HSS+ in assessing HIV epidemic among PWID is available 3. Prevalence of HIV, STIs among MSM and its subgroups are available		1. Reliable HSS data with additional biomarkers for KP groups available by Q4 of same surveillance year. 2. New approach for identifying and recruiting FSWs implemented in Hanoi 3. Incidence of HIV, STIs among MSM and its subgroups are available and used for program planning.		1. Reliable HSS data with additional biomarkers for KP groups available by Q4 of same surveillance year. 2. New approach for identifying and recruiting FSWs recommended and expanded in National HSS survey 3. Uptake & retention of HIV, STIs services among MSM and its subgroups are available 4. Size estimation of and HIV prevalence among transgender in Hanoi	

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158	CDC	Vietnam Administration for HIV/AIDS Control (VAAC)	HSS	Unpack 1st 90 challenges by assisting GVN to determine actual numbers of PLHIV through enhanced case verification activities and increasing treatment enrollment by linking verified cases to HIV services.	Surveys and surveillance	1. Conduct HIV case verification in NEZ + HCMC Metro selected provinces: 1a. To enhance quality of the national HIV case reporting by ascertaining # of PLHIV alive in provincial reports. 1b. To link untreated PLHIV to ART services. 1c. To enhance quantification of KP risk group among PLHIV by implementing risk categorizing tools 2. Conduct KP size estimation in Hai Phong.

Row	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data
158	Data are sub-optimal for strategic program planning towards epidemic control.	13. Epidemiological and Health Data	5.18	1. Good and realizable HCR data are available for program planning in 10 provinces. 2. Size estimation of PWID and FSWs are available in 3 Northern Economic Zone	1	Number of provinces complete HIV case verification with good and realizable HCRS data are available for program planning.	Unrealizable and under-reported HCRS data for program planning.

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158	1. Good and realizable HCR data are available for program planning in 10 provinces. 2. Size estimation of PWID and FSWs are available in 3 Northern Economic Zone					