Country Operational Plan

Vietnam

COP 2019

Strategic Direction Summary

April 12, 2019

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1.0 Goal Statement

The PEPFAR Vietnam Country Operational Plan (COP) 2019 represents the second year of an aggressive two-year plan to achieve success in two key program objectives: (1) scale-up to 90-90-95 in the 11 PEPFAR Surge provinces of the Northern Economic Zone (NEZ) and Ho Chi Minh City (HCMC) Metro regions; and, (2) ensure a sustainable transition of primary financial, administrative, and technical responsibility of HIV care and treatment services to the Government of Vietnam (GVN). NEZ and HCMC Metro together encompass over half of the HIV burden in Vietnam, and there is evidence of high and increasing HIV incidence among urban MSM. Through PEPFAR support, the two regions drive innovation and spur national adoption of best practices. In just the last year, the plan and policies for national scale-up of pre-exposure prophylaxis (PrEP), same-day initiation of antiretroviral (ARV) therapy (ART), multi-month scripting, and dispensing of ARV commodities (MMS) came to fruition through PEPFAR support and Government of Vietnam (GVN) leadership.

The 90-90-95 goals are ambitious and, in the NEZ especially challenging, both because of the higher targets that must be achieved in the North and because intensive PEPFAR support was only reintroduced in COP18. Performance on the third 95 across Vietnam has been exceptional, and increasing success in linking positives to treatment shows that Vietnam is on track to achieve the second 90. HIV case verification activities in the PEPFAR surge provinces initiated in COP18 have reset the official counting of persons living with HIV (PLHIV) who know their status, and has allowed PEPFAR Vietnam to link into care those persons not yet on ART. Case-finding is the most challenging of the three 90s, especially in a concentrated epidemic where HIV- and key population (KP)- associated stigma creates additional barriers. The COP19 plan shows intentional focus on optimizing case-finding using intensified index partner testing. Case-finding will be differentiated to target key populations by age and behaviors, and HIV testing efficiency will be further increased through implementation of risk-screening tools. Recency and acute HIV infection (AHI) testing will inform index testing to identify and break active transmission chains; routine recency testing of all newly diagnosed HIV cases will enable national surveillance of epidemic patterns and hotspots. COP19 implementation will ensure rapid linkage of positives to ART and high-risk negatives to PrEP and non-occupational post-exposure prophylaxis (nPEP), interrupting the onward transmission of HIV.

In parallel, COP19 will continue the successful and sustainable transition of the HIV response to the GVN. Eight-nine percent of PLHIV across Vietnam now have social health insurance (SHI) cards, and 87 percent of all HIV clinics are now certified to be reimbursed for HIV services by SHI. SHI disbursed the first tranche of ARVs and will cover 48,000 (out of 132,000) people on treatment during calendar year (CY) 2019. COP19 affirms PEPFAR's commitment to transition from donor-funded ARVs to SHI-funded ARVs, providing the necessary technical assistance and monitoring to ensure continuity of treatment and quality services. Scale-up of SHI coverage and coordination of donor support for SHI co-payments will ensure universal access to routine viral load monitoring

for ART patients nationally. COP19 will also continue to advocate and document evidence to revise the HIV Law to include HIV prevention activities, such as PrEP, in the SHI basic package of services.

The COP19 strategy—jointly 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—ensures a coordinated HIV response with broad political and community buy-in and engagement.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden, and country profile

Vietnam's HIV Profile

The national HIV prevalence in Vietnam is 0.25 percent of the general population, with an estimated 245,337 people living with HIV (PLHIV)[1]. Although HIV incidence peaked in early 2000 and has declined gradually, the epidemic in Vietnam remains concentrated among three key populations: men who have sex with men (MSM) 10 percent prevalence, people who inject drugs (PWID) 14 percent prevalence, and female sex workers (FSWs) four percent prevalence. The distribution of PLHIV by KP and program coverage varies by region and province, highlighting the need for a geographically tailored response.

In COP19, PEPFAR Vietnam will continue to focus on 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:

- Over half of the epidemic is concentrated in these two economic regions, surrounding HCMC and Hanoi;
- These regions are the hubs for innovations leading to the institutionalization of best practices that can be scaled up nationally; and
- The government of Vietnam also prioritized these two economic regions as they are the source and destination of KPs.

HCMC Metro includes seven provinces and 29 percent of the national HIV burden. As the economic hub of the South, HIV transmission in this region is driven predominantly by sexual behaviors. HIV transmission clusters span multiple provinces, especially districts near the HCMC provincial borders. Similarly, NEZ includes four provinces and about 23 percent of the national HIV burden. The epidemic in this region is driven by both injecting and sexual behaviors.

HIV sentinel surveillance (HSS+) conducted in PEPFAR surge provinces shows prevalence among MSM to range from four to 16 percent. In Ba Ria-Vung Tau estimated MSM prevalence is 16 percent, with prevalence of 15 percent in Binh Duong and HCMC. Hanoi, as the major economic hub in the north, has seen a significant increase in HIV prevalence among KPs, especially among MSM. Recent data from Hanoi document an overall HIV prevalence among MSM of 13.6 percent, with prevalence among young MSM under 20 years of age at 12.4 percent. Even more concerning, observed annual incidence is 7.6 percent for Hanoi MSM, with incidence of 8.8 percent among those less than 20 years of age.

HIV prevalence among PWID ranged from nine to 22 percent across the surge provinces, however, overall national prevalence has been declining. Higher prevalence among PWID in certain provinces reported in HSS+ had to do with the limitations of current sampling method

[1] AIDS Epidemic Model, 2016

and recruitment strategy. For COP19, PEPFAR will support the introduction of a new sampling methods to improve data collection and data quality.

FSWs in Vietnam are the smallest KP group. HIV prevalence among FSWs in surge provinces ranged from one percent in Long An to eight percent in HCMC and Hanoi. In many provinces, there are substantial numbers of individuals who are identified as sexual partners of KPs or documented as "others." With PEPFAR support, an enhanced risk-identification tool was introduced in 2018 to reduce the number of those categorized as "others." This data will help improve risk categorization as well as program monitoring.

KP size estimation data are essential for program planning. With support from the GFATM, population size estimation was conducted among MSM in 11 provinces. Of the 11 provinces, three (Hanoi, Hai Phong and Dong Nai) are part of the PEPFAR surge provinces. Population size of MSM in Hanoi between the ages of 18 and 49 years is estimated to be about 31,000. In Hai Phong, the population size of MSM between the ages of 18 and 49 years is 3,400. In Dong Nai, it is 7,760. These estimates should be understood as conservative, because they capture only those between the ages of 18 and 49 who have access to and use social apps and/or internet.

Additional population size estimation activities are currently underway in a number of PEPFAR surge provinces to estimate the population sizes of PWID and FSW. These include, Hai Phong (FSW), Thai Nguyen (PWID), Tien Giang (MSM), and Quang Ninh (MSM).

Vietnam's Key Policies Meeting Program Requirements

During the last few years, Vietnam has made significant strides in a number of policy and program areas across the clinical cascade and in health systems for epidemic control. The new national community-based testing guidelines, released by the Vietnam Ministry of Health in April 2018, include index testing. Index testing is being scaled up in the 11 PEPFAR surge provinces.

Vietnam implemented Test and Start in July 2017. In 2018, standard operating procedures (SOPs) were developed for rapid, same-day initiation of ART and MMS. Vietnam launched MMS in HCMC as a pilot in December 2017. Routine implementation and MMS scale-up started in January 2019. It is expected that by the end of 2019, 80 percent of tenofovir/lamivudine/efavirenze (TLE) stable patients will receive MMS ARVs.

Currently, Vietnam's National Standard Treatment Guidelines include tenofovir/lamivudine/dolutegravir (TLD) regimen. However, there are policy barriers related to Government of Vietnam's pharmaceutical importation requirements, including a requirement for clinical data, that restrict full implementation of stated guidelines. PEPFAR Vietnam is working with the Ministry of Health to ensure progress and overcome these policy barriers. It is expected that registration of TLD will be completed by September 2019. PEPFAR Vietnam has proposed activities in COP19 that will allow TLD to be included in the SHI covered-drug list.

PEPFAR will support viral load (VL) optimization, including (1) working at provincial levels to ensure VL results monitoring integrated into SHI e-claim systems; (2) supporting VAAC in expanding access to certified VL labs successfully claiming SHI reimbursement; and (3) resource coordination at provincial level as SHI expands.

TB preventive treatment (TPT) has been routinely implemented as part of HIV clinical care package at 127 PEPFAR supported sites in 11 surge provinces and 14 sustained provinces. In COP19, PEPFAR will support procurement of limited quantities of the 12-dose regimen of once-weekly rifapentine and isoniazid (3HP) for evaluation and demonstration of short-course regimen. All other patients will be placed on isoniazid in an effort to scale up TPT in all PEPFAR surge province sites.

PEPFAR Vietnam is supporting the national and provincial health authorities to strengthen the current patient management system, integrating HIV data as part of the system. This will include morbidity and mortality outcomes including infectious and non-infectious morbidity.

Nationally, PEPFAR is working to ensure preventative HIV services are included in the SHI Basic Health Service Package. Implementing partners are working with provincial governments to develop sustainable financing plans for HIV prevention commodities such as PrEP and nPEP, as well as advocating for mechanisms such as social contracting for community-based organization (CBO) participation in HIV prevention and service delivery activities, that will allow CBOs to be funded directly from government budgets in order to undertake HIV prevention and service delivery activities.

Currently, more than 85 percent of the population has health insurance. The Vietnam Administration for AIDS Control (VAAC), in collaboration with the Vietnam Social Security (VSS), has developed an ARV patient database to monitor and manage the payments and information for each patient on ARV only. The new system will generate a unique identifier for each ARV patient. It is expected that the SHI unique identification number has the potential to become the unique identifier for all patients. Additionally, Vietnam will be moving beyond its current HIV case reporting system to establish a robust case-based surveillance system to capture sentinel events among PLHIV, from diagnosis to death.

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	94,394,184		10,641,290	11.3 %	11,242,700	11.9 %	6,918,908	7.3%	7,271,160	7.7%	29,971,862	31.8 %	28,348,264	30.0 %	GSO, Population Census 2009, estimated for 2018.
HIV Prevalence (%)		0.25													AEM 2018 (adult only)
AIDS Deaths (per year)	6722														AEM 2018 (adult only)
# PLHIV	245,337														AEM 2018
Incidence Rate (Yr.)															N/A
New Infections (Yr.)	5,384														AEM 2018(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
Notified TB cases (Yr.)	99,466	100	802	0.81	854	0.86	3,593	3.61	5,424	5.45	23,240	23.37	65,553	65.90	NTP case report, 2018

% of TB cases that are HIV infected	2,617	100	41 (1.57)				193 (7.37)				2,383 (91.06)				NTP case report, 2018
Estimated Population Size of MSM*	200,325														AEM 2018
MSM HIV Prevalence		10.0													AEM 2018
Estimated Population Size of FSW	85,496														AEM 2018
FSW HIV Prevalence		4.0													AEM 2018
Estimated Population Size of PWID	189,371														AEM 2018
PWID HIV Prevalence		14.0													AEM 2018

Table 2.1.2 90-90-95 cascade: HIV diagnosis, treatment and viral suppression[2]										
Epidemiologic Data					**HIV Treatment and Viral Suppression**			**HIV Testing and Linkage to ART Within the Last Year**		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Estimated Total PLHIV (#)**	**PLHIV diagnosed (#)**	**On ART (#)**	**ART Coverage (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	94,394,184	0.25%	245,337	208,750[3]	131,618[4]	54%	95%[5]	3,055,784[6]	20,585[6]	14,900[6]
Population <15 years	21,883,990[7]	0.02%	5,842	4,721[8]	4,721[9]	81%	94% (11 surge provinces)	NA	NA	237
Population 15+ years	72,510,194	0.33%	239,495	204,029	126,897	53%	95%[10]	NA	NA	14,663
MSM	200,325	10.0[11]	N/A	NA	NA	NA	NA	42,996[6]	3,472[6]	NA
FSW	85,496	4.0[9]	N/A	NA	NA	NA	NA	34,512[6]	325[6]	NA
PWID	189,371	14.0[9]	N/A	NA	NA	NA	NA	4,388[6]	4,276[6]	NA

[2] National data – Calendar Year 2018

[3] VAAC - Source: VAAC case reporting system (Cir. 09) - Data has been reported cumulatively from provincial level. We believe there would be a duplication about 10% nationally as well as not up to date client status (death). With support from PEPFAR SI team and other stakeholders, VAAC M&E department is taking lead to conduct case verification process, province to province. We hope by the end of FY19, this activity would be implemented in all 15 PEPFAR supported provinces to provide better understand on the first 90 achievements in country

[4] VAAC – Care and Treatment department report September 2018

[5] PEPFAR- in surge provinces

[6] VAAC – National reporting Program (Cir 03) – Data from October 2017 to September 2018; some duplication might happened, no UIC available

[7] GSO, Population Census 2009, estimated for 2018.

[8] VAAC – 2018 M&E department report, calculated from provincial level for different project and donors (duplication removed).

[9] VAAC – 2018 M&E department report, calculated from provincial level for different project and donors (duplication removed).

