Vietnam Country Operational Plan

(COP/ROP) 2021

Strategic Direction Summary

May 7, 2021

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1.0 Goal Statement

The PEPFAR Vietnam Country Operational Plan (COP) 2021 prioritizes work to achieve two parallel and complementary goals:

1) Enable the Government of Vietnam (GVN) to establish a public health response approach to the HIV epidemic, grounded in a robust case surveillance system and using indigenous partners;

2) Continue and extend the successes of a sustainable transition of primary financial, administrative, and technical responsibility of essential HIV services to GVN.

The COP21 goals reflect the evolution of the program following significant treatment-cascade progress in PEPFAR priority provinces. During COP18, COP19, and COP20, PEPFAR Vietnam undertook an aggressive three-year plan to move toward epidemic control in 11 PEPFAR priority provinces of the Northern Economic Zone (NEZ) and Ho Chi Minh City (HCMC) Metro regions. NEZ and HCMC Metro together account for over half of the HIV burden in Vietnam, and there is clear evidence of high HIV incidence, prevalence, and undiagnosed infections among urban men who have sex with men (MSM). Through PEPFAR support, the two regions drive innovation and spur national adoption of best practices. Progress on the ambitious 95-95-95 goals in the PEPFAR priority provinces of NEZ and HCMC Metro regions has been notable but uneven, with HCMC Metro provinces demonstrating greater success on the first and second 95 metrics than has been realized in the NEZ. Performance on the third 95 across Vietnam has been exceptional and in the top tier globally. Nationally, the third 95 target has been achieved at the more demanding criterion of viral suppression <200 copies/ml, or undetectable. Vietnam is on track to achieve the second 95 in PEPFAR-supported provinces through tight linkage of newly diagnosed patients to treatment, and case-verification activities to correct the official counting of persons living with HIV (PLHIV) who know their status. The first 95 – case-finding – remains the most challenging in a concentrated epidemic where HIV- and key population-associated stigma creates additional barriers.

The COP21 plan optimizes case-finding using community-based testing, social network strategies, and index partner testing with appropriate and documented protections for key populations and PLHIV. Case-finding will be differentiated to target key populations by age and behaviors. Community engagement is not limited to case-finding, and it remains central to PEPFAR's work across the program continuum, including pre-exposure prophylaxis (PrEP), K=K (Vietnamese for undetectable=untransmittable, or U=U), community advisory boards, and community scorecards. In COP21, community monitoring will be central to assuring that PEPFAR delivers high-quality, stigma-free services, and provides a platform for community-led improvements to the national public health response.

With the progress on the 95-95-95 and looking toward the needs of national epidemic control, the Vietnam HIV response must have in place the systems and structure to dynamically respond to the

HIV epidemic. In COP21, PEPFAR Vietnam is committed to supporting GVN to establish a public health response (PHR) approach to the HIV epidemic, grounded in a robust case surveillance (CS) system. PEPFAR Vietnam envisions that a PHR will contribute to epidemic control goals through monitoring recent infections and new diagnoses and driving rapid response to HIV outbreaks and clusters. Building on the COP20 expansion of CS into nine PEPFAR priority provinces, COP21 will invest in expansion of the national CS platform and provincial implementation in six additional PEPFAR-supported and non PEPFAR-supported priority provinces, bringing the total number with PEPFAR investment to 15. CS will be expanded in additional high-burden provinces in COP22. The PHR approach in COP21 will continue as an indigenously driven system, with the GVN in the lead and including civil society, academic, and community-based organizations (CBOs). Outside of PEPFAR priority provinces, PHR activities will be implemented with government-to-government support and engagement of CBOs, and will rely on Social Health Insurance (SHI), the Global Fund, and domestic resources to finance service delivery.

To complement the public health response for epidemic needs, a Program Quality Monitoring (PQM) system will monitor essential program quality indicators to assure that essential service uptake gains and quality are maintained. National and provincial dashboards will provide capacity for rapid review and identification of indicators that signal need and rapid response for program quality interventions. Monitoring for epidemic events and for program quality shortfalls will be implemented based on existing laboratory and program monitoring systems; as CS comes online, the quality and timeliness of the monitoring data will be strengthened

In parallel, COP21 will continue the successful and sustainable transition of the HIV response to the GVN. Ninety percent of PLHIV across Vietnam now have SHI cards, and all 446 HIV clinics are now certified to be reimbursed for HIV services by SHI. SHI expects to cover 103,500 of the approximately 153,000 people on treatment by the end of calendar year 2021. COP21 affirms PEPFAR's commitment to transition from donor-funded antiretrovirals (ARVs) to SHI-funded ARVs, providing the necessary technical assistance and monitoring to ensure continuity of treatment and quality services. Continued scale-up of SHI coverage for treatment and laboratory monitoring, as well as coordination of donor support for SHI copayments, will enable expanded access to SHI-supported ARVs and viral load testing nationally. COP21 will also continue to advocate and document evidence to revise the SHI Law to include general prevention activities in the SHI basic package of services, which in the future may include HIV testing and PrEP. There is uncertainty whether the National Assembly will be in favor of expanding SHI's mandate beyond the curative component of the health system.

The COP21 strategy—jointly planned with the VAAC, the Global Fund, 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

The national HIV prevalence in Vietnam is 0.24 percent of the general population, with an estimated 230,000 people living with HIV (PLHIV). The epidemic remains concentrated among three key populations (KPs): men who have sex with men (MSM) at 13.4 percent prevalence in 2020; people who inject drugs (PWID) at 13.0 percent prevalence in 2019; and female sex workers (FSWs) at 3.1 percent prevalence in 2020 as the year of the latest round of HIV sentinel surveillance. The distribution of PLHIV by KP and program coverage varies by region and province, highlighting the need for a geographical public health tailored response.

Population size estimates (PSE) of KPs, including those affected by HIV/AIDS, help policy makers and program administrators understand the scope of the HIV epidemic, plan appropriate interventions, and allocate sufficient resources. In 2019, with support from PEPFAR, size estimation activities among FSWs and PWID were conducted in two PEPFAR NEZ provinces (Hai Phong and Thai Nguyen) using globally recognized standards (multiple capture-recapture sources). The results of PSE from the empirical data showed differences when compared to provincial program estimates or public security reports, which has prompted PEPFAR to support this work at the national level. Provincial size estimates vary greatly on their standardization, which may have led to overestimations in the north while underestimating in the southern provinces. With support from the Global Fund, population size estimation was also conducted among MSM in 11 provinces in 2018. However, these estimates should be understood as conservative, because they capture only those between the ages of 18 and 49 who have access to the internet and use social networking websites and dating apps that MSM frequent. In COP20, PEPFAR is supporting innovative and highly- recommended size estimation methodologies to provide the most accurate estimations for KPs with a specific focus on MSM in seven PEPFAR- supported provinces.

In COP21, PEPFAR will continue to support innovative and highly recommended size estimation methodologies to provide the most accurate estimations for KPs at the national and provincial levels. These PSEs will be used as denominators for calculating program coverage and helping to produce national estimates and projections of the HIV epidemic. With the move to HIV case-surveillance, the CD4 depletion model – using CD4 data from case surveillance – will also be explored to estimate HIV incidence, prevalence, and the number of undiagnosed infections. In COP20 and COP21, epidemiological information available from newly reported HIV cases, especially in the NEZ, will help elucidate the characteristics of non-KP who may be diagnosed late in the course of infection.

PEPFAR Vietnam will continue to focus on two regions, NEZ and HCMC Metro, to reach 95-95-95 and epidemic control. 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. In the NEZ, a large proportion of undiagnosed infections may not be among KPs and may represent older infections from former KPs or partners of KPs in the past.

Additionally, PEPFAR Vietnam will support the GVN to focus on evolving into a PHR approach to address and control the HIV epidemic. This PHR will be supported by the case surveillance system to help the GVN and PEPFAR Vietnam to identify where the undiagnosed are, where hotspots of disease transmission are occurring, and react rapidly, effectively, and dynamically. PHR will also be supported by enhanced program monitoring at the service delivery and systems levels to respond to early warnings about programmatic bottlenecks.

HIV sentinel surveillance (HSS+) conducted in PEPFAR provinces shows prevalence among MSM ranging from 5.3 to 16 percent. In Ba Ria-Vung Tau, estimated MSM prevalence is 16 percent, with prevalence of 15 percent in Binh Duong and 14 percent in 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 is the observed annual incidence of 7.6 percent for Hanoi MSM, with incidence of 7.5 percent among those aged 16-24[2].

HIV prevalence among PWID ranged from nine to 21 percent across the PEPFAR provinces; however, overall national prevalence has declined to 12.7 percent. FSWs in Vietnam are the smallest KP group with an HIV prevalence in PEPFAR provinces, ranging from 3.3 percent in Quang Ninh to ten percent in HCMC. Inconsistent prevalence among KP in certain provinces reported in HSS+ had to do with the limitations of current sampling method and recruitment strategy.

In COP21, PEPFAR will support the introduction of new sampling methods to improve data collection and data quality. For MSM and PWID, a respondent-driven sampling method will be used, and for FSWs, a combination of venue-based and web-based recruitment strategies will be conducted in selected high-burden provinces.

Recency testing coverage will continue to increase and help focus the GVN's response on areas with new infections. Recency data in FY19 suggest that there is an ongoing epidemic in the South, with some provinces (HCMC, Long An, Dong Nai) reporting over 25% of newly identified PLHIV as confirmed as recent infections, indicating that they had been infected within the previous year. Recency results in the North seem to suggest a smaller group of new transmissions, with recency proportions less than 10%.

Provinces continue to experience high numbers of newly diagnosed HIV-positive individuals identifying as "other". The PEPFAR- introduced enhanced risk identification tool has shown a substantial reduction of "others" from 35% in FY2018 to <20% in FY2019 among newly identified HIV-positive clients. PEPFAR is continuing to work with a subset of hospitals and clinics to

consistently implement the risk identification tool to eliminate the "other" categorization. For COP20, institutionalizing this tool as a part of the CS procedures has provided robust risk-identification information to inform HIV programming. In addition, during case surveillance implementation, it has been observed that mode of transmission information is often missing in case reporting data despite being collected routinely at counselling and testing services. During the remainder of COP20, PEPFAR is working with VAAC to review and revise current case reporting guidelines to optimize data reporting flow to reflect accurate mode of transmission.

Vietnam's Key Policies Meeting Program Requirements

During the last few years, Vietnam has made significant strides in multiple 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, included index, lay, and self-testing. In accordance with S/GAC guidance in COP20, PEPFAR Vietnam successfully developed robust standard operating procedures (SOPs) and policies on: confidentiality; intimate partner violence (IPV) detection, QI, and M&E; and first-line services for IPV. PEPFAR Vietnam successfully certified sites to ensure high-quality, client-centered, safe index case testing (ICT) prior to resuming those services. PEPFAR Vietnam will continue to leverage social network strategy (SNS) for case-finding in high-risk populations.

Vietnam implemented Test-and-Start in July 2017. In 2018, SOPs were developed for rapid and same-day initiation of antiretroviral therapy (ART) and multi-month dispensing (MMD) of ARVs. Vietnam launched MMD in HCMC as a pilot in December 2017. Routine implementation and MMD scale-up started in January 2019. Policies including MMD under the SHI scheme were launched and implemented in 2019 as well. At the end of 2019, criteria for MMD eligibility were relaxed in the National Standard Treatment Guidelines (requiring only one suppressed viral load). With this change, PEPFAR Vietnam estimates that approximately 15% more patients will be eligible for MMD in COP20 compared to COP19 (an increase from 58% to 70%). With the understanding that 25-30% of ART patients are not clinically eligible for same-day ART, PEPFAR Vietnam will maintain our target of 70% of all new ART patients starting ART on same-day with confirmatory testing in COP21, compared to current achievement of 68% at the end of Q1FY21.

In the most current National Standard Treatment Guidelines issued November 2019, tenofovir/lamivudine/dolutegravir (TLD) is recommended as a first-line ART regimen for adolescents and adults, including women of childbearing age. A Marketing Authorization (MA) for the importation and registration of TLD was completed in November 2019, and TLD was added to the SHI drug list in January, 2021. Price negotiation of TLD through SHI was granted in April 2021. SHI- TLD will be available at health facilities for PLHIV in July 2021, 6 months earlier than planned.

The National Standard Treatment Guidelines also include PrEP provision for populations at substantial risk for HIV. Supporting differentiated care for KPs, the Guidelines described the option of event-driven (ED) PrEP for certain MSM. Daily PrEP and ED-PrEP are now fully adopted in the

National Standard Treatment Guidelines, and all PrEP providers have been trained on both regimens.

PEPFAR continues to 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 the HIV clinical care package at 90 PEPFAR-supported sites in 11 priority provinces. In COP21, PEPFAR will optimize short-course TPT and invest in better TB diagnostics. PEPFAR will support the National TB Program to procure the generic fixed-dose formulation of rifapentine and isoniazid (HP) to reduce client pill burden at a cost savings; WHO recommended urine LF-LAM and point-of-care C-reactive protein tests to reduce time to lifesaving treatment and economize Xpert MTB/RIF and Xpert MTB/RIF Ultra cartridges. PEPFAR also continues to provide technical assistance (TA) to the GVN and the National TB program to scale up TPT nationwide and prepare for transition of TB medications and other essential TB services for PLHIV to SHI.

PEPFAR Vietnam is supporting the national and provincial health authorities to align and strengthen the current HIV information systems, ensuring high data quality with agreed-upon collected standards to feed into a national system. This will include morbidity and mortality outcomes, including infectious and non-infectious morbidity. PEPFAR is also working with the VAAC to develop the Health Informatics systems associated with a national case surveillance system.

In COP21, PEPFAR Vietnam will continue to ensure preventive HIV services are included in the SHI's Basic Health Service Package through a revision of the SHI Law. Implementing partners are working with provincial governments to develop sustainable financing plans for HIV prevention commodities, such as PrEP and non-occupational post-exposure prophylaxis (nPEP). Partners are also advocating for mechanisms, such as social contracting, that will allow CBOs to be funded directly from government budgets in order to undertake HIV prevention and service delivery activities.

Currently, 89 percent of the population has health insurance. VSS is in great status maintaining their Eclaim system to monitor all services provided through SHI and is going to upgrade the newly designed electronic Logistic medicine information system(eLMIS) to monitor all medicine that is centrally procured by SHI fund including ART. The VAAC, in collaboration with the Ministry of Health and VSS, has been working on a solution to harmonize the existing software and information systems for a common ART patient database, and improved drug management and payment through SHI. Provincial authorities and agencies continue to subsidize the SHI copayment requirements as donor subsidies end, particularly for those who face financial barriers and/or meet poverty criteria. No patients who transferred to SHI in 2020 had out-of-pocket expenses for ARVs, and costs were covered by either local funding or subsidized by PEPFAR and Global Fund. The team

also continues to work to revise the SHI Law to include PLHIV in the group with fully subsidized SHI premiums. In addition, PEPFAR will provide timely assistance in the development and endorsement of the provincial sustainable HIV financing plans so the Local Government funding is committed to support those in need of subsidization.