[10] PEPFAR- in surge provinces

[11] AEM 2018

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment

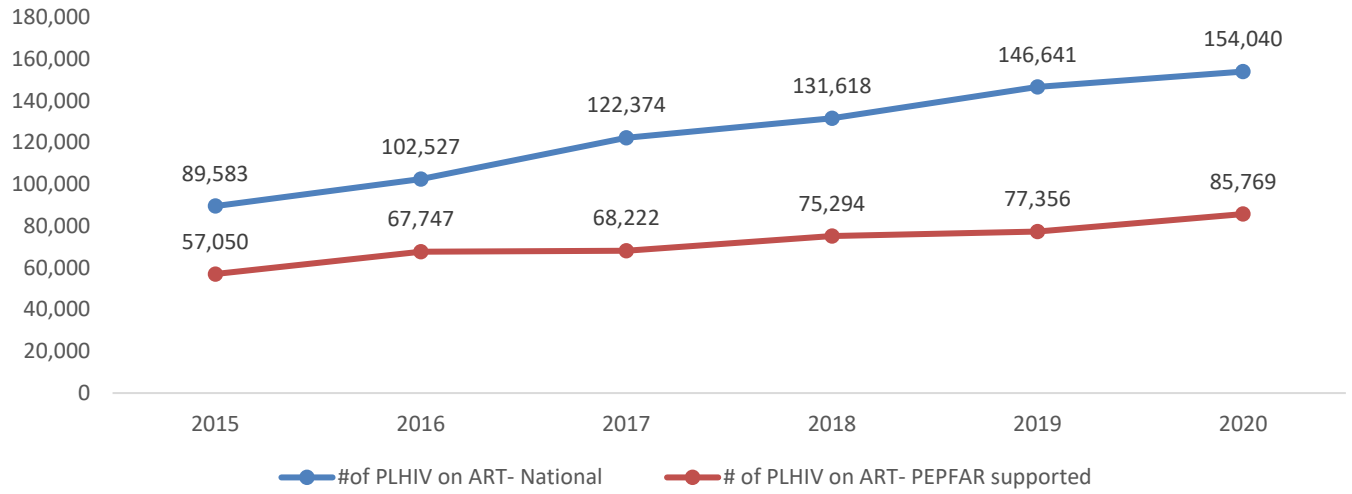
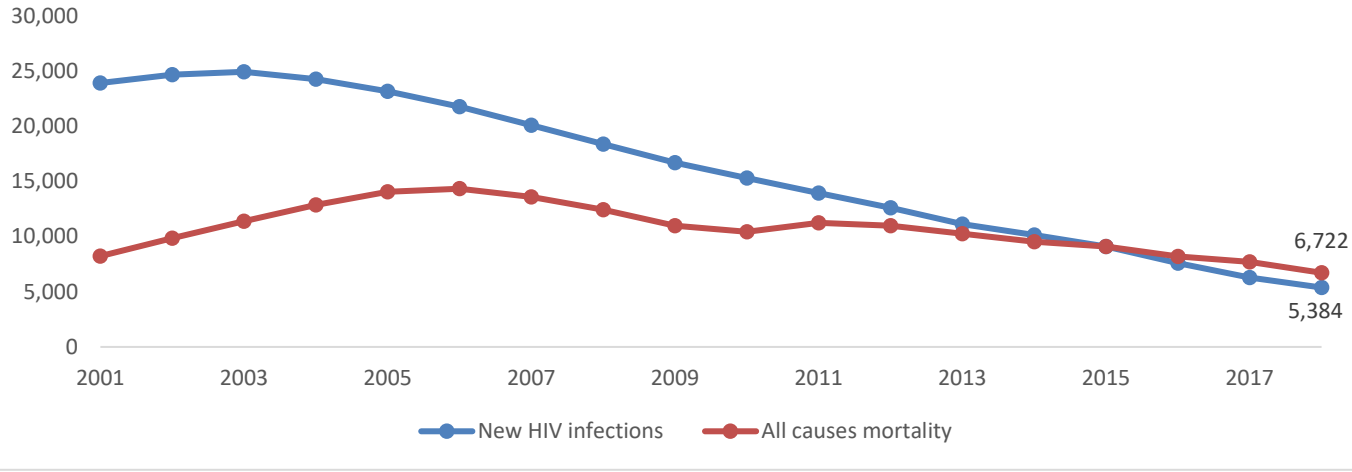


Figure 2.1.4 New Infections and All-Cause Mortality among Adults Living with HIV/AIDS (AEM 2018)



2.2 Investment Profile

The HIV response in Vietnam is successfully shifting from a donor-dependent program to one that is primarily domestically financed. Prior to initiation of transition in COP15, 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 in 2015 (66.4 percent of recurrent expenditure[12]). The HIV public expenditure in 2015, primarily from the HIV National Targeted Program (NTP), represented 25 percent of the recurrent HIV expenditure.

The official national health expenditure and HIV sub analysis data are only available through 2015[1]. Nevertheless, based on estimates of the preliminary available information at the end of 2018, public spending on HIV reached 35 percent of total expenditure and the overall proportion of domestic resources (including both public and private sources) increased from 36 percent in 2016 to an estimated 47 percent in 2018[13]. External funding from GFATM and PEPFAR in 2018 contributed to approximately half of the total expenditure for the national HIV response. Except for a limited budget of $300,000 for TLD, PEPFAR stopped procuring ARVs for Vietnam in COP18.

Since 2015, GVN has taken greater responsibility for HIV, including primary financing roles for human resources for health; HIV sentinel surveillance; harm-reduction programs; essential HIV commodities; and general HIV prevention program activities. GVN central budget provided an additional $2.8 million to procure ARVs for approximately 30,000 patients in 2018. SHI contributions and provincial government contributions have also increased since 2015. SHI reimbursements for HIV services in 2017 and 2018 were estimated at $2 million and $3 million, respectively. SHI for the first time procured $5.9 million of ARVs to cover 48,000 patients in 2019. It is expected that the GVN, through SHI, will cover the ARVs for all PLHIV in Vietnam by 2021.

Provincial government funding supports HIV prevention and harm reduction activities, and covers SHI premium and ARV copayments for indigent PLHIV. Currently, 42 out of 63 provinces use local funds to pay SHI premiums. Among those 42 provinces, 18 provinces have also committed to using local funding to subsidize ARV/ copayments[14]. To ensure equity among all PLHIV and a smooth transition to SHI, provinces may utilize GFATM and PEPFAR resources when domestic resources are insufficient to cover SHI costs for the patient.

Private finance is a small but growing source of domestic funding for the national HIV response. International and local private-sector companies invested $1.5 million in fiscal year (FY) 2017 and $1.9 million in FY 2018. Nineteen private-sector companies comprising pharmaceuticals, diagnostics, condoms, needles and syringes, social media, importers and distributors, and social enterprises 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.

PEPFAR Vietnam will continue to closely monitor policy adherence and track domestic resources to assure the continued success of the transition to SHI and continuity of essential HIV services.

Table 2.2.1 Annual Investment Profile by Program Area (FY 2018)[15]					
Program Area	**Total Expenditure**	**% PEPFAR**	**% GFATM**	**% GVN**	**% Other**
Clinical care, treatment and support	$22,132,129	53.6%	26.3%	12.0%	8.1%
PMTCT	$172,134	-	100%	-	-
HTS	$2,744,015	79.9%	20.1%	-	-
Priority population prevention	$37,439	-	100%	-	-
Key population prevention	$13,034,571	29.1%	8.9%	51.1%	10.8%
Medication Assisted Therapy (MAT)	$6,667,705	-	-	84.8%	15.2%
PM and Above Site (HSS, Lab, SI, Surveys and Surveillance)	$34,425,993	38.7%	3.5%	44.7%	15.4%
Total	$79,213,987	39.0%	11.2%	37.9%	11.9%

Table 2.2.2 Annual Procurement Profile for Key Commodities (FY 2018)[16,17]					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GFATM**	**% GVN**	**% Other**
ARVs	$11,809,851	46%	30%	24%	-
Rapid test kits	$2,217,200	8%	92%	-	-
Lab reagents (CD4)	N/A*	-	-	-	100%
Condoms	$410,000	-	100%	-	-
Viral load commodities	$2,348,000	21%	79%	-	-
Medication Assisted Therapy (MAT)	$2,765,045	9%	-	91%	-
Other commodities (TB)	$174,366	-	20%	80%	-
Total	$19,742,462	32%	40%	28%	-

[15] Due to unavailability of NHA/NASA, this table is built based on different available sources of information. PEPFAR Expenditure report FY 2018 for PEPFAR source, GFATM audit report Aug 2018, MOH/VAAC preliminary report for Host country government expenditure , CY 2018 including central and provincial funding, VSS 2018 e-claim data ; Private sector contribution and leverage in FY 2018 from USAID Healthy market project; all amounts in USD.

[16] GRP, National AIDS Spending Assessment , 2012), all amounts in USD

[17] Source: *Global Health Supply Chain–Procurement and Supply Management (GHSC-PSM), Expenditure Reporting FY2018, GFATM Calendar Year (CY) 2018 Procurement Data, State Budget for ARV and Methadone in CY2018.*

Notes: *ARV: 24% from host country was using Government State Budget ($2.8M). The SHI ARV source of $5.9M will be spent in FY 2019*
Viral Load: was calculated for 32 GF supported provinces and 11 PEPFAR supported provinces. GF project year is CY2018, not US FY 2018, The GF amount is for CY 2018
MAT: PEPFAR final Methadone order was placed in FY2017, however the FY2018 Expenditure Reporting still showed a small amount of Methadone expense from the shipments that were procured in previous years.
** CD4: GF did not expend $ in CY 2018 for CD4, but used remaining stock from CY 2017. In 31 non-GF provinces, primarily patients pay. In some cases provinces pay for CD4 tests - the provincial data is not available*

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration (FY 2019)					
Funding Source	**Non-PEPFAR Resources Total USG**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**Co-Funded IMs (#)**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID (Emerging Pandemic Threats)	USD $5,000,000 (TBD)	0	0	0	To strategically strengthen countries' multi-sectoral capacities in reducing the risk and impact of zoonotic and antimicrobial-resistant threats that are of greatest public health concern.
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)	~$3,400,000	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
USAID (TB)	$5,000,000	0	0	0	To improve capacity of Vietnam National TB program for drug-susceptible and multidrug-resistant TB case detection, treatment and prevention.
Total	$14,250,000	0	0	0	

2.3 National Sustainability Profile Update

In October 2017, PEPFAR, UNAIDS, and MOH/VAAC co-convened two participatory half-day meetings with diverse country stakeholders to complete the Sustainability Index Dashboard (SID). Discussions were robust; there was consensus that the scores did not accurately reflect the Vietnam context as every domain had at least one or more element categorized as 'approaching sustainability' or 'sustainable'.

Some of the high-scoring elements included: Technical and Allocative Efficiencies (9.1), Financial Expenditure Data (8.3), Laboratory (7.9), Domestic Resource Mobilization (7.7), Performance Data (7.6), and Human Resources for Health (7.2). For these strengths: PEPFAR has transitioned out of supporting HR and administrative site-level costs and has transitioned the primary responsibility for routine laboratory-monitoring tests to Vietnam.

In COP19, PEPFAR will focus resources on systems investments to help Vietnam achieve 90-90-95 in 2020 in the two priority regions of NEZ and HCMC Metro, including intensified community-based case finding, enhanced contact and index tracing, and linkage to same-day ART and VL suppression.

A major portion of sustainable HIV financing is dependent on SHI. Eighty-nine percent of PLHIV now have insurance cards and 87 percent (378/437) of all eligible HIV facilities are receiving SHI reimbursements[18]. Since March 8, 2019, 188/437 of these facilities are dispensing ARV for their patients through SHI. COP19 affirms PEPFAR's commitment to transition from donor funded ARVs to SHI ARVs, providing the necessary technical assistance that will include supporting the system's ability to: retain and reimburse PLHIV; quantify, procure, and distribute ARVs on a timely basis; and monitor the overall transition to ensure continuity of treatment and quality services. Currently, SHI is a curative scheme and does not cover costs related to HIV prevention; in COP19, PEPFAR will advocate for changes in the SHI mandate to include HIV prevention services such as testing and PrEP in the SHI package of services. At the same time, PEPFAR will explore other innovative financing options from domestic resources for HIV prevention services such as case finding. This would allow GVN the means to sustainably finance access to the full spectrum of HIV prevention, care and treatment services for all PLHIV and at risk KPs in Vietnam.