Table 2.1.1 Host Country Gov Results

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	98,183,219		11,383,810	11.6%	12,459,240	12.6%	6548836	6.7%	6,931,002	7.1%	31,305,747	31.9%	29,554,584	30.1%	GSO, Population Census 2019, estimated for 2021.
HIV Prevalence (%)		0.23													VAAC estimation for 2021
AIDS Deaths (per year)	5,000														UNAIDS Estimated for 2019
# PLHIV	229,650														VAAC estimated for 2021
Incidence Rate (Yr)															N/A
New Infections (Yr)	5,200														UNAIDS estimated for 2019
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	2,400														UNAIDS estimated for 2019
Orphans (maternal, paternal, double)															N/A
Notified TB cases (Yr)	101,749	98	752	0.74	925	0.91	3712	3.65	5476	5.38	24,269	23.85	66,615	65.47	NTP case report, 2019
% of TB cases that are HIV infected	2.841	2.81%	23 (0.8%)				248 (8.7%)				2570(90.5%)				NTP- case reporting 2020

% of Males Circumcised															N/A
Estimated Population Size of MSM	256,883														MSM estimation workshop estimated for 2020
MSM HIV Prevalence		13.4													HSS+ 2020
Estimated Population Size of FSW	85,459														AEM 2018 Estimated for 2020
FSW HIV Prevalence		3.1													HSS+ 2020
Estimated Population Size of PWID	189,581														AEM 2018 Estimated for 2020
PWID HIV Prevalence		12.7													HSS+ 2019

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and VL

Table 2.1.2 95-95-95 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	98,183,219 [7]	0.23	230,000[8]	196,778[3]	153,231[4]	67	96[5]	3,390,312[6]	23,528[6]	*18,033*[6]
Population <15 years	23,843,050[7]	0.02	5,188	4,646[8]	4,119[4]	87	93[5]	NA	NA	*120*[5]
Population 15+ years	74,340,169[7]	0.30	225,354	192,160[3]	149,112[4]	66	96[5]	NA	NA	*17,913* [6]
MSM	256,883[10]	11.4[9]	N/A	NA	NA	NA	NA	98,588[6]	6,605[6]	NA
FSW	85,459[8]	3.6[9]	N/A	NA	NA	NA	NA	38,467[6]	327[6]	NA
PWID	189,581[8]	12.7[9]	N/A	NA	NA	NA	NA	179,719[6]	2,630[6]	NA

[2] National data – Calendar Year 2021

[3] VAAC - Source: VAAC case reporting system (Cir. 09) - Data has been reported cumulatively from provincial level. By the end of FY20, case verification activity was completed in 10 PEPFAR supported provinces to provide better understanding on the first 90 achievements in country. However, case verification should be considered as on-going and will be supported for Case Surveillance activities. Data Quality Assurance should also be prioritized for not only PEPFAR supported provinces but also others. Only 12,950 cases were reported under case reporting system 2020 out of 23,528 HTS_TST_POS reported under C03

[4] VAAC – National reporting Program (Cir 03) – Data from October 2019 to September 2020. For TX_CURR it is known that national institutes did not report to C03 so we need to add their number in.

[5] Est. from C03, PEPFAR reported age band in 11 surge provinces as 94.

[6] VAAC – National reporting Program (Cir 03) – Data from October 2019 to September 2020; some duplication may exist, no UIC available for HTS_TST and HTS_TST_POS. For TX_NEW it is known that national institutes did not report to C03 so we need to add their number in.

[7] GSO, Population Census 2019, estimated for 2021.

[8] AEM model, disaggregation adjustment by SI TWG/VAAC M&E department

[9] HSS+ 2018 and HSS+ 2019

[10] MSM estimation workshop in 2020

Figure 2.1.3 Updated National and PEPFAR Trend for Individuals currently on Treatment

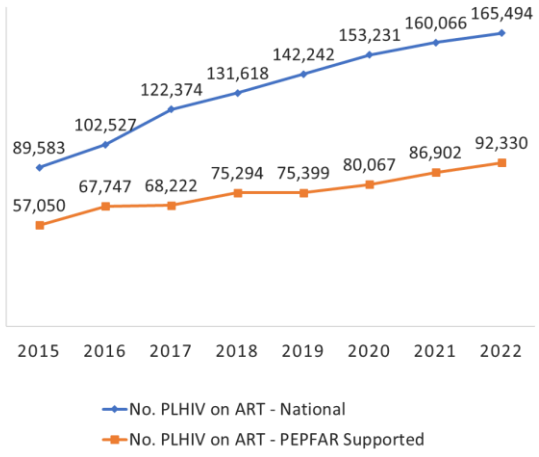


Figure 2.1.4 Updated Trend of New Infections and All-Cause Mortality Among PLHIV

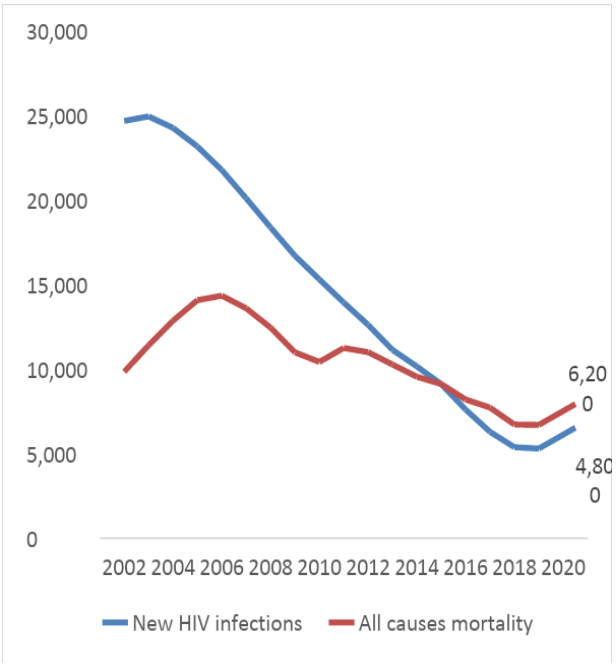


Figure 2.1.5 Progress retaining individuals in life long ART in FY19 (PEPFAR surge SNUs)

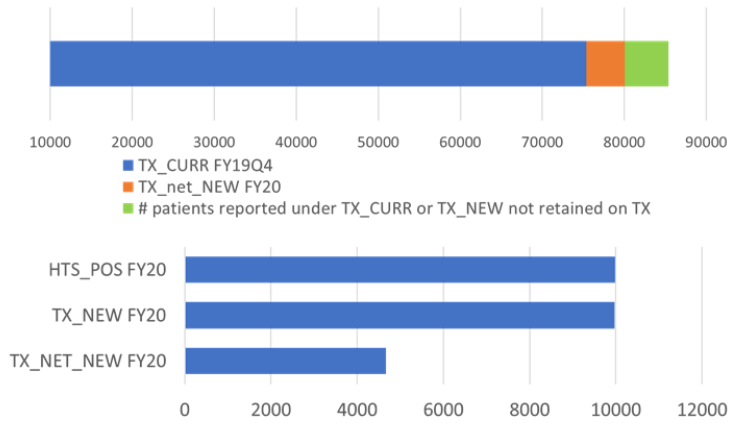


Figure 2.1.6 Proportion of clients lost from ART 2019 Q4 to 2020 Q4

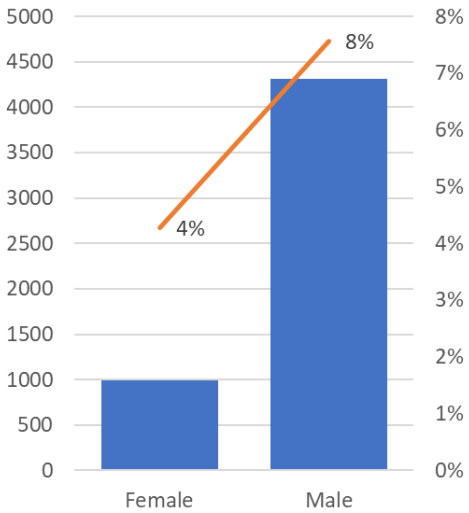
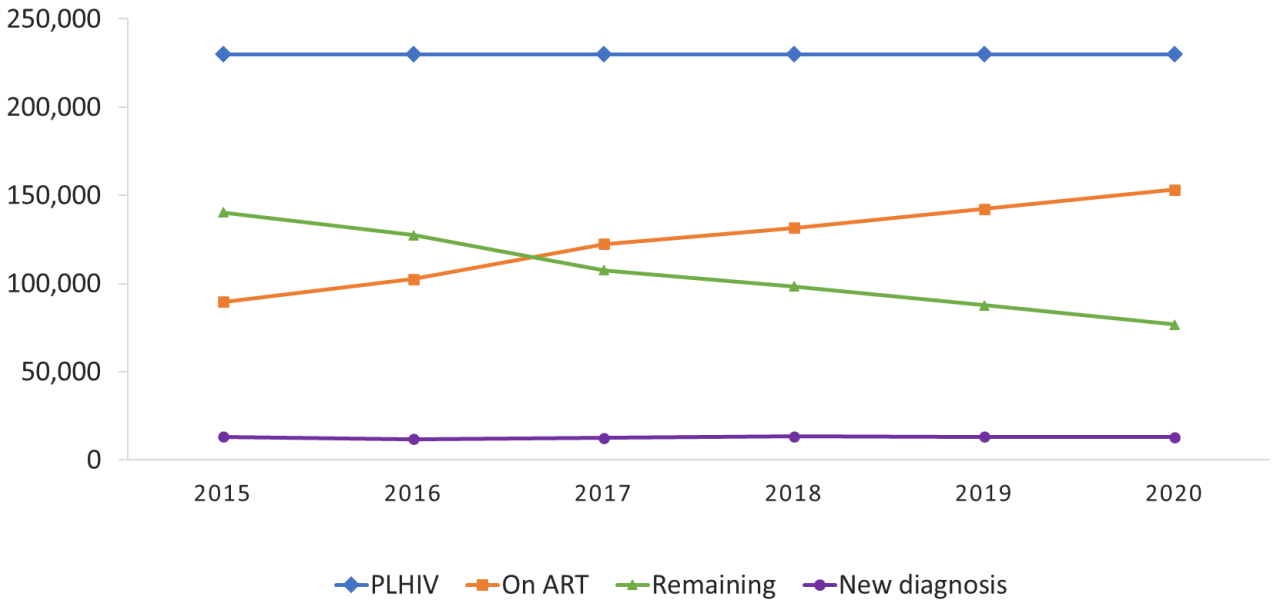


Figure 2.1.7 Epidemiologic Trends and Program Response for your Country (Figure 2.1.1.3 in COP20 Guidance)



2.2 New Activities and Areas of Focus for COP21

Scaling Up a Robust Public Health Response to Address New Infections and to Maintain Sustainable Epidemic Control

As Vietnam heads towards sustainable epidemic control in two regions, the program will pivot to address HIV as an infectious disease that requires a robust public health response to identify and stem new infections. In parallel, recognizing that HIV is a chronically managed disease, a responsive program quality monitoring approach will be strengthened and scaled-up to address issues and blips in the provision of HIV services.

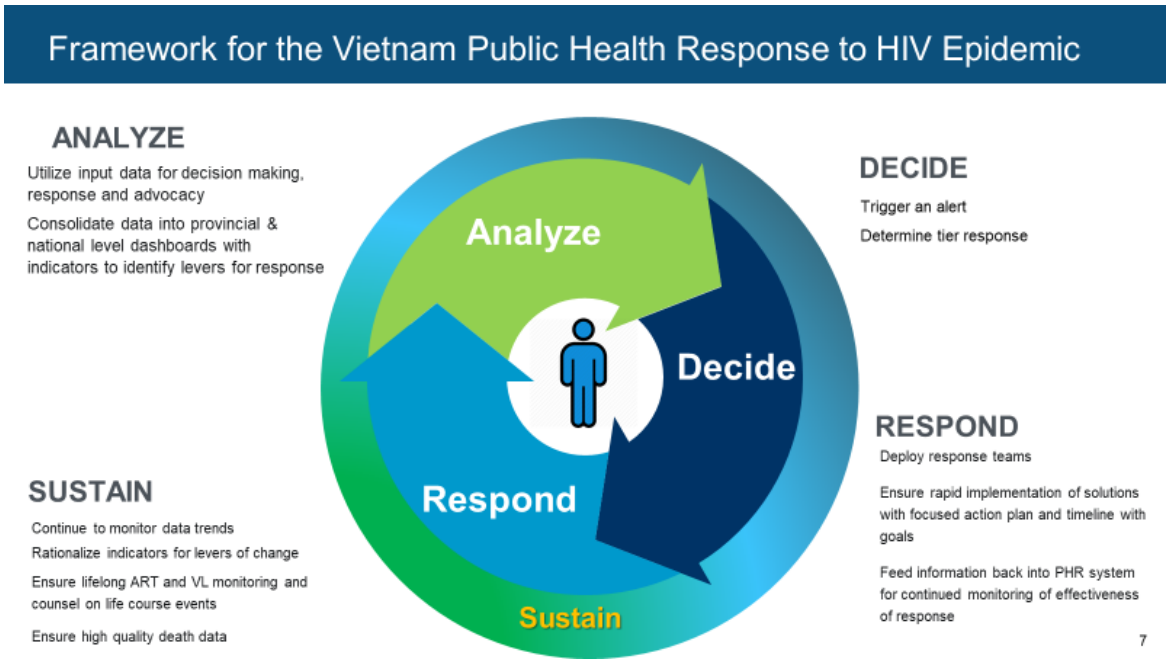
PEPFAR Vietnam has invested in and supported components of a public health response (PHR) since the inception of the program. This includes strengthening data quality; providing TA for case reporting; bolstering Provincial Technical Teams (PTTs) for routine analysis coupled with timely deployment of TA; and scaling up recency testing and its inclusion in routine reporting through monitoring and reporting platforms. More work needs to be done to connect the different components and institutionalize the PHR for long-term sustainability. PEPFAR will support the

GVN to move from donor-directed HIV programming to a government-led PHR process of continuous data analysis that guides evidence-based decision-making and a timely and appropriate response, in which case surveillance is the backbone of the response and provides the key inputs needed to identify and respond to new infections. The PHR is an indigenously driven system, with the GVN in the lead and including civil society, academic institutions, and CBOs. Outside of PEPFAR priority provinces, PHR activities will be implemented with government-to-government support and engagement of CBOs, and will rely on SHI, the Global Fund, and domestic resources to finance service delivery improvements with an overall aim to reach epidemic control.

The Program Quality Monitoring (PQM) component will intensify data review and analysis of core epi and program indicators for focused actions to maintain high-quality HIV services in the PEPFAR provinces.

Vision of COP21: Scaling-up a Common Framework for Vietnam's Public Health Response and Program Quality Monitoring: A Sustainable and Responsive HIV Program Framework

The COP21 framework to enhance both Vietnam's Public Health Response and the Program Quality Monitoring approach includes four core pillars: Analyze, Decide, Respond, and Sustain. These core pillars will inform how epidemiological and program inputs are used in order to ensure transparency and enable key stakeholders to guide an informed and timely response. For both components of sustainable epidemic control, core indicators have been identified across epidemic control/surveillance, service delivery, systems, and health facility and community QI. These core indicators have decision thresholds that will trigger specific tiered responses based upon level of urgency.