The sustainability vulnerabilities that threaten epidemic control in the NEZ and HCMC Metro include the lack of a costed national strategy, good epidemiological and health data (5.2), and civil society engagement (4.04). PEPFAR Vietnam continues its investments in these vulnerable areas into COP19. Vietnam will undertake development of a new national HIV strategy in 2019 for the 2020-2025 period, and PEPFAR will advocate for this to be a costed strategy. The gaps in health data and quality remain a concern; COP19 will prioritize SI, data management, data quality, and national health data systems. PEPFAR will also prioritize the institutionalization of interoperable health information systems (HIS), strategic information (SI), and data quality as Vietnam will need to manage more data that will arise from the aggressive scale up in these two regions. PEPFAR Vietnam prioritizes working with and implementing activities through indigenous partners, including HIV network organizations, community-based organizations, and community-and KP-led organizations directly servicing communities and populations at-risk and most affected by HIV, to build local capacity and increase program sustainability. PEPFAR's community-based testing strategy, which comprises the significant portion of all COP 2019 testing, and case-management approach to the HIV continuum will require strong and active civil society and community-based

[18] MOH/VAAC data by December 2018

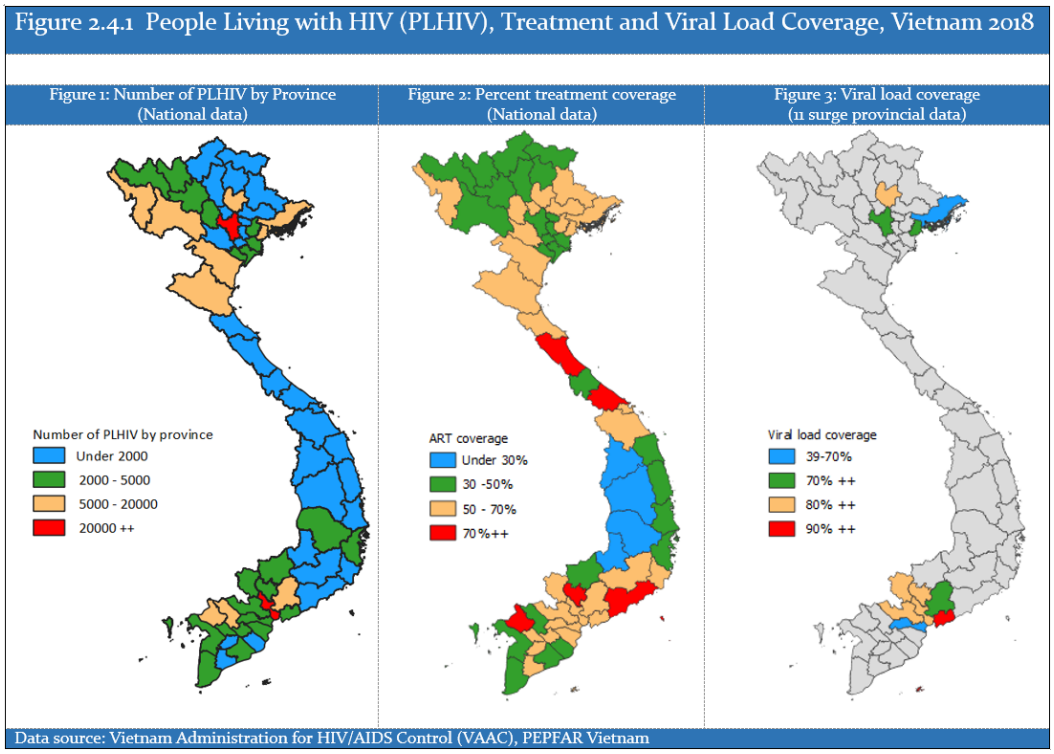
organizations. All PEPFAR agencies have made progress in transitioning direct funding to indigenous partners.

2.4 Alignment of PEPFAR investments geographically to disease burden

In coordinated support of the national HIV response, the majority of PEPFAR Vietnam FY 2018 expenditures were at the site-level (57.8 percent). Remaining expenditures include health system strengthening (20 percent), above-site program management (15.8 percent), and strategic information (6.4 percent). This investment trajectory aligned with the strategy that started with COP15 to achieve 90-90-95 within KP groups in the aggressive scale-up provinces in four northern mountainous provinces and, concurrently 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 remained reduced in FY 2018, representing only 18.3 percent of the total spent.

Upon approval of COP18, PEPFAR Vietnam implemented a rapid geographic pivot, re-focusing activities on the two economic regions comprising 11 surge provinces surrounding Hanoi and Ho Chi Minh City - NEZ and HCMC Metro. Together, these two regions comprise 51 percent of the national HIV epidemic and are committed to achieving 90-90-95 targets in 2020. The PEPFAR COP19 budget outlined in the Funding Allocation to Strategy Tool (FAST) adheres to the program and geographic focus of the PEPFAR surge in NEZ and HCMC Metro. Within the level of funding being directed to site-level activities, 64 percent is planned for direct service delivery and the remaining 36 percent is for non-service delivery programming in direct support of the 90-90-95 targets. All commodities included within the FAST will be utilized in NEZ and HCMC Metro.

Figure 2.4.1 People Living with HIV (PLHIV), Treatment and Viral Load Coverage, Vietnam 2018



2.5 Stakeholder Engagement

Host country government

Taking on the experience from the previous COPs, the team continues to work through multiple platforms, in collaboration with MOH/VAAC and local health authorities in NEZ and HCMC Metro, to share updated information on COP19 with all related stakeholders, including government entities, development partners (UNAIDS, WHO, and the GFATM), implementing mechanisms (IMs) and civil society organizations (CSOs) in the two regions.

Throughout the year, PEPFAR results are routinely shared with all stakeholders through quarterly PEPFAR Oversight and Accountability Response Team (POART) review meetings. At the national level, the MT will maintain monthly meetings with VAAC leadership and technical leads. Agencies and technical teams will also continue to meet other relevant GVN stakeholders. At subnational levels, there are frequent meetings and visits to NEZ and HCMC Metro. Ensuring that PEPFAR implementation is on track, challenges are identified and addressed in a timely manner, and new models of engagement that work are promoted and multiplied.

Global Fund and other external donors

PEPFAR participates in quarterly development health partners meetings hosted by MOH. The team meets with UNAIDS bimonthly. The on-going discussion with UNAIDS is not only around coordination with GVN and among development partners, but also possible collaboration in conducting a legal environment assessment (LEA) and a new round of Stigma Index in FY 2019/2020. PEPFAR actively participates in GFATM HQ visits to Vietnam and frequently engage in regular communication for technical and programmatic coordination. Additionally, PEPFAR has a seat on the Country Coordinating Mechanism (CCM), CCM Oversight Committee, and HIV Technical sub-committee.

Civil Society/Community/Private Sector

The team always makes efforts to ensure people in the community are informed and heard. During the COP cycle, PEPFAR hosts meetings with CSOs in NEZ and HCMC Metro to provide the latest PEPFAR strategic direction and seek their input into the COP planning process. CBO representatives are part of COP meeting delegations and CSOs are invited to join PEPFAR stakeholder meetings throughout the year. PEPFAR will continue 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.

PEPFAR's support to KP and PLHIV networks throughout the year ranges from some minimal financial support, technical support for planning and organizational capacity building, to Mission leadership, PEPFAR management and technical staff participation at their meetings/events.

3.0 Geographic and Population Prioritization

COP18 marked a watershed in how PEPFAR Vietnam prioritizes geographically, and aligned the program with HIV infection burden. Prior to COP18, aggressive scale-up had been focused in the four mountainous provinces of Dien Bien, Nghe An, Son La, and Thanh Hoa, and in HCMC. Starting in COP18 and continuing in COP19, aggressive scale-up of ART has focused in two surge regions, driven by intensive case-finding and linkage activities. The surge 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 each region, there is a dynamic process of internal migration for economic opportunity and movement across provincial borders to access HIV services including ART. Within the surge provinces of NEZ and HCMC Metro, district-level prioritization has further focused PEPFAR resources and partner efforts into those areas with highest density of HIV disease burden, highest rates of new case identification, and highest clinic patient loads.

Taken together, NEZ and HCMC Metro comprise more than 50 percent of the HIV disease burden in Vietnam. Within these zones, prevalent HIV infections are concentrated among MSM and TG persons, PWID, commercial sex workers (CSWs), and their sexual partners. Data from studies of urban MSM and recency testing confirm a large and growing HIV risk among MSM, and especially among young MSM. In Hanoi, HIV prevalence among MSM is 13.6 percent, with an observed annual incidence of 7.6 percent; 35.7 percent of MSM testing positive for HIV were confirmed as recent infections, indicating that they had been infected within the previous year. Alarmingly, 12.4 percent of MSM under the age of 20 are living with HIV, and observed annual incidence among those ages 15-19 is 8.8 percent.

COP19 will intensify support to the NEZ, especially Hanoi, to reach 90-90-95 targets. Achieving results in Hanoi will require a concerted effort: leadership from the government, learning from HCMC, and modelling HCMC Metro's successful KP focused and community based approaches. Strategic community-based testing, enhanced index testing, and contact tracing approaches will be applied for case finding within demographic and geographic hotspots identified through recency and acute testing.

This strategy reflects PEPFAR Vietnam's commitment to focusing resources and efforts to achieve maximal impact and the goal of sustainable epidemic control. With PEPFAR's efforts and a corresponding commitment by national and provincial governments, multilateral partners and civil society, Vietnam commits to achieving 90-90-95 in the two priority regions in 2020.

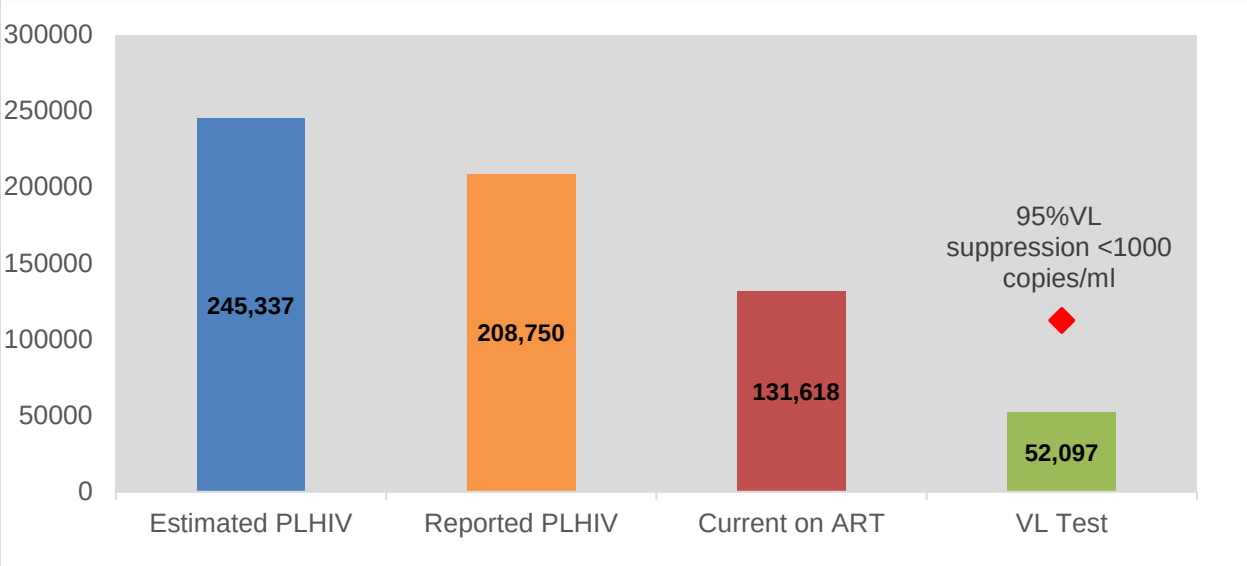
Table 3.1 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP19**	**# Current on ART (FY 2018)**	**# of SNU COP18 (FY 2019)**	**# of SNU COP19 (FY 2020)**
Attained	NA	NA	NA	NA
Scale-up Saturation	NA	NA	NA	NA
Scale-up Aggressive	120,310	73,754	11	11
Sustained	NA	NA	NA	NA
Central Support	NA	NA	NA	NA

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 ensuring viral suppression

Achieving epidemic control requires a sustained decrease in incident HIV infections. Achieving and maintaining this decrease is most effectively accomplished through biomedical interventions: 1) assuring PLHIV are identified, linked to treatment, and supported to maintain fully suppressed viral loads (undetectable=untransmittable, or K=K in Vietnamese); and, 2) PrEP for persons at substantial risk for HIV. Both full viral suppression among PLHIV and PrEP for those at substantial risk of infection begins with entry into HIV testing.

Figure 4.1.1 National Cascade, 2018



Nationally, an estimated 245,337 persons are living with HIV in Vietnam; among these, 207,611 are captured in HIVinfo, the national HIV case reporting system. Case verification activities conducted by PEPFAR Vietnam, however, have shown the actual number of PLHIV, who can be found and living, to be approximately 15-30 percent lower than the unverified number of reported cases. KPs, including MSM, PWID, and FSWs, are more likely to remain undiagnosed and therefore untreated. PEPFAR Vietnam has developed a comprehensive approach to systematically identify and test those at risk for HIV, with a focus on KPs.

Testing smarter, that is, performing fewer tests with higher yields, is a core objective of COP19 case finding. This will be achieved in two principal ways: intensified index case testing (ICT) and differentiated HIV testing services (HTS). Testing partners of newly diagnosed PLHIV, especially those with acute and recent infection, or those with non-suppressed viral load, through ICT is critical to identify and disrupt networks of active transmission. NEZ will meet ambitious COP19

goals for case finding through lessons learned from HCMC, including cluster analysis, involvement of trained community members in ICT, and weekly monitoring. ICT is most effective in identifying positive partners when the index client has been recently infected. As such, PEPFAR Vietnam will routinize rapid recency testing nationally in COP19 and introduce a 4th-generation HIV screening test for MSM clients that facilitates prioritizing and intensifying ICT activities to cases most likely to yield partners. The enhanced package for these recently and acutely infected clients will be scaled up in COP19 to ensure an expedited ICT response in all steps—client interview, partner contact, and linkages to ART/PrEP/PEP—resulting in more partners identified, higher yields, increased testing efficiency, and active intervention to break active transmission clusters.