1. *Analyze*

For the PHR, surveillance and epidemiological inputs and data, including case surveillance, recency results, new positive results and viral load, are used for real-time tracking of the epidemic and to identify hotspots for decision-making, response, and advocacy. While routine programmatic data can help identify program quality issues, epidemiological data can sound the alarm on a potential outbreak or hotspot. For the program quality monitoring component, PEPFAR will work with the GVN and stakeholders to consolidate the multiple data sources into a user-friendly format and transparency across multiple stakeholders. Through program quality monitoring, we will also identify core provincial monitoring indicators on the HIV cascade, KP interventions, service delivery, QI monitoring, systems-related to ARV stock availability and VL coverage, and others to identify program quality issues.

Facilitating routine monitoring of inputs for trigger points embedded within the metrics will create an early warning system to promote awareness and responsive actions. These triggers for response involve a three-tiered early warning system: Tier 3 - Routine; Tier 2 - Heightened; and Tier 1 - Escalated. Each tier is associated with multiple indicators that together can trigger a focused and coordinated response. For example, along with other factors, two cases of recent infection or higher in a clinic or district setting per month could trigger Tier 2 - Heightened response, and if the recent case count is higher than four cases or above, it could become Tier 1 - Escalated. All of these inputs assist in hotspot/cluster detection, which is particularly useful for small populations, populations with a low HIV burden, and among KPs. Using epidemiological data and inputs to trigger an alert is vital for a timely response.

2. *Decide*

If a Tier 2 or Tier 1 response is triggered, teams will make several critical decisions based on algorithms set by the GVN. These triggers are agreed upon decision points to help solidify what the problem is and whether it meets the threshold of an alert; prioritizing efforts; and determining the appropriate level of response. This serves as an early warning system to trigger a response based upon level of urgency.

3. *Respond*

Triggering a tiered response will set several events in motion. Responding to an issue will involve data verification, and in the case of a potential cluster or outbreak, could leverage contact tracing and community consultation. Provincial technical teams will initiate critical actions for priority problems, such as data mining, conducting enhanced field- and laboratory-based epidemiologic investigations, conducting site-level interventions such as chart reviews, and collecting qualitative data. Findings will inform broader response strategies around urgent testing, PrEP campaigns, health alerts, ART initiation, and more.

Provincial technical teams will also monitor the progress of the response and determine the criteria for when to end the response, such as when the network is fully discovered and no new linked infections occur. Depending on the tier of response, different teams will be involved. A Tier 2 - Heightened would draw on local (provincial- and site-level) support, as well as technical support from provincial stakeholders, whereas a Tier 1 - Escalated would necessitate the involvement of

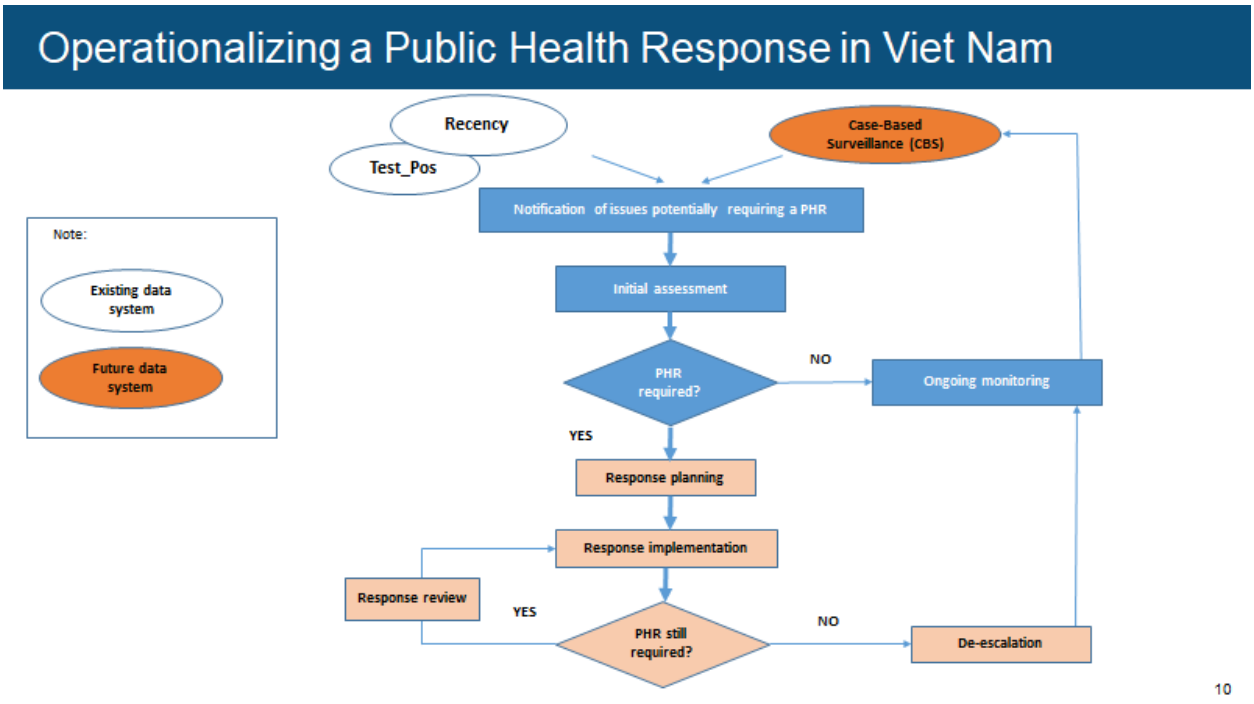
Central Government, PEPFAR, GFATM, and local teams, among others. Deploying the appropriate response teams is vital to ensure rapid implementation of solutions with focused action plan and timeline with goals. These teams will also feed information back into the PHR system for continued monitoring of the effectiveness of the response.

4. *Sustain*

A true HIV public health response requires the full leadership and mandate of GVN, particularly VAAC. This will involve effective collaboration with PEPFAR and other stakeholders on the development of nimble policies and SOPs; and, national, provincial and facility level capacity building in the inputs needed to Analyze, Decide and Respond.

Operationalizing A Public Health Response in Vietnam

The PHR framework for COP21 builds on current program achievements and focuses on real-time detection and response to new infections to identify and respond to PHR issues. Until the full-scale CS is available for real-time analysis, other inputs, especially recency and TST_POS data, will raise an alert and initiate further analysis. If a decision is made that a PHR is needed, GVN will coordinate with PEPFAR and other stakeholders, including GFATM and community organizations, to provide technical and human resources until the decided outcomes are met and the response is de-escalated. On-going monitoring will continue whether or not a response was needed and post-implementation.



Ensuring the operationalization of a joint, coordinated, and efficient PHR framework is needed to enhance progress towards a long-term government response.

The core elements of a robust PHR include recency, surveillance, program monitoring, service delivery, and sustainability. Persistent challenges in these areas have led to a fragmented PHR response to date. It will be the focus in COP21 to promote a more holistic PHR approach.

Case Surveillance as Backbone of Public Health Response

The persistence of multiple, siloed data sources and platforms continues to hinder the use of data for decision making. Poor data quality also remains a pervasive issue in Vietnam. Additionally, the multitude of indicators that inform case reporting can be overwhelming, and there is insufficient focus on data use to inform action.