In COP19, PEPFAR Vietnam will tailor other testing strategies to meet the unique needs of different KPs. Complementing facility-based testing, lay- and self-testing will be further expanded and emphasized; within the latter, clients may have the further option of blood-based or oral HIV self-tests. Lay- and self-testing will be integrated into ICT, particularly in the enhanced package, to capture HIV-positive partners on the spot. Part of differentiated testing includes demand creation, which will be addressed in COP19 though aggressive scale up of K=K messaging and PrEP promotion. Comprehensive sexual health messaging will encourage partners of unsuppressed PLHIV and other at-risk KPs to test. A comprehensive, community-driven, evidence-based strategy for institutionalizing KP-friendly services will be widely launched in PEPFAR Vietnam service delivery sites starting with NEZ, with the goals of reducing stigma and discrimination and encouraging KP clients living with HIV to link to care.

The team is committed to achieving ambitious COP19 targets in case finding and ICT in surge provinces, especially NEZ, through weekly on-the-ground monitoring of key indicators to quickly identify gaps and provide targeted solutions.

The proportion of patients initiating ART on the same day of screening increased remarkably from five percent to 43 percent in the 11 PEPFAR surge provinces over the course of the last four quarters. In COP19, sites not yet participating in same-day ART will be trained to narrow the gap from diagnosis to treatment initiation by shortening specimen transport time and utilizing decentralized HIV confirmatory testing. Through these strategies, PEPFAR Vietnam will institutionalize same-day ART and achieve national scale-up in COP19. Consistent with PEPFAR Vietnam's commitment to data use and visualization, granular site management will be leveraged to monitor and rapidly improve key linkage performance indicators at the site level. K=K messaging will be widely promoted in COP19 to promote treatment initiation, retention, and adherence. Finally, integration of KP community members into the clinical setting with peer treatment supporters will be scaled-up to enhance client engagement in care.

MMS for stable patients was initiated in early CY 2019, with 18.5 percent of eligible clients receiving this service in quarter two; at the end of COP19, PEPFAR Vietnam will roll this out to 85 percent of eligible clients through expansion of MMS through the social health insurance scheme and advocacy for relaxing stable patient criteria for MMS eligibility.

Utilization of dolutegravir-based therapy results in accelerated viral suppression when compared to efavirenz-based therapy (approximately two months versus up to six months, respectively). In COP19, PEPFAR Vietnam has committed to scale-up of dolutegravir as part of the fixed dose combination TLD. Concrete steps in COP18 include advocacy to obtaining an exception to importation regulations and technical assistance to make TLD a first-line agent in the national guidelines; by the start of COP19, PEPFAR Vietnam will build on this by initiating 9,000 clients on TLD. In addition, PEPFAR Vietnam will provide technical assistance and advocacy to include TLD in the social health insurance scheme, a condition for long-term sustainability of this agent.

In COP19, treatment and viral load indicators will be aggressively monitored and managed through granular site management in all surge provinces focusing on NEZ. Though viral suppression is remarkably high in general, use of site-level data will identify the few who have struggled and target them for case management and support to re-engage in care and adhere to therapy.

4.2 Prevention, specifically detailing programs for priority programming:

In COP19, PEPFAR Vietnam prevention activities will focus on achieving the first 90 targets in the two priority regions, NEZ and HCMC, with a particular focus in Hanoi and the NEZ. Key strategies include: support for GVN to scale up innovative service delivery models to improve access to HIV prevention, including testing and treatment services for KPs; support for CSOs/CBOs to strengthen their network reaching and identifying higher risk KP with prevention and case finding services; shifting testing models to ones that KPs prefer such as lay and self-tests; testing smarter with new risk screening tools; applying technology and social media to reach key populations such as MSM and TG; and making PEP/PrEP widely available and accessible to high-risk negative populations. In COP19, PEPFAR will expand services that utilize recency and 4th generation HIV tests to detect recent and AHI for prioritizing and enhancing ICT to increase HIV positive yield and interrupt transmission chains.

Scale-up of innovations

PEPFAR Vietnam began to implement index testing in quarter three of FY 2018, shortly after the MOH released the new national community-based testing guidelines, which included index testing as a key strategy. Index testing is being institutionalized in the 11 PEPFAR surge provinces to improve HIV testing among sexual and injecting partners of newly diagnosed HIV positive individuals through facility- and community-based HTS. PEPFAR Vietnam plans for aggressive targets with index partner testing contributing approximately 35 percent of the total positives and an expected yield of 20 percent.

To intensify this effort, PEPFAR Vietnam plans to support GVN to integrate the rapid recency testing algorithm into the HTS system and use of the 4th generation screening tests among MSM to distinguish recent and acute from long-term HIV infections among newly diagnosed positives. This can substantially reduce onward transmission with rapid ART initiation and provision of nPEP and PrEP for those at high risk. Use of rapid recency and AHI detection results will

prioritize efforts for partner notification services (PNS) and contact tracing in programs with scarce resources to identify undiagnosed infected partners. PEPFAR Vietnam will also prioritize PNS for HIV patients who are on ART for less than six months or not virally suppressed.

Among the diverse testing modalities that PEPFAR Vietnam will deploy in COP19, 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 2018 marked a milestone in PrEP programming in Vietnam with the GVN's endorsement to scale up nation-wide. The national ARV guidelines were updated to include nPEP for HIV-exposed key populations. Results from a demonstration of PrEP services in HCMC and Hanoi have shown promising enrollment trends among MSM, TG, and discordant couples over the 18 months of implementation – cumulative 1,831 clients with a retention rate of 75.6 percent by the end of September 2018. In COP19, PEPFAR Vietnam will expand PrEP/nPEP services for KPs to 11 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 KPs through both public and private health facilities. Clinical SOPs and provider training will be rolled out to reinforce quality of care. PEPFAR Vietnam will also to provide TA to GFATM supported sites to provide PrEP services for KPs in another 15 provinces. Support from GFATM and domestic financing options for sustaining PrEP availability 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. K=K campaigns will be launched to help address stigma and discrimination, increase retention on ART among HIV patients, and increase 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.

PEPFAR Vietnam will continue to provide technical assistance for the two military prevention programs as prioritized by the military government: (1) PITC in military health care facilities in the surge regions, and (2) HIV/AIDS awareness and prevention for military-active duty personnel particularly new soldiers. PEPFAR TA will continue to support consolidating essential HIV prevention messages in both programs, including especially ICT, and integration/adaptation of other models and approaches as described in this section in ways that best fit military facilities. This TA will support the military system enhance its contribution to the overall national response efforts, considering that on average 80-90 percent of patients from military health care facilities are civilians and include key populations and other high-risk individuals. Additionally, prevention activities targeting military individuals are critical as they tend to be at higher risk than the general population as shown in numerous studies. The HIV/STI awareness and prevention

program that targets the young military male aged 18-29 has not only stemmed from a potentially existing prevalence, but also on facts that these young military males are 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 COP19, 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 KPs, and generate sustainable services in the long run. Through the networks of people living with HIV, people who use drugs, 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. 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. Additionally, HIVST will be provided through high quality chain pharmacies (in-store and online) in urban areas. 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 COP19, 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 identification, recency testing, PNS, and index case testing are critical to make timely decisions on the who, what, where, and when programs should prioritize their efforts. In COP19, 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 emergency operations centers (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 COP19, PEPFAR Vietnam continues to work closely with GFATM-supported activities to leverage existing resources for achieving the 90-90-95 targets of the two priority regions. PEPFAR

and GFATM have coordinated for VL SHI co-payment coverage in over 32 provinces. PEPFAR Vietnam will coordinate with GFATM 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

PEPFAR Vietnam will continue to implement a dual strategy in COP19: a strategy of sustainable epidemic control in the NEZ and HCMC metro; and, a sustainable transition strategy in partnership with GVN, multilateral partners, and civil society partners. Together with GVN, PEPFAR Vietnam has worked over the last three quarters to shift 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 and VL commodities, HIV examinations, personnel costs, and other recurrent operating costs. PEPFAR Vietnam will advocate with the GVN to revise the SHI Law in 2020 to include HIV preventive activities in the SHI basic package of services.

The PEPFAR team continues to prioritize HIV case finding and linkage to treatment by testing smarter: optimizing and scaling up index testing at testing and treatment facilities, community and lay testing, and eliminating low-yield modalities such as mobile testing. The team will also accelerate the use of risk assessment tools at all testing sites to focus testing on those with potential risk of infection. Case verification activities are under way and preliminary data from five surge provinces indicate that provincial 1st 90 results typically decrease 15-30 percent following verification, demonstrating the need to focus on case finding and smarter testing. PEPFAR Vietnam expects case verification to be completed in COP19. 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 target and provide services to some of the key populations.

Current HTS_POS data indicates the team is reaching higher numbers of younger males due to the shift from mountainous to urban setting with a growing MSM epidemic. HIV recency testing is now being done for all new positive cases in the 11 PEPFAR surge provinces and will be conducted universally for all new HIV diagnoses nationally starting in July 2019 to allow national surveillance of recent infections and identify geographic and subpopulation hotspots. PEPFAR Vietnam is working closely with the GVN to establish a robust case-based surveillance system that captures sentinel events from diagnosis to death. The team will leverage existing resources at the provincial and national level to improve routine data analysis and reporting of these sentinel events. VSS will establish a permanent unique identifier for all SHI enrollees providing the foundation for a UIC.

PEPFAR Vietnam is committed to advocating with the Government of Vietnam to transition the first line regime from TLE to TLD, given the medicine's improved tolerability, higher antiretroviral efficacy, lower rates of treatment discontinuation, higher genetic barrier to resistance, and fewer drug interactions than other ARV drugs. With supporting letters from

Ambassador Birx, the GFATM, and WHO, the Ministry will convene a high-level stakeholders meeting in April to review all existing clinical data for the fixed dose combination of TLD and determine whether that data can substitute for the clinical data requirement for TLD registration.

Finally, PEPFAR Vietnam is committed to regular monitoring and analysis for program improvement using at least 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 team will also scale up the use of weekly indicator review for real-time adjustments at specific testing and treatment sites. 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. Though PEPFAR ARVs continued to be utilized in the COP18 timeframe, no PEPFAR ARV commodities, besides TLD, were purchased for Vietnam in COP18. Similarly, no PEPFAR ARVs will be procured for Vietnam in COP19. This transition was synchronized with the introduction of the first-ever centralized procurement of ARVs using SHI funds in August 2018, and distribution to treatment facilities starting March 2019. 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. 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, Social Health Insurance, and the National Targeted Program), as well as the ART patient target to ensure no treatment interruption in Vietnam.

With support from PEPFAR and other international organizations such as GFATM, UNAIDS, and WHO, GVN is leading the accelerated transition to TLD. As planned, the first PEPFAR TLD shipment will arrive in country in September 2019 and 9,000 patients on first line treatment, will be transitioned to TLD in October, 2019, and in September 2020, 27,500 patients supported by GFATM, will be transitioned to TLD . In the longer-term, GVN will be responsible for domestic TLD procurement from either the state budget or SHI fund starting January 2021.

The biggest obstacle causing the delay of TLD transition is that the Marketing Authorization for TLD has not been granted by the Drug Administration of Vietnam (DAV) due to the lack of TLD clinical data. The first priority is facilitating TLDs Marketing Authorization in Vietnam that will enable importation and domestic procurement. For that purpose, PEPFAR Vietnam, in collaboration with VAAC and key stakeholders including GFATM, WHO, and UNAIDS, have developed a clear timeline and specific series of advocacy activities to ensure that the Marketing Authorization is granted by August 2019 and TLD is included in the MOH Social Health Insurance

Medicine list by December 2019. PEPFAR Vietnam expects that 75 percent of patients will be on TLD by September 2021.

In COP19, to support the intensified activities for epidemic control, PEPFAR Vietnam will scale up PrEP services in 11 provinces in NEZ and HCMC Metro regions. The PrEP target will be increased by more than 25 percent from COP18. The estimated remaining stock of 82,000 bottles of Tenofovir/Emtritacibine 300/200mg from the COP18 procurement will provide PrEP for 7,308 clients at 49 direct service delivery (DSD) sites until September 2020. Support from GFATM and domestic financing options for sustaining PrEP availability will be explored and developed through social health insurance, provincial budgets and private sector.

To complement directly supported PEPFAR services, the team continues to promote sustainable approaches for domestic finance of PrEP services and commodities are established through:

- Inclusion of PrEP/nPEP in SHI scheme;
- Pooled drug procurement for public and private facilities covered by SHI;
- Registration of new PrEP generics to spur price reductions for the commercial market.

PEPFAR and GFATM successfully supported the scale up of routine VL testing in COP15 and COP16, assisting GVN to reach 74 percent of ART patients. In COP17, due to continued delays in SHI scale-up of reimbursement for routine VL testing and the prolonged procurement process for viral load reagents under GFATM's new project cycle, PEPFAR provided stop-gap, time-limited support for VL testing of approximately 16,000 VL reagents to meet 22 percent of PEPFAR patient needs in the two regions. This short-term support facilitated the program pivot that occurred mid-way through COP17 implementation, and mitigated the impact of transition of these commodities until SHI scales up adequately to meet VL testing demand.

PEPFAR, VAAC, and GFATM committed to the phased handover to SHI and GVN resources for VL testing with full responsibility borne by domestic sources including SHI in 2020, while maintaining Vietnam's extraordinary viral suppression rates (95 percent suppressed below 1000 copies/ml). Through detailed negotiations, GFATM agreed to shift a portion of GFATM FY 2019 and 2020 VL reagent support monies to co-payments for SHI VL testing (60 percent VL testing, 40 percent SHI in 2019; and 40 percent VL testing, 60 percent SHI in 2020 in the 32 GFATM provinces). In turn, PEPFAR committed to COP18 and COP19 SHI VL co-payments for all eligible patients in the 11 surge provinces. This commitment allowed GFATM funding redirection for SHI co-payments in the remaining 52 provinces for national universal coverage of VL testing. Progress in COP18 is demonstrated in increasing numbers of SHI reimbursements for VL testing and the expectation is that SHI reimbursements will expand quickly in the next 12 months.

In COP19, PEPFAR Vietnam will procure 218,209 rapid-test kits, 50,119 self-test kits, 21,552 recency tests, and 24,113 acute infection test kits. PEPFAR will move beyond the facility and community rapid tests to expand services that utilize recency and 4th generation HIV tests to detect acute and

recent HIV infections for PrEP and prioritizing ICT to increase HIV-positive yield and interrupt the transmission chains.

Vietnam has integrated routine intensified case finding (ICF)/TPT with isoniazid (INH) for PLHIV since 2012, however full scale up of TPT has been suboptimal. In 2018, VAAC estimated 70 percent of PLHIV enrolled in care and treatment have ever received TPT and national program reports indicated TPT initiation among newly enrolled patients was only 48 percent among the 11 PEPFAR focus provinces during the same time period. National guidelines specify six months (for children) to nine months (for adults) of INH as the regimen of choice for PLHIV. Technical guidelines are currently being developed to align the TPT guidelines with the recently issued 2018 WHO guidelines, including updating recommendations on short-course TPT regimens for PLHIV.

Short-course regimens improve uptake and completion of TPT and are preferred by individuals and their providers. In COP19, PEPFAR Vietnam will procure the 12-dose regimen of once-weekly rifapentine and isoniazid (3HP) to catalyze the massive scale-up of TPT enabling PEPFAR Vietnam to meet ambitious TPT coverage targets: 90 percent of eligible PLHIV initiate TPT and 90 percent complete treatment successfully by the end of FY 2020. Adequate rifapentine to treat an estimated 10,397 persons with a full course of 3HP covering approximately 72 percent of the COP19 TPT target will be procured at competitive pricing with COP19 funds ($170,998). Currently the National TB Program procures all INH for PLHIV using the State budget and will continue to provide the accompanying INH needed. Side effects, initiation, and completion rates will be carefully monitored during the roll out to inform decisions regarding future planning and use of short-course TPT regimens.

Table 4.4.1 Summary of PEPFAR-supported commodities

Item	Comments	List Price Reference (US$)	Commodity Quantity (a)
Abbott Determine™ HIV-1/2		2.20	220,309
OraQuick® HIV Self-Test		4.00	35,083
INSTI™ HIV -1/HIV-2 Antibody Test		5.50	15,036
Other HIV RTK	Alere HIV-1/2 Ag/Ab Combo	2.50	24,116
Asante HIV Rapid Recency Assay, Bulk Format, 100 Tests/Kit		9.28	21,552
Rifampicin/Isoniazid 150/75 mg Tablet, 24 x 28 Blister Pack Tablets PKG	3HP formulation	16.45	10,395

4.5 Collaboration, Integration and Monitoring

PEPFAR Vietnam's COP19 strategy focuses on attaining 90-90-95 goals in NEZ and HCMC Metro regions, while concurrently ensuring sustainable transition of primary financial, administrative, and technical responsibility of HIV care and treatment services to GVN. The aggressive scale-up targets to achieve 90-90-95 in 2020 in the two regions will include DSD support—notably through

performance-based incentives to accelerate case-finding, tight linkage to treatment, and rapid introduction of PrEP services to those at substantial risk.

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. The program continues to monitor former PEPFAR DSD-supported provinces to ensure ongoing continuity and quality of services that have transitioned to primary 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 ensuring that aggressive targets to achieve 90-90-95 targets in the surge provinces are met, and having transitioned all PEPFAR DSD support outside the priority regions, PEPFAR has worked closely with GVN, GFATM, implementing partners, and CBOs to ensure continuity, quality, and increased access to essential services.

In order to establish the geographic prioritization to achieve the two-year COP18-19 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. Within those regions, jointly established criteria defined priority districts within the aggressive scale-up provinces; teams delineated respective agency roles and responsibilities. Implementation of the two-year COP18-19 surge plan requires coordination across key stakeholders: VAAC; provincial departments of health; the Vietnam Ministry of National Defense, Military Medical Department (MOD/MMD); GFATM; WHO; UNAIDS; CBOs; and implementing partners (IPs).

Programmatically, there has been close interagency discussion and coordination around priority activities that will be taken to scale across the surge provinces of NEZ and HCMC Metro. These include: completion of case-verification activities to improve documentation of the first 90 and aggressively link previously identified positives to treatment; rapid acceleration and improved yield of index partner testing; risk screening to improve testing efficiency; increased use of lay- and self-testing; universal recency testing of all newly identified positives to understand epidemic patterns; use of recent and acute infection data to prioritize index-case testing, identify micro-epidemics, and break active transmission chains; rapid scale-up of multi-month scripting and dispensing to improve ART patient retention and adherence; continued rapid scale-up of same-day and rapid ART initiation; decentralization of HIV confirmatory testing to support uniform uptake of same-day ART across sites; coordination of SHI and donor resources to assure universal routine viral load testing for ART patients nationally; and going to scale on PrEP services for key populations at substantial risk of HIV infection.

Across the cascade, PEPFAR Vietnam is committed to robust site-level monitoring and partner management to ensure consistent high-level performance and to provide tailored resolution of site-level implementation challenges as they are identified. In CY 2019 VSS will establish a permanent UIC for all persons enrolled in SHI nationally. With high levels of SHI enrollment among PLHIV,

the SHI identifier provides the backbone for a national UIC. In parallel, VAAC will move beyond the current HIV reporting system to establish a comprehensive HIV case-based surveillance system, which will enable HIV sentinel events to be monitored at the individual level from diagnosis to death.

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 FY 2020) *HTS_TST*	Newly Identified Positive (APR FY 2020) *HTS_TST_POS*	Newly Initiated on ART (APR FY 2020) *TX_NEW*
Total Men	**180,179**	**10,328**	**11,086**
Total Women	**21,267**	**2,174**	**2,513**
Total Children (<15)	**4,323**	**53**	**90**
Total from Index Testing	**26,240**	**4,426**	**4,336**
Adults			
TB Patients	-	-	-
Pregnant Women	-	-	-
VMMC clients	-	-	-
Key populations	**140,110**	**9,143**	**9,119**
Priority Populations	-	-	-
Other Testing	-	-	-
Previously diagnosed and/or in care	-	-	-
Pediatrics (<15)			
HIV Exposed Infants	-	-	-
Other pediatric testing	-	-	-
Previously diagnosed and/or in care	-	-	-

Table 4.6.2 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate (scale-up SNUs)	Coverage Goal (in FY 2020)	FY 2020 Target
MSM not SW	115,773	59%	68,422
TG not SW	1,700	38%	644
FSW	25,790	53%	13,789
PWID male	93,625	53%	49,942
PWID female	Not known	-	1,158
Other population (PP_PREV)	-	-	66,391
TOTAL	-	-	**200,346**

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

5.1 COP19 Programmatic Priorities

COP19 contains no targets for attained and sustained locations or populations, while above site activities provide a 'light touch' for transition monitoring and activities that ensure responsible transition. PEPFAR Vietnam will continue to focus activities on the two priority 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 COP19 priority regions (NEZ and HCMC Metro) have undergone transition to central support under MOH as per the timeline described in COP18. By the end of CY 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 were transitioned to MOH. Consistent with COP18 strategy, in COP19 PEPFAR Vietnam will maintain above-site responsive technical assistance packages for PEPFAR-supported sites outside of NEZ and HCMC Metro regions.

PEPFAR Vietnam will continue to 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, and CSOs) will allow 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 will select two quality indicators for improvement. Long-term risks will continue to 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 above-site investments for COP19. These 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 investments also reflect the program's commitment to GVN and country stakeholders to responsibly transition the program that once received PEPFAR DSD and TA support, assisting the central GVN to translate successful innovations and best practices for broader scale up in the rest of the country, and ensuring 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 in Table 6 address systems gaps that are necessary for sustainable epidemic control in the two priority regions through leveraging innovations to scale for national implementation, maintaining, and increasing Vietnam's exemplary progress in financing the domestic HIV program, and ensuring that human resources for health (HRH), surveillance and laboratory systems are resilient and responsive.

Expanding domestic financing

In COP19, PEPFAR Vietnam will leverage 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 financing 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.

A critical concern is that vulnerable SHI implementation for HIV program and intensive on-going transition of donor-funded ART patients to SHI 2019-2021 put the achievements of sustainable epidemic control at risk. Through policy monitoring, strengthening the e-claims system, and advocating for inclusion of HIV prevention services, including PrEP, it is expected that all insured PEPFAR patients receive HIV treatment services reimbursed through SHI. Therefore, the GVN ensures no financial barriers for PLHIV to accessing treatment under SHI.

To address limited in-country capacity to self-finance and mobilize domestic resources for HIV programs, including for CBOs and for HIV prevention services and commodities, PEPFAR Vietnam will support the development and piloting of social contracting, collaborate with the private sector to reduce commodities pricing and introduce new products, including HIV self-tests into the Vietnam market. Expected outcomes include increased domestic resources for CBO-led services and for the domestic HIV program through private and public sectors, and through SHI.

Establishing a case-based surveillance system

PEPFAR Vietnam recognizes that Vietnam has an ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression as well as deficient interoperability data platforms to monitor the epidemic and inadequate data utilization to measure program performance. In COP19, the program will support GVN transition from case reporting to case-based surveillance by capturing sentinel events from diagnosis to death, leveraging HIVinfo for recency testing, and scale up the VSS SHI tracking system using UICs to facilitate longitudinal follow-up and data integrity.

Other SI activities will see an HIV/AIDS data interoperability platform is established and program monitoring data are used routinely to measure program performance and monitor epidemic trends.

Institutionalizing procurement and supply chain capacity

Due to nascent domestic capacity in rapid expansion of procurement and supply management, and coordination, including for SHI commodities, commodity security is at risk regarding interrupted supply of ARVs, test kits, recency and viral load testing, and other commodities to patients. PEPFAR Vietnam will continue to increase capacity of domestic partners in ARV forecasting, quantification, and coordination of SHI scale-up and continue to work with GVN to bring TLD into the country and ensure it is on the SHI essential-medicines list. This will lead to improved GVN capacity to manage and coordinate HIV commodities procurement and supply chain from multiple sources and patient access to TLD through SHI in COP19.

Promoting a responsive laboratory system

Table 6 activities for laboratory activities will build upon efforts in the two surge regions to routinize recency testing, decentralize labs for HIV confirmatory testing to facilitate same-day ART, and decentralize VL testing for SHI and at provincial level. To sustain these efforts, Table 6 activities address lab network development, driven by donors and suppliers, that limits system coverage and efficiency. For both the HIV and military system, TA to labs will be transferred to provincial experts for improved recency, VL, and HIV testing. Viral load and recency data will be incorporated into the EOC dashboards for real-time epidemic monitoring. Through these efforts, Vietnam will see increased capacity of HIV confirmatory labs in NEZ and HCMC Metro to increase case finding and access to early ART initiation, increased access to VL testing to maintain the third 95, decreased forward transmission, and increased recency data used for better management and coordination of emergency responses nationally.

Sustainable service delivery for key populations

As innovations in the two surge regions take to scale partner notification services, index case testing, recency testing, PrEP, and differentiated care models, Table 6 above-site activities focus

on strengthening the health and HIV service delivery system to ultimately institutionalize these innovations as a routine package of care.

To meet the first 90 targets, PEPFAR Vietnam recognizes the need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs as discussed in the previous sections. PEPFAR will continue to work with the National and Provincial Governments, and with community to ensure services are available to relevant KPs.

While treatment retention and viral suppression rates are relatively high, PEPFAR Vietnam will continue to work towards achieving the 2nd 90 through innovative differentiated care models. Table 6 activities will focus on strengthening provincial treatment expertise and private-sector capacity in linkages, treatment enrollment, and differentiated care service delivery. PEPFAR will also support innovations in supply chain networks for MMS and VL optimization. The military system activities will focus on strengthening military HRH capacity to train its own system with continuing medical education (CME) offerings in stigma and discrimination (S&D) reduction, TB/HIV infection control, and patient safety.

Local organizations will be supported to strengthen their capacity to provide HIV-related services and obtain legal status. Expected outcomes are KP-led CBOs/private clinics and civil society organizations are legally included in the health workforce for HIV service delivery Drug treatment organizations will be supported to address policy and training system needs for sustainable provision of services, including for drug and HIV service referrals, improved multi-sectoral linkages, and a holistic approach to support PLHIV who use drugs. Overall, PEPFAR expects an increase in the quality and quantity of diverse groups, including KP-led CBOs and civil society, social workers, and law enforcement, providing HIV and drug treatment services.