A real-time surveillance system, ultimately grounded in a robust case surveillance system, is critical to signal new diagnoses and recent infections to monitor for PHR. Recency testing data and the ability to track sentinel events of PLHIV, from diagnosis to death, will be a critical input of a robust PHR framework. A case surveillance system is currently being developed with the full buy-in of the government; its minimum standards and architecture are under development in COP20. We are sailing the ship while we are building it. The national case surveillance TWG started monthly data review as soon as the system was up in running in Sep 2020 in four provinces for epidemic monitoring and program improvement. The number of provinces will be nine by September 2021 and expanded to 15 provinces in COP 21.

Program Quality Monitoring for Sustainable Epidemic Control

Complementing PHR, the parallel prioritization of program quality monitoring (PQM) requires a consolidated monitoring platform that can be easily accessed and used by stakeholders to make decisions. The existing system, which does not bring together the multiple data streams, does not facilitate data use to inform action. It is essential that program quality monitoring at the service delivery and systems levels is used to inform a robust sustainable approach towards government ownership that can trigger an early warning regarding program-level bottlenecks limiting a client's ability to access high quality services. The program quality monitoring component of this sustainability track--informing an enhanced data use component with government ownership--will require routine monitoring of key systems level and service delivery indicators as outlined in the graphic below on PQM. The PQM track ensures a sustainable approach to ensure the bottlenecks around HIV care being a chronic condition can be monitored and ensure high-quality service delivery implementation. In COP20, a comprehensive monitoring platform that includes aggregated site-level inputs from case surveillance coupled with the program quality monitoring will be prioritized in an effort to strengthen collaboration around data use and garner government stakeholder buy-in at the provincial and national levels. The primary objective of this monitoring platform based on a user-friendly and user-tested HIS dashboard is to have transparency across

multiple stakeholders that can be used as data for advocacy to drive key technical and strategic experts to respond to early warning system triggers that are hindering sustainability of epidemic control. This site-level monitoring platform will be implemented in phases with provincial- and national-level stakeholders and co-developed with end users in an attempt to promote local ownership. This type of HIS efficiency model would be a novel approach towards sustainable HIV epidemic control whereby the key case surveillance elements of a PHR coupled with the program quality monitoring data outputs affecting systems and service delivery would be housed in one dashboard platform for site-level aggregated data.

The national PQM continuous quality improvement (CQI) model will foster champions who will inform future provincial PQM and promote sustainability for national level response. These champions will serve as accountability agents, whereby the knowledge generated during the early stages of the PQM HIS platform development and engagement can be translated into future responses as needed.

Key Components in Support of Sustainable Epidemic Control- Public Health Response and Program Quality Monitoring

Core Routine Program Indicators for Tiered Responses

Area	Indicator	Tier 3 *Routine*	Tier 2 *Heightened*	Tier 1 *Escalated*
1. HIV Epi	# Pos compared to previous quarter			>2 standard deviations
	# recent infections- monthly	2	2-4	>4
2. Program Performance	% attrition- quarterly	<1.25%	>1.25-1.5%	>1.5%
	% VL suppressed	90%	85%	80%
	% linked to TX- quarterly	>95%	80-95%	<80%
3. CQI	Facility	Available	No	No
	Community monitoring	Available	No	No
4. KP	PrEP continuation at 3M	>75%	50-75%	<50%
5. System	VL & ARV SHI fund liquidation	< 1 quarter	1-2 quarters	>2 quarters
	% VL coverage	90%	85%	80%
	ARV stock low/out	No	Yes	Yes

CBS

PQM

Service Delivery, including Community Engagement

PEPFAR is actively working to ensure that client-centered community monitoring is occurring through active case management, consumer advisory boards, community scorecards, and other initiatives. However, for true, independent community monitoring to support PHR and sustain

program quality, these innovations—and more broadly, the community's acknowledged role in the HIV response, need to be standardized and protected within Vietnam's historically constrictive legal framework.

Sustainability

A robust HIV PHR approach relies on human resources for health (HRH) capacity for a timely public health response. PEPFAR has invested heavily in human resources capacity in HIV to meet epidemic control with great success. However, challenges remain in ensuring that these investments will continue to bolster the HIV PHR. As the provincial HIV/AIDS bodies are absorbed into the broader public health structures, focused HIV expertise is vulnerable. Competencies in core public health functions will ensure locally led responses. Case-finding and outreach HRH are not fully supported in HIV financing structures. In addition, KP-led and civil society services are not fully integrated into the National HIV program. There are some gaps in capacity among local organizations, including the private sector, to engage in community monitoring and the delivery of innovative HIV services. Community organizations also need to access social contracting to allow them to meaningfully engage in the public health response.

Shift to A Full-Scale Public Health Response and Activities Beginning in COP21 for Sustainable Epidemic Control

As Vietnam begins to consolidate and roll out the PHR, core elements, including a focus on data systems, HRH capacity, service delivery systems, domestic financing, and supply chain will be rationalized and standardized. In COP21, PEPFAR will work with GVN and stakeholders to galvanize policy consolidation and development for the PHR, the case surveillance system and routine data quality and use through efficient program monitoring mechanisms.

Nationwide recency testing and analysis will be institutionalized for both surveillance and programmatic purposes and for the deployment of timely technical assistance.

In addition to ensuring the policy framework and the architecture of the PHR, PEPFAR Vietnam recognizes that human resources are critical to successful implementation. COP21 will support the scale up of community-led monitoring to engage community and service users in the monitoring of PEPFAR-supported services. Information gathered will allow PEPFAR and its implementing partners to improve the services and address concerns raised about client preferences and service friendliness.

Provincial technical teams will do the heavy lifting of implementation of the PHR. PEPFAR will support the additional capacitating of these bodies—not only for technical and public health capacity to respond to new infections and hotspots, but for improved coordination, resource mobilization, data analysis and use, and responsive HIV programming to maintain program quality. Through inaugurating a cultural shift in how provincial HIV managers and technical experts, along with community and other key stakeholders, work together and through the use of

epidemiological/surveillance and program data, the groundwork will be laid for a true HIV public health response that sustains Vietnam's achievements in meeting epidemic control.

COP21 Summary of Shifts in Activities or Priorities:

- As a core component of the public health response (PHR), recency testing will be scaled and included in routine reporting through monitoring and reporting platforms.
- The framework for the Vietnam Public Health Response to the HIV epidemic includes core indicators. These core indicators have decision thresholds that will trigger specific tiered responses based on an early warning system: Tier 3 - Routine; Tier 2 - Heightened; Tier 1 - Escalated. Teams will make critical decisions based on the triggered tier and respond accordingly, including data verification and/or leveraging contact tracing and community consultation.
- A case surveillance system, one of the core elements of a robust public health response, is currently under development and will be rolled-out to additional provinces in COP21.
- In COP21, PEPFAR will work with GVN and stakeholders to galvanize policy consolidation and development for the PHR, the case surveillance system, and routine data quality and use through efficient program monitoring mechanisms.

2.3 Investment Profile

The HIV response in Vietnam is successfully transitioning from a program that was once primarily donor-dependent to one that is increasingly financed through domestic resources. Significant measures have been taken to enable this shift since COP15, when the two major sources of donor funding were PEPFAR and the Global Fund, which together contributed two-thirds of the HIV funding in Vietnam. An evaluation of national HIV expenditure for 2011-2020 shows that overall proportion of domestic resources, including both public- and private-sector spending, has increased from 35 percent in 2015 to approximately 53 percent in 2020.

In 2020, the State budget (including central and local government budgets) covered approximately 28 percent of total HIV expenditures. Contributions from SHI have been gradually increasing, andrepresented 19% of the total HIV expenditure in 2020. Central government funding still covers essential HIV commodities (ARVs and methadone) for some target groups that are not eligible for SHI; development and implementation of key policies/guidelines; and HIV sentinel surveillance. Provincial governments have increased their funding footprint for the HIV response and cover the following areas: human resources for health (HRH), capacity building, general HIV prevention, monitoring and evaluation, and harm-reduction programs. It is expected that local funding will be the main Public financing source to cover key HIV provincial responses in the year to come. In 2020, provincial governments spent approximately $1 million for patient-level SHI premiums and ARV copayments (46/63 provinces subsidized SHI premiums and ARV copayments, and an

additional eight covered SHI premiums). The Prime Minister's decision approved the National strategy to end AIDS in 2030 has paved the way to the development and endorsement of Provincial Sustainable HIV plan for next 10 years that require provincial authorities to commit sufficient funds for their local HIV responses. Up to now, 24 out of 63 provinces nationwide have issued such a plan with funding commitment to their provincial HIV prevention and control. To ensure equity and a smooth transition to SHI, provinces will continue to use the Global Fund and PEPFAR resources to cover SHI premium and copayment costs for clients when domestic resources are insufficient.

SHI contributions have increased significantly; in 2019-2020 SHI reimbursements for HIV services and ARVs are estimated at $10.7 million, including provision of ARVs to 76,702 PLHIV. It is expected that the GVN will cover ARVs for around 80 percent of all PLHIV through SHI in Vietnam by 2023. It is to be noted that as it is a curative scheme, SHI does not cover HIV prevention services. Therefore, domestic financing for HIV prevention activities, especially targeting KPs, is limited. Public expenditure for essential activities for KP prevention programs, such as case-finding, testing, and PrEP, only accounts for 20% of total public expenditure, and services are still primarily financed by donors.

Table 2.3.1 Annual Investment Profile for Calendar Year 2021

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2021

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2021
Care and Treatment	$12,188,827	0%	48%	52%	0%	
HIV Care and Clinical Services	$8,485,721	0%	40%	60%	0%	
Laboratory Services incl. Treatment Monitoring	$2,426,035	0%	97%	3%	0%	
Care and Treatment (Not Disaggregated)	$1,277,071	0%	7%	93%	0%	
HIV Testing Services	$5,639,140	0%	37%	63%	0%	
Facility-Based Testing	$2,729,812	0%	48%	52%	0%	
Community-Based Testing	$1,085,017	0%	53%	47%	0%	
HIV Testing Services (Not Disaggregated)	$1,824,311	0%	11%	89%	0%	
Prevention	$13,432,950	0%	37%	63%	0%	
Community mobilization, behavior and norms change	$5,368,402	0%	13%	87%	0%	
Voluntary Medical Male Circumcision	$0					
Pre-Exposure Prophylaxis	$4,502,644	0%	30%	70%	0%	
Condom and Lubricant Programming	$358,400	0%	100%	0%	0%	
Opioid Substitution Therapy	$1,136,783	0%	88%	12%	0%	
Primary Prevention of HIV & Sexual Violence	$146,105	0%	100%	0%	0%	
Prevention (Not Disaggregated)	$1,920,616	0%	74%	26%	0%	
Socio-economic (incl. OVC)	$69,089	0%	100%	0%	0%	
Case Management	$0					
Economic Strengthening	$0					
Education Assistance	$0					
Psychosocial Support	$0					
Legal, Human Rights, and Protection	$69,089	0%	100%	0%	0%	
OVC (Not Disaggregated)	$0					
Above Site Programs	$11,574,933	0%	13%	87%	0%	
Human Resources for Health	$1,087,549	0%	4%	96%	0%	
Institutional Prevention	$0					
Procurement and Supply Chain Management	$230,000	0%	0%	100%	0%	
Health Mgmt Info Systems, Surveillance, and Research	$5,564,317	0%	13%	87%	0%	
Laboratory Systems Strengthening	$959,890	0%	0%	100%	0%	
Public Financial Management Strengthening	$366,619	0%	0%	100%	0%	
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$2,406,558	0%	32%	68%	0%	
Laws, Regulations and Policy Environment	$960,000	0%	0%	100%	0%	
Above Site Programs (Not Disaggregated)	$0					
Program Management	$6,640,461	0%	23%	77%	0%	
Implementation Level	$6,640,461	0%	23%	77%	0%	
Total (incl. Commodities)	**$111,014,267**	**55%**	**14%**	**30%**	**0%**	
Commodities Only	**$10,468,613**	**0%**	**74%**	**26%**	**0%**	
% of Total Budget	9%					

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.2 Annual Procurement Profile for Key Commodities

Table S2. Investment Profile (Budget Allocation) for HIV Commodities, 2021 Budget

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2021
Antiretroviral Drugs	$3,046,337	0%	65%	35%	0%	
Laboratory Supplies and Reagents	$3,186,272	0%	97%	3%	0%	
CD4	$0					
Viral Load	$0					
Other Laboratory Supplies and Reagents	$3,186,272	0%	97%	3%	0%	
Laboratory (Not Disaggregated)	$0					
Medicines	$1,408,067	0%	78%	22%	0%	
Essential Medicines	$627,065	0%	100%	0%	0%	
Tuberculosis Medicines	$313,152	0%	0%	100%	0%	
Other Medicines	$467,850	0%	100%	0%	0%	
Consumables	$1,661,673	0%	41%	59%	0%	
Condoms and Lubricants	$239,214	0%	100%	0%	0%	
Rapid Test Kits	$1,386,192	0%	30%	70%	0%	
VMMC Kits and Supplies	$0					
Other Consumables	$36,267	0%	100%	0%	0%	
Health Equipment	$25,067	0%	100%	0%	0%	
Health Equipment	$25,067	0%	100%	0%	0%	
Service and Maintenance	$0					
PSM Costs	$1,141,197	0%	74%	26%	0%	
Total Commodities Only	$10,468,613	0%	74%	26%	0%	

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

2.4 National Sustainability Profile Update

In September 2019, PEPFAR, UNAIDS, and the Ministry of Health (MOH)/VAAC co-convened a one-day meeting with diverse country stakeholders to complete the Sustainability Index Dashboard (SID). Discussions were robust; there was agreement that the scores may not accurately reflect the Vietnam context as a majority of the elements were categorized as 'approaching sustainability' or 'sustainable.' For example, while planning and coordination (8.29) is approaching sustainability as the GVN maintains transparency and accountable resolve to be responsible to its citizens and development partners for achieving planned HIV results, the national HIV strategy is not costed and does not outline clear roles and responsibilities and partner implementation plans. Another example is the new element of market openness (9.33) which is categorized as sustainable. While

it is true that the GVN does not have policies that limit provision of HIV services by local organizations and is interested in the resources that private sector engagement has to offer, to date it has not actively nurtured or funded the development of an open market. No further SID updates have been made since 2019, and the issues remain valid for COP21.

Over the last few years, PEPFAR funds have decreased as Vietnam has made considerable progress towards epidemic control and taking on more financial leadership for the response. This has resulted in PEPFAR's two-fold objectives of enabling the GVN to take increasing ownership of a public health response approach to the HIV epidemic, that is grounded in a robust case surveillance system and uses indigenous partners; and assuring the continued successful transition primary financial responsibility of the HIV response to Vietnam. PEPFAR has transitioned out of purchasing ARVs, supporting HRH and administrative site-level costs, and transitioned the primary responsibility for routine laboratory monitoring tests. However, in COP21 PEPFAR will continue supporting Vietnam's national HIV response by prioritizing systems investments to help Vietnam achieve 95-95-95 in the two priority regions of NEZ and HCMC Metro, including intensified community-based case finding, enhanced contact tracing and index testing, and linkage to same-day ART and viral load (VL) suppression. COP21 will continue to affirm PEPFAR's commitment to transition from donor-funded ARVs to SHI-funded ARVs, providing the necessary TA 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. The Global Fund has maintained its funding for the 2021-2023 round for Vietnam; Global Fund will significantly reduce its support for ARVs as SHI's role in ARV procurement increases.