PEPFAR Vietnam will also continue to mitigate the effects of transition. Vietnam health service delivery systems are vulnerable – this compromises the transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity. To meet the multiple goals of sustainable epidemic control, and the 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 VL 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. For improved service quality, HIV-related stigma and discrimination reduction tools and policies will be scaled up in NEZ and HCMC Metro and institutionalized by the national program. The meaningful participation and inclusion of civil society and community-based groups in these indigenous platforms is also a key priority; specific modules and measurements will be standardized to ensure

and track their contributions through the TA platforms. Policies for evidence-based drug treatment will be translated into national, provincial, and site-level implementation and monitoring. Expected outcomes include provincial program and HIV data are collected and analyzed quarterly to monitor sustainability and national institutionalization of the TA platform for provision of high-quality technical assistance at provincial and site levels.

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 Estimation and Projection at provincial level
(2) HIV Sentinel Surveillance including recency testing;
(3) HIV surveillance system.

Please refer to Appendix C for the Table 6-E and SRE-Tool

7.0 USG Management, Operations, and Staffing Plan to Achieve Stated Goals

PEPFAR Vietnam continues to assess its staffing footprint to ensure a staffing profile aligned to funding levels, programmatic goals, and performance. Staff time and focus continue to be in NEZ and HCMC Metro. COP19 will see further focus in Hanoi. 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), including in this past year transitioning one more agency country lead position to local staff, 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 COP19.

When positions become vacant, consideration is given to the need for the position, and the alignment of duties with core activities. PEPFAR Vietnam continues to reduce its staffing with appropriate attrition; the PEPFAR footprint was reduced by a total of two Direct Hire Americans (DHA) and three 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 (CODB) areas are re-examined and reduced when possible. The PEPFAR Vietnam Management and Operations (M&O) COP19 budget is maintaining at approximately $10,000,000 and represents 26 percent of total funding. The team constantly adjusts for slight changes in the International Cooperative Administrative Support Services (ICASS) and Capital Security Cost Sharing (CSCS) budgets, maximizing savings and reducing costs when feasible.

The number of existing, unfilled positions has remained low, and PEPFAR currently only has two vacancies that are in the process of being filled. 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

Continuous Nature of SNU Prioritization to Reach Epidemic Control

SNU	COP15-16 prioritization	APR 16 Achievement	COP17 Prioritization	Expected Achievement by APR 18	COP18 Prioritization	Overall TX Coverage (by APR 19)	COP19 Prioritization	Overall TX Coverage (by APR 20)
Ba Ria-Vung Tau[19]	Sustained	54%	Sustained	64%	ScaleUp Agg	71%	ScaleUp Agg	80%
Binh Duong	Sustained	60%	Sustained	68%	ScaleUp Agg	73%	ScaleUp Agg	79%
Dong Nai	Not Supported	38%	Not Supported	47%	ScaleUp Agg	63%	ScaleUp Agg	79%
Ha Noi	Sustained	39%	Sustained	47%	ScaleUp Agg	63%	ScaleUp Agg	79%
Hai Phong	Sustained	55%	Sustained	59%	ScaleUp Agg	69%	ScaleUp Agg	79%
Ho Chi Minh City	ScaleUp Agg	60%	ScaleUp Agg	69%	ScaleUp Agg	74%	ScaleUp Agg	81%
Long An	Sustained	54%	Sustained	59%	ScaleUp Agg	69%	ScaleUp Agg	79%
Quang Ninh	Sustained	62%	Sustained	65%	ScaleUp Agg	72%	ScaleUp Agg	79%
Tay Ninh	Sustained	46%	Sustained	62%	ScaleUp Agg	70%	ScaleUp Agg	79%
Thai Nguyen	Sustained	50%	Sustained	54%	ScaleUp Agg	67%	ScaleUp Agg	79%
Tien Giang	Not Supported	48%	Not Supported	63%	ScaleUp Agg	71%	ScaleUp Agg	79%
An Giang	Sustained	59%	Sustained	66%	Ctrl Supported	67%	Not Supported	69%
Bac Giang	Sustained	43%	Sustained	49%	NOT DEFINED	50%	Not Supported	44%
Bac Kan	Not Supported	43%	Not Supported	52%	Not Supported	53%	Not Supported	46%

[19]COP19 surge provinces are highlighted in blue

Bac Lieu	Not Supported	47%	Not Supported	59%	Not Supported	60%	Not Supported	53%
Bac Ninh	Sustained	28%	Sustained	40%	NOT DEFINED	41%	Not Supported	25%
Ben Tre	Not Supported	52%	Not Supported	63%	Not Supported	64%	Not Supported	60%
Binh Dinh	Not Supported	33%	Not Supported	37%	Not Supported	38%	Not Supported	42%
Binh Phuoc	Not Supported	27%	Not Supported	32%	Not Supported	33%	Not Supported	43%
Binh Thuan	Centrally Supported	82%	Centrally Supported	94%	Not Supported	96%	Not Supported	80%
Ca Mau	Not Supported	27%	Not Supported	31%	Not Supported	32%	Not Supported	33%
Can Tho	Sustained	51%	Sustained	61%	Ctrl Supported	62%	Not Supported	60%
Cao Bang	Sustained	36%	Sustained	42%	NOT DEFINED	43%	Not Supported	37%
Da Nang	Centrally Supported	37%	Centrally Supported	51%	Not Supported	52%	Not Supported	49%
Dak Lak	Not Supported	23%	Not Supported	29%	Not Supported	30%	Not Supported	38%
Dak Nong	Not Supported	20%	Not Supported	31%	Not Supported	31%	Not Supported	26%
Dien Bien	ScaleUp Agg	53%	ScaleUp Agg	63%	Ctrl Supported	65%	Not Supported	59%
Dong Thap	Not Supported	25%	Not Supported	31%	Ctrl Supported	32%	Not Supported	46%
Gia Lai	Not Supported	24%	Not Supported	35%	Not Supported	36%	Not Supported	27%
Ha Giang	Not Supported	43%	Not Supported	50%	Not Supported	51%	Not Supported	43%
Ha Nam	Not Supported	45%	Not Supported	52%	Not Supported	53%	Not Supported	41%
Ha Tinh	Not Supported	40%	Not Supported	52%	Not Supported	53%	Not Supported	51%
Hai Duong	Not Supported	47%	Not Supported	58%	Not Supported	60%	Not Supported	50%

Hau Giang	Not Supported	39%	Not Supported	57%	Not Supported	59%	Not Supported	56%
Hoa Binh	Sustained	68%	Sustained	68%	NOT DEFINED	70%	Not Supported	66%
Hung Yen	Not Supported	38%	Not Supported	46%	Not Supported	47%	Not Supported	43%
Khanh Hoa	Not Supported	27%	Not Supported	33%	Not Supported	33%	Not Supported	39%
Kien Giang	Sustained	34%	Sustained	38%	Ctrl Supported	39%	Not Supported	41%
Kon Tum	Not Supported	25%	Not Supported	27%	Not Supported	28%	Not Supported	28%
Lai Chau	Not Supported	34%	Not Supported	41%	Not Supported	42%	Not Supported	36%
Lam Dong	Not Supported	44%	Not Supported	53%	Not Supported	55%	Not Supported	52%
Lang Son	Not Supported	53%	Not Supported	67%	Not Supported	69%	Not Supported	53%
Lao Cai	Sustained	37%	Sustained	42%	NOT DEFINED	43%	Not Supported	38%
Nam Dinh	Sustained	35%	Sustained	38%	NOT DEFINED	39%	Not Supported	35%
Nghe An	ScaleUp Agg	55%	ScaleUp Agg	71%	Ctrl Supported	72%	Not Supported	60%
Ninh Binh	Not Supported	43%	Not Supported	56%	NOT DEFINED	57%	Not Supported	46%
Ninh Thuan	Not Supported	50%	Not Supported	57%	Not Supported	59%	Not Supported	52%
Phu Tho	Not Supported	42%	Not Supported	54%	Not Supported	55%	Not Supported	49%
Phu Yen	Not Supported	39%	Not Supported	52%	Not Supported	54%	Not Supported	48%
Quang Binh	Not Supported	43%	Not Supported	58%	Not Supported	59%	Not Supported	67%
Quang Nam	Sustained	51%	Sustained	66%	NOT DEFINED	67%	Not Supported	56%
Quang Ngai	Not Supported	40%	Not Supported	52%	Not Supported	53%	Not Supported	46%

Quang Tri	Not Supported	32%	Not Supported	40%	Not Supported	41%	Not Supported	44%
Soc Trang	Sustained	31%	Sustained	36%	Ctrl Supported	37%	Not Supported	36%
Son La	ScaleUp Agg	44%	ScaleUp Agg	57%	Ctrl Supported	58%	Not Supported	47%
Thai Binh	Sustained	36%	Sustained	43%	NOT DEFINED	44%	Not Supported	37%
Thanh Hoa	ScaleUp Agg	44%	ScaleUp Agg	61%	Ctrl Supported	62%	Not Supported	53%
Thua Thien-Hue	Not Supported	64%	Not Supported	77%	Not Supported	79%	Not Supported	69%
Tra Vinh	Not Supported	29%	Not Supported	38%	Not Supported	39%		36%
Tuyen Quang	Not Supported	41%	Not Supported	48%	Not Supported	49%		42%
Vinh Long	Sustained	43%	Sustained	53%	NOT DEFINED	54%	Not Supported	56%
Vinh Phuc	Not Supported	46%	Not Supported	61%	Not Supported	62%		56%
Yen Bai	Not Supported	31%	Not Supported	43%	Not Supported	44%		32%
_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 2019)	Additional patients required for 80% ART coverage	Target current on ART (APR FY 2020) *TX_CURR*	Newly initiated (APR FY 2020) *TX_NEW*	ART Coverage (APR 2020)
Attained	-	-	-	-	-	-
Scale-Up Saturation	-	-	-	-	-	-
Scale-Up Aggressive	**120,193** *	**84,093**	**13,263**	**93,219**	**13,599** **	**78.5%**
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Total	**120,193***	**84,093**	**13,263**	**93,219**	**13,599** **	**78.5%**

* COP18 estimate
** PEPFAR target

APPENDIX B – Budget Profile and Resource Projections

B1. COP19 Planned Spending

Table B.1.1 COP19 Budget by Program Area

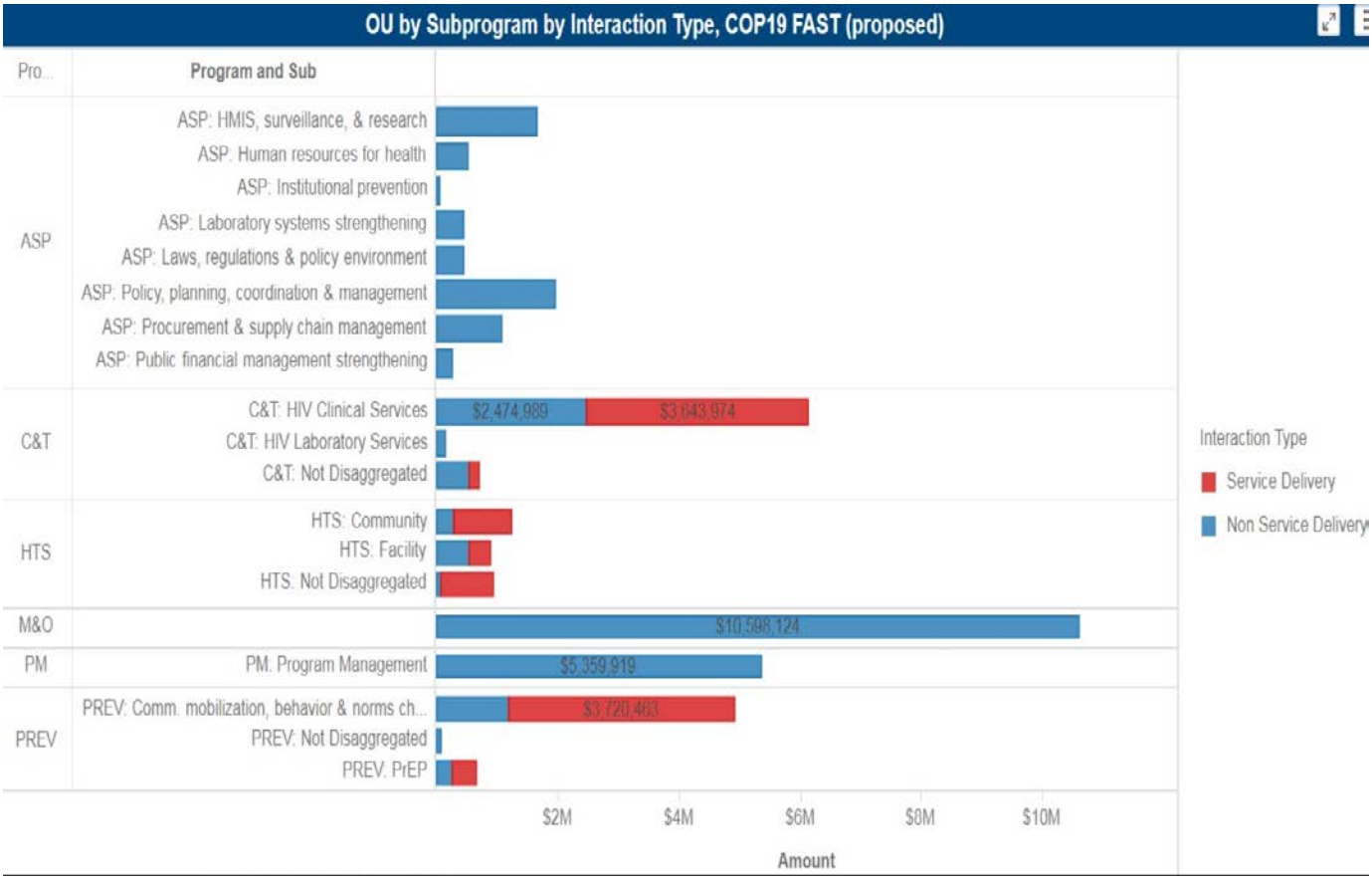


Table B.1.2 COP19 Total Planning Level

Applied Pipeline	New Funding	Total Spend
$US 9,308,237	$ US 28,941,763	$US 38,250,000

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)	
PEPFAR Budget Code	**Amount Allocated**
HBHC	$364,926
HLAB	$441,823
HMIN	$140,699
HTXD	$80,129
HTXS	$5,976,287
HVCT	$3,660,801
HVMS	$3,967,678
HVOP	$5,870,887
HVSI	$1,753,044
HVTB	$903,004
IDUP	$1,206,310
MTCT	$18,718
OHSS	$4,467,643
PDTX	$89,816

B.2 Resource Projections

PEPFAR Vietnam used the FAST to generate IM-level strategic interventions, initiatives, and budgets using the incremental budgeting approach. Based on COP18 results, the latest EPP data, and the strategic focus of epidemic control in the two urban regions, the technical working groups (TWGs) developed the COP19 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 reviewed and updated standard service delivery packages established in COP18 for each essential HIV service; reviewed prior years' spending patterns across partners for key service components; reviewed and updated existing common cost norms for packages, with adjustments for facility size and rural/urban locations; and continued a common budgeting structure utilized across interagency implementing partners. The distinguishing and innovative features of the service delivery packages in COP19 continue those included in COP18: (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 DSD, PEPFAR Vietnam's 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; VL suppression rates of over 90 and 95 percent; and successful re-engagement to ART for drop-out and lost to follow-up (LTFU) patients.

Above-site activities from COP18 were updated appropriately for COP19 during the Table 6 discussions. Each activity, whether continued, new or completed, was proposed through TWG discussions, and was prioritized, negotiated, and reviewed for potential duplication. Specific activities and mechanism totals were entered into the Table 6 tool. As the FAST this year built upon the Expenditure Reporting tool, the team followed the pre-populated COP17/FY 2018 interventions which replaced strategic objectives from the COP18 FAST.

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.

APPENDIX D – Minimum Program Requirements

Vietnam programs have met all the requirements, although there still remains progress for TLD transition and removal of nevirapine-based regime, as well as the implementation of a case-based surveillance system related to screening and testing. There is only one requirement, OVC packages of services, that is not relevant to the country program. The following are updates on each of the 12 requirements, plus the progress made towards VL management and improved use of efficient testing strategies.

Minimum Requirement	**PEPFAR Vietnam Update**
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Vietnam has endorsed Test & Start since July 2017. In 2018, Vietnam developed a SOP for rapid, same-day ART in conjunction with MMS SOP. The team has employed user-friendly models comprising support staff and strong collaboration with CBOs in an integrated one stop shop with confirmatory laboratory on site, closely monitoring successful referrals, and troubleshooting of issues.
2. Adoption and implementation of differentiated service delivery models, including six-month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	Vietnam has been scaling up MMS since the beginning of FY 2019 and is targeted to cover at least 85 percent of the patients who met the criteria. Also, the team has advocated and prepared for MMS scale up to other surge provinces when ARV arrives from SHI. The team is working on relaxing the MMS criteria to include additional patients.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine-based regimens.	TLD regimen has been included in the Vietnam National Standard Treatment Guidelines since December 2017. PEPFAR Vietnam has leveraged higher level engagement across both the bilateral relationship and multilateral organizations to ensure progress and overcome policy barriers related to Government of Vietnam pharmaceutical importation requirements. These include a requirement for in-country clinical trials. The team assumes that registration will occur by September 2019.
4. Scale up of index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Index testing policy was included in the new national community-based testing guidelines released by the Vietnam MOH in April 2018. This testing model is now being scaled-up in 11 surge provinces selected by PEPFAR out of 63 provinces in Vietnam. All testing partners have been employing index testing.
5. TB preventive treatment (TPT) for all PLHIV must be scaled-up as an integral and routine part of the HIV clinical care package.	Both national TB and HIV guidelines recommend TPT for all PLHIV who do not have active TB and/or contraindication to TPT medication (INH). Vietnam team has provided technical assistance to harmonize site level support for TPT. PEPFAR has proposed limited quantities of isoniazid-rifapentine for 12 weeks (3HP) for treatment of latent tuberculosis. The team will demonstrate the efficacy to GVN of this short-course regiment. All other patients will be placed on isoniazid in effort to scale up TPT to all PEPFAR surge province sites. TA will be provided to the National TB program to ensure harmonized scale-up.

6. Direct and immediate (>95 percent) linkage of clients from testing to treatment across age, sex, and risk groups.	All implementing partners continue to closely monitor provincial efforts to review 90-90-95 targets, while identifying gaps and conducting appropriate interventions.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC, TB, and routine clinical services, affecting access to HIV testing and treatment and prevention.	Vietnam has started reimbursing for HIV treatment services through SHI in selected provinces. The PEPFAR team has worked to ensure that provincial authorities and agencies continue to subsidize the SHI co-payment requirements as donor subsidies end. The Vietnam team continues to maximally advocate with provincial governments to fund SHI copayment subsidies to those PLHIV who face financial barriers, such as those meeting poverty criteria. Eighteen provinces have already taken on the responsibility to purchase SHI cards and covered co-payments. At the same time, in a lower-middle income context where some KPs are able and willing to pay for services, PEPFAR will work with MOH and other relevant ministries to operationalize a fee-for-service model for HIV services in public and private clinics in surge provinces, prioritizing NEZ.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including >80 percent access to annual viral load testing and reporting.	The PEPFAR Vietnam team has advocated and monitored the scale up of VL testing and coverage, while ensuring monitoring and improvement of the gaps related to morbidity and mortality, particularly in key populations.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Vietnam team has paid close attention to the restructuring of Vietnam's health system, and roll out of SHI. While supporting case finding and linkage activities, the team has ensured the monitoring and reporting of morbidity and mortality outcomes, including infectious and noninfectious morbidity.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	N/A
11. Evidence of resource commitments by host governments with year-after-year increases.	The Vietnam team has encouraged and praised Government of Vietnam efforts to absorb the cost of HIV treatment by covering this work under SHI and GVN's funding allocation. The team has encouraged the Government of Vietnam and Provincial Authorities to absorb some of the cost of prevention activities as well. At the national level, PEPFAR has been working to ensure preventative HIV services are included in the SHI Basic Health Service Package. PEPFAR's implementing partners are working with provincial governments to develop and monitor sustainable financing plans for HIV prevention commodities such as PrEP/nPEP while also advocating for mechanisms such as social contracting for CBO participation in HIV prevention and service delivery activities.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	All agencies working on PEPFAR in Vietnam have worked with US-based headquarters to ensure movement toward local, indigenous prime partner funding. All agencies have increased direct funding to local partners overtime.

13. Scale up of unique identifiers for patients across all sites.	VSS has created a national database of unique identification numbers for each individual enrolled in SHI. More than 86 percent of population has health insurance in Vietnam (2018). VAAC, in collaboration with the VSS, is developing an ARV patient database to monitor and manage the payments and information for each patient on ARV only. The new management system will generate a unique identifier for each ARV patient. PEPFAR Vietnam has been working with key government partners, VAAC and VSS, at the national level to increase regular data sharing and introduce the use of a joint database that includes UIC. At the provincial level, PEPFAR activities support the interoperability and accessibility to hospital patient management systems, of which the UIC is one critical component. This system is under development; expected to be implemented and scaled in 2019.
14. Viral load management	Vietnam team continues to support the expansion of VL testing, both at a national level through above site programmatic support and at a site level, particularly the inclusion of viral load testing under SHI. COP19 activities will support VL optimization, including (1) working at provincial levels to ensure VL results monitoring integrated into VSS e-claim systems; and (2) supporting VAAC in expanding access to certified VL labs successfully claiming SHI reimbursement; and (3) resource coordination at provincial level as SHI expands and GF support for reagents contract.
15. Screen better and test smarter: Stop over testing.	Vietnam team is developing a case-based surveillance system to reduce inefficient testing modalities, and improve the fidelity of index testing implementation, while retaining a focus on key populations. Multiple efforts contribute to an effective case-based surveillance system that will improve testing efficiency. The PEPFAR Vietnam team has provided TA to surge provinces to (1) ensure interoperability and linkages of HIV information software to track HIV cascades and sync HIV data into provincial databases; and (2) enhance province level data collection, management and utilization for improving program performance monitoring, focused on testing modalities and yields.

APPENDIX E - List of Acronyms

3HP	12-dose regimen of once-weekly rifapentine and isoniazid
AEM	Asian Epidemic Model
AHI	Acute HIV infection
AIDS	Acquired immune deficiency syndrome
APR	Annual Progress Report
ART	Antiretroviral therapy
ARV	Antiretroviral
C&T	Care and treatment
CAB	Community advisory board
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CME	Continuing medical education
CODB	Cost of doing business
CSO	Civil society organization
COP	Country operational plan
CSCS	Capital Security Cost-Sharing
CSW	Commercial sex worker
DAV	Drug Administration of Vietnam
DHA	Direct Hire American
DSD	Direct service delivery
EA	Expenditure analysis
ER	Expenditure Reporting
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
HIVQUAL	HIV Quality of Care
HIVST	HIV self-testing
HMU	Hanoi Medical University
HRH	Human resources for health
HSS	Health systems strengthening
HSS+	HIV sentinel surveillance
HTS	HIV testing services
ICASS	International Cooperative Administrative Support Services
ICF	Intensified case finding
ICT	Index case testing
IM	Implementing mechanism
INH	Isoniazid
IP	Implementing partner
IPV	Intimate partner violence
ISO	International Organization for Standardization
IT	Information and technology

K=K	Không phát hiện = Không lây truyền (Vietnamese for "Undetectable = Untransmittable")
KP	Key populations
LEA	Legal Environment Assessment
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
MMS	Multi-month scripting
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
OOG	Office of Government
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	Partner notification services
POART	PEPFAR Oversight and Accountability Response Team
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 person
TGW	Transgender women
TLD	Tenofovir/lamivudine/dolutegravir
TLE	Tenofovir/lamivudine/efavirenze

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
VNP+	Viet Nam Network of People Living with HIV/AIDS
VNPUD	Viet Nam Network of People Who Use Drugs
VSS	Vietnam Social Security
VUSTA	Vietnam Union of Scientific and Technological Associations
VYKAP	Vietnam Key Populations Network
WHO	World Health Organization

Tables and Systems Investments for Section 6.0

Table 6-

Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	CENTER FOR COMMUNITY HEALTH RESEARCH AND DEVELOPMENT	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	$ 40,000.00	National strategic plans, operational plans and budgets	Lack of capacity and legal status among local organizations, including the private sector, and KP-led CSOs to deliver innovative HIV services for HIV prevention, case finding, linkage, treatment initiation and retention.	COP17	COP21	Policy and guidance drafted for CSOs/CBOs to receive government funding for delivering HIV prevention, care & treatment services
USAID	CENTRE FOR PROMOTION OF QUALITY OF LIFE	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	$ 20,000.00	Service organization and management systems	Limited in-country capacity to self-finance and mobilize domestic resources for HIV program, including for CBOs and for HIV prevention services and commodities	COP18	COP20	8 CSOs/CBOs in HCMC metro receiving domestic public and/or private financing * Percent increase of non PEPFAR funding: 60%
USAID	PATH	ASP: Procurement & supply chain management	Key Pops: Not disaggregated	$ 20,000.00	Forecasting, supply chain plan, budget, and implementation	Nascent domestic capacity in rapid expansion of procurement and supply management, and coordination, including for SHI commodities, risking commodity security and interrupted supply of ARVs, test kits, recency and viral load testing and other commodities to patients.	COP18	COP19	At National Level: 1. Annual VAAC analysis of diversity and stability of KP commodities including self test kits; 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
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$ 700,000.00	Forecasting, supply chain plan, budget, and implementation	Nascent domestic capacity in rapid expansion of procurement and supply management, and coordination, including for SHI commodities, risking commodity security and interrupted supply of ARVs, test kits, recency and viral load testing and other commodities to patients.	COP17	COP20	74% of ART patients in Vietnam receive ARVs procured by a centralized mechanism funded by Vietnam Social Security and GVN State Budget Allocation by 2020

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	PATH	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	$ 20,000.00	National strategic plans, operational plans and budgets	Limited in-country capacity to self-finance and mobilize domestic resources for HIV program, including for CBOs and for HIV prevention services and commodities	COP18	COP20	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
USAID	Family Health International	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 265,000.00	HMIS systems	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP20	30% patient information are captured in SHI database
USAID	Abt Associates Inc.	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	$ 205,000.00	Assessing impact of policies and regulations on HIV	Vulnerable SHI implementation for HIV program and intensive on-going transition of donor-funded ART patients to SHI 2019-2021 put the achievements of sustainable epidemic control at risk.	COP18	COP19	Draft of the revised social health insurance law includes HIV preventative services in the SHI prevention benefit package
USAID	Abt Associates Inc.	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	$ 735,000.00	Oversight, technical assistance, and supervision to subnational levels	Vulnerable SHI implementation for HIV program and intensive on-going transition of donor-funded ART patients to SHI 2019-2021 put the achievements of sustainable epidemic control at risk.	COP18	COP20	Technical Guidance/Circular are issued/revised based on implementation lessons from ARV reimbursement through SHI in 2019
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$ 200,000.00	Forecasting, supply chain plan, budget, and implementation	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP20	40% of national stable ART patients will be switched to MMD model

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	Family Health International	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 39,000.00	Oversight, technical assistance, and supervision to subnational levels	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP19	Institusionalized TA network that can provide support to granular site management. Local government provide fund to pay TA providers
USAID	GLOBAL INTEGRATED MANAGEMENT SYSTEM COMPANY LIMITED	ASP: HMIS, surveillance, & research	Key Pops: Not disaggregated	$ 190,000.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP21	75% completion of HIV e-tools linkages at provincial level
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$ 150,000.00	Product selection, registration, and quality monitoring	Nascent domestic capacity in rapid expansion of procurement and supply management, and coordination, including for SHI commodities, risking commodity security and interrupted supply of ARVs, test kits, recency and viral load testing and other commodities to patients.	COP17	COP20	4% First line ART Patients on TLD
USAID	PATH	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	$ 50,000.00	National strategic plans, operational plans and budgets	Lack of capacity and legal status among local organizations, including the private sector, and KP-led CSOs to deliver innovative HIV services for HIV prevention, case finding, linkage, treatment initiation and retention.	COP18	COP20	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
USAID	Abt Associates Inc.	ASP: Public financial management strengthening	Non-Targeted Pop: Not disaggregated	$ 250,000.00	Resource tracking and costing	Limited in-country capacity to self-finance and mobilize domestic resources for HIV program, including for CBOs and for HIV prevention services and commodities	COP18	COP20	Domestic resources for HIV program (private, state budget) increased, make up 60 % of total $$ for HIV program from all sources by 2021

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	PATH	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	$ 30,000.00	Information and sensitization for public and government officials	Limited in-country capacity to self-finance and mobilize domestic resources for HIV program, including for CBOs and for HIV prevention services and commodities	COP18	COP20	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
USAID	Family Health International	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 62,500.00	Oversight, technical assistance, and supervision to subnational levels	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP19	COP20	At least 50% of those verified alive linked to treatment
USAID	Family Health International	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 31,000.00	Training in coordination and management of health systems	Vulnerable SHI implementation for HIV program and intensive on-going transition of donor-funded ART patients to SHI 2019-2021 put the achievements of sustainable epidemic control at risk	COP18	COP19	All hospitals enrolled in SHI ARVs supply in 2020 being able to use eHIS and eClaim data to quantify ARV needs and orders
USAID	PATH	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	$ 30,000.00	Assessing impact of policies and regulations on HIV	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP20	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
USAID	Family Health International	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 31,000.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP19	Quarterly or Semi-annual meeting for USAID surge provinces (HCMC Metro, NEZ) conducted with data shared and discussion of program improvement

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	GLOBAL INTEGRATED MANAGEMENT SYSTEM COMPANY LIMITED	ASP: HMIS, surveillance, & research	Key Pops: Not disaggregated	$ 175,000.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP21	3 provinces that routinely use data/report for evident-base programming
USAID	Family Health International	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 16,401.00	Surveillance	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP16	COP21	Updated reports for 4 supported provinces: Tien Giang, Dong Nai, Tay Ninh, and Quang Ninh
HHS/CDC	VIETNAM ADMINISTRATION FOR MEDICAL SERVICES, MOH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 100,000.00	Oversight, technical assistance, and supervision to subnational levels	Vietnam health service delivery systems are vulnerable and compromises transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity.	COP18	COP20	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.
HHS/CDC	NATIONAL INSTITUTE OF HYGIENE AND EPIDEMIOLOGY	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 246,000.00	Surveillance	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP21	New methodologies implemented and high quality HSS+ data available. Recency, VL and drug resistance data available for each KP group in NEZ provinces. VAAC-led framework for case-based surveillance system established.
HHS/CDC	PASTEUR INSTITUTE HO CHIN MIN CITY	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 252,800.00	Surveillance	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP21	New methodologies implemented and high quality HSS+ data available. Recency, VL and drug resistance data available for each KP group in HCMC Metro provinces. VAAC-led framework for case-based surveillance system established.

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	PASTEUR INSTITUTE HO CHIN MIN CITY	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 107,200.00	Lab accreditation	Fragmented lab network development driven by donors and suppliers limits system coverage and efficiency. Access to HIV confirmatory testing and VL remains a challenge in Vietnam resulting in limited use of routine VL, recency testing, and test kits for early detection.	COP17	COP20	At least 6 HIV screening labs in 6 HCM metro provinces are accredited HIV confirmatory labs
HHS/CDC	HO CHI MINH CITY DEPARTMENT OF HEALTH	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 120,000.00	Surveillance	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP19	Main HIV reporting indicators are included into the monitoring system of some selected sites. Provincial-level case-reporting data linked to national HIV case-based surveillance system.
HHS/CDC	VIETNAM ADMINISTRATION FOR MEDICAL SERVICES, MOH	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 120,000.00	Lab quality improvement and assurance	Fragmented lab network development driven by donors and suppliers limits system coverage and efficiency. Access to HIV confirmatory testing and VL remains a challenge in Vietnam resulting in limited use of routine VL, recency testing, and test kits for early detection.	COP17	COP20	1. Continuous quality improvement guidance for HIV VL is integrated with national regulations 2. Guidance on methods for test kit verification and validation is endorsed by MOH
HHS/CDC	Hanoi Medical University	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 134,250.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP19	COP19	Data review and preliminary analysis completed.
HHS/CDC	Regents of the University of California, San Francisco, The	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 120,000.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP19	COP20	Data analysis and use capacity building technical assistance plan developed and delivered.

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	CODB	ASP: HMIS, surveillance, & research	Key Pops: Not disaggregated	$ 486,733.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP17	COP21	VL and HIV DR data for KP in 60% of provinces; Quality data avaialable in 80% of provinces; HIV reporting indicators included in site monitoring system; Case-based surveillance framework and overall components assembled
HHS/CDC	CODB	ASP: Laboratory systems strengthening	Key Pops: Not disaggregated	$ 194,584.00	Lab policy, budgets, and strategic plans	Fragmented lab network development driven by donors and suppliers limits system coverage and efficiency. Access to HIV confirmatory testing and VL remains a challenge in Vietnam resulting in limited use of routine VL, recency testing, and test kits for early detection.	COP17	COP21	Recency testing is routinely used in case finding and surveillance nationwide, inlcuding testing sites; an additional 6 confirmatory labs established in HCMC metro; routine use of VL and recency data linked to testing data through Eoc network; 60% of HIV pts accesing Xpert testing
HHS/CDC	CODB	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 290,907.00	Oversight, technical assistance, and supervision to subnational levels	Vietnam health service delivery systems are vulnerable and compromises transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity.	COP17	COP21	70% of ART pts and 60% of VL pts being reinbursed for HIV services through SHI; S&D reduction program implemented in all 7 CDC surge provinces; National TA platform completed and routinely reviewing program data; K=K messages institutionalized through national campaigns; PTTS providing 45% of site level TA independently
HHS/CDC	Family Health International	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 82,800.00	Lab quality improvement and assurance	Low quality of TB case finding and treatment for PLHIV and TB/HIV infection control, low uptake of TPT.	COP17	COP19	GenXpert samples referral network optimized
DOD	VIETNAM NURSES ASSOCIATION	ASP: Human resources for health	Priority Pops: Military & other uniformed services	$ 25,000.00	Institutionalization of in-service training	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP18	COP21	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

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
DOD	VIETNAM NURSES ASSOCIATION	ASP: Human resources for health	Priority Pops: Military & other uniformed services	$ 70,000.00	Institutionalization of in-service training	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP18	COP21	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
DOD	VIETNAM NURSES ASSOCIATION	ASP: HMIS, surveillance, & research	Priority Pops: Military & other uniformed services	$ 20,400.00	Program and data quality management	Ineffective HIV case-based surveillance system to track PLHIV from diagnosis to VL suppression. Deficient interoperability data platform to monitor epidemic and inadequate data utilization to measure program performance.	COP18	COP21	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.
DOD	VIETNAM NURSES ASSOCIATION	ASP: Laboratory systems strengthening	Priority Pops: Military & other uniformed services	$ 137,700.00	Lab quality improvement and assurance	Fragmented lab network development driven by donors and suppliers limits system coverage and efficiency. Access to HIV confirmatory testing and VL remains a challenge in Vietnam resulting in limited use of routine VL, recency testing, and test kits for early detection.	COP18	COP21	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; pool of future trainer/mentor receive advanced training/coaching toward certification; 3) VL-military lab fully function within the
DOD	VIETNAM NURSES ASSOCIATION	ASP: Human resources for health	Priority Pops: Military & other uniformed services	$ 15,980.00	Institutionalization of in-service training	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP21	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.

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
DOD	VIETNAM NURSES ASSOCIATION	ASP: Institutional prevention	Priority Pops: Military & other uniformed services	$ 55,250.00	Training in institutional prevention programs	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP21	1) 60% of lead 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.
DOD	VIETNAM NURSES ASSOCIATION	ASP: Human resources for health	Priority Pops: Military & other uniformed services	$ 65,125.00	Institutionalization of in-service training	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP21	2) 60% of lead 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
DOD	VIETNAM NURSES ASSOCIATION	ASP: Policy, planning, coordination & management	Priority Pops: Military & other uniformed services	$ 44,200.00	Clinical guidelines, policies for service delivery	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment	COP18	COP21	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
DOD	VIETNAM NURSES ASSOCIATION	ASP: Policy, planning, coordination & management	Priority Pops: Military & other uniformed services	$ 30,500.00	Clinical guidelines, policies for service delivery	Service delivery systems lack innovative differentiated care models to ensure quality of services and HIV epidemic control; service delivery systems do not adequately meet the diverse needs of KPs and PLHIV, including MSM, CSW, drug users and their partners for treatment initiation, retention, and viral suppression.	COP18	COP21	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
DOD	VIETNAM NURSES ASSOCIATION	ASP: Policy, planning, coordination & management	Priority Pops: Military & other uniformed services	$ 14,100.00	Clinical guidelines, policies for service delivery	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP18	COP21	Revised Military HTS Guidelines released and implemented

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
DOD	VIETNAM NURSES ASSOCIATION	ASP: Policy, planning, coordination & management	Priority Pops: Military & other uniformed services	$ 47,300.00	Clinical guidelines, policies for service delivery	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP18	COP21	The revised Military Peer Education Guidelines and supporting tools released and implemented
State/EAP	DEPARTMENT OF STATE	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 22,043.00	Information and sensitization for public and government officials	Lack of capacity and legal status among local organizations, including the private sector, and KP-led CSOs to deliver innovative HIV services for HIV prevention, case finding, linkage, treatment initiation and retention.	COP16	COP21	# CSOs engaged; # media members trained; # stakeholders reached.
HHS/SAMHSA	UNIVERSITY OF CALIFORNIA, LOS ANGELES	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 67,104.00	Institutionalization of in-service training	Lack of capacity and legal status among local organizations, including the private sector, and KP-led CSOs to deliver innovative HIV services for HIV prevention, case finding, linkage, treatment initiation and retention.	COP17	COP21	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
HHS/SAMHSA	CENTER FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 79,920.00	Information and sensitization for public and government officials	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP17	COP21	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
HHS/SAMHSA	UNIVERSITY OF CALIFORNIA, LOS ANGELES	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 44,448.00	National strategic plans, operational plans and budgets	Vietnam health service delivery systems are vulnerable and compromises transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity.	COP17	COP21	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

Table 6-

Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/SAMHSA	CENTER FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 45,288.00	National strategic plans, operational plans and budgets	Vietnam health service delivery systems are vulnerable and compromises transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity.	COP17	COP21	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
HHS/SAMHSA	CENTER FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 62,752.00	Oversight, technical assistance, and supervision to subnational levels	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP17	COP21	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
HHS/SAMHSA	UNIVERSITY OF CALIFORNIA, LOS ANGELES	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 67,200.00	Information and sensitization for public and government officials	Vietnam health service delivery systems are vulnerable and compromises transition of PEPFAR patients. Health system restructuring influences the delivery of HIV program technical assistance and provincial governance capacity.	COP17	COP21	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
HHS/SAMHSA	UNIVERSITY OF CALIFORNIA, LOS ANGELES	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 51,744.00	Pre-service training	Lack of capacity and legal status among local organizations, including the private sector, and KP-led CSOs to deliver innovative HIV services for HIV prevention, case finding, linkage, treatment initiation and retention.	COP17	COP21	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
HHS/SAMHSA	UNIVERSITY OF CALIFORNIA, LOS ANGELES	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 63,504.00	Institutionalization of in-service training	Need for innovative models for HIV prevention to effectively reach key populations and meet the diverse needs of KPs (MSM, CSW, drug users) and priority populations (including partners of KPs) for outreach, testing, case finding, and linkage to the HIV cascade.	COP17	COP21	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