A major portion of sustainable financing for HIV is dependent on SHI. While the GVN has been successful in starting the transition to SHI, many issues remain for the implementation of a successful transition, such as: challenges procuring specialized ARVs; issues with site-specific SHI reimbursement; provincial challenges managing and coordinating subsidies for ARV copayment; and lack of comprehensive VL testing through SHI. PEPFAR is providing TA at the national, provincial and site levels to overcome these transition challenges. Furthermore, as a curative scheme, SHI does not currently cover HIV prevention services such as case-finding, testing, and PrEP. While COP19 and COP20 activities include developing evidence for inclusion of prevention services into the SHI package of services and advocacy work for a policy change that would allow SHI to shift from a curative to comprehensive scheme, it is unclear whether this national policy shift will happen. The SHI Law was revised in 2020 and will be submitted to the National Assembly in November of 2021. One of the factors in this decision-making process is potential existing solvency issues of the SHI scheme that may be exacerbated by the addition of prevention services. As such, PEPFAR has started to pursue other innovative HIV prevention financing options to mobilize additional domestic resources. PEPFAR will continue advocacy with both central and local provincial governments to enhance their prevention efforts and advocate for the design of a social contracting legal and programmatic framework so that the GVN can directly contract with CSOs. PEPFAR will also continue to engage the private sector in providing HIV services and mobilize their

investment in HIV prevention services and commodities. Those activities will be added on and complement Government efforts to increase and secure Government earmark funding for essential HIV prevention activities and increased efficiencies within the National and provincial budget spends for HIV.

The sustainability vulnerabilities that threaten the national public health response are:

- *Civil Society Engagement* (4.25 SID score): Local civil society in Vietnam has been an active partner in the HIV/AIDS response through service delivery provision, advocacy efforts, and as a key stakeholder to inform the national HIV/AIDS response. Civil society's role in oversight, however, may not be as strong. In addition, domestic funding is limited for civil society. With steady decreases in donor budgets, and no formal national mechanism for civil society funding, their sustainability is threatened. In COP21, PEPFAR will continue to engage with CSOs to enhance their role in community monitoring and oversight of the public health HIV response. COP21 activities will also advance the social contracting agenda that may allow the MOH to engage CSOs directly for their work in KP communities.

- *Data for Decision-Making Ecosystem* (3.67 SID score): Vietnam does not yet have in place a civil registration and vital statistics system, national unique identification system to track HIV and other health services, or central integration of HIV data with other administrative data. These gaps in health data systems and quality remain a concern; In COP21, PEPFAR will continue to prioritize the joint development of an interoperable health information system for key CS and program quality monitoring systems to feed into a provincial level and national level monitoring dashboard, leading to data institutionalization at provincial level and national level stakeholders including GVN, PEPFAR and GF.

PEPFAR Vietnam prioritizes working with and implementing activities through indigenous partners, including national and provincial governments, HIV network organizations, CBOs, and community- and KP-led organizations providing direct services to communities and populations most at risk and affected by HIV. Working with these organizations helps to build local capacity and increase program sustainability. PEPFAR's community-based testing strategy, which comprises the significant portion of all COP20 testing, and the case-management approach to the HIV continuum will require strong and active civil society and community-based organizations. All PEPFAR agencies have made progress in transitioning direct funding to indigenous partners.

COP21 Summary of Shifts in Activities or Priorities:

- While PEPFAR will continue to advocate for inclusion of HIV prevention services under SHI, priorities also include pursuing other innovative HIV prevention financing options to mobilize additional domestic resources.

- Additionally, PEPFAR will continue to engage with the private sector in providing HIV services and mobilize their investment in HIV prevention services and commodities.

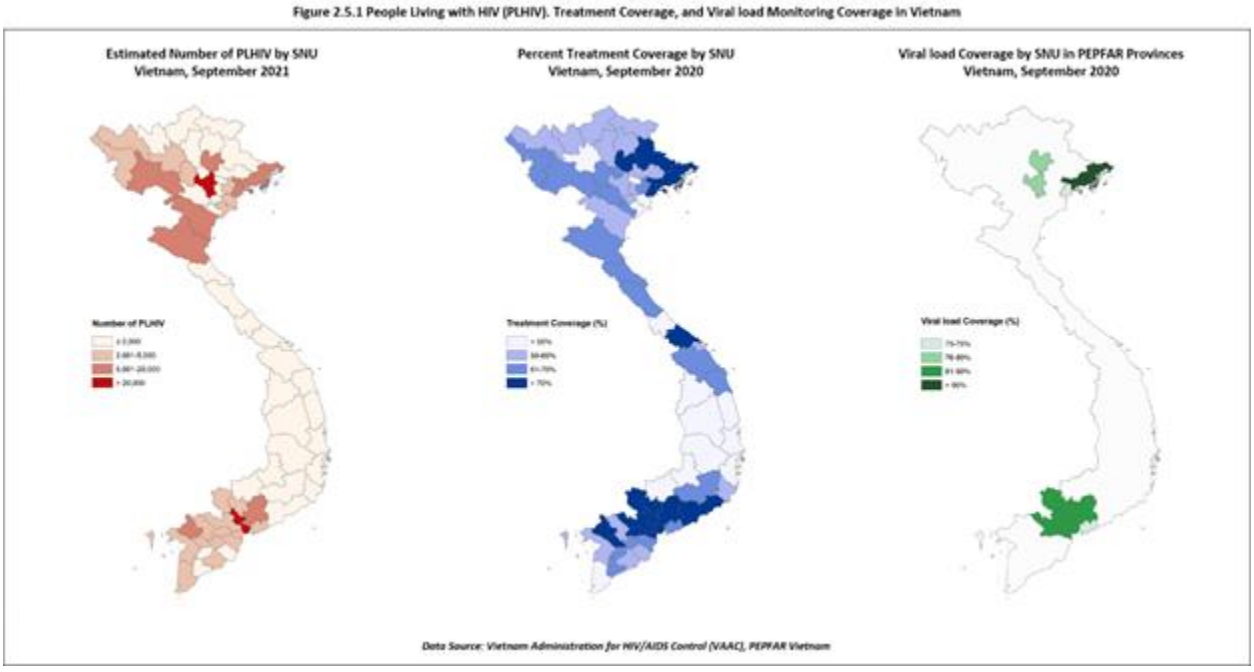
2.5 Alignment of PEPFAR investments geographically to disease burden

The PEPFAR COP21 budget outlined in the Funding Allocation to Strategy Tool (FAST)adheres to the program and geographic focus of PEPFAR to achieve sustainable epidemic control in NEZ, HCMC Metro and potential newly identified hotspots of disease transmission. COP21 also focuses on expanding a case surveillance system, implementing a Public Health Response approach, and achieving our direct service delivery targets. The program will support non-service delivery programming in direct support of the 95-95-95 targets and ensure a sustainable transition of the HIV response to the GVN. All commodities included within the FAST will be used in NEZ and HCMC Metro.

COP21 Summary of Shifts in Activities or Priorities:

- No significant shifts in resource allocation

Figure 2.5.1 People Living with HIV, Treatment Coverage, and VL monitoring Coverage in VN



2.6 Stakeholder Engagement

The team hosted a national stakeholder meeting on January 27, 2021 before the COP process was put on pause. The meeting was an opportunity to introduce the PEPFAR COP 2021 strategic direction to all the stakeholders, update on the national and provincial epidemic context, review program results and progress to date, identify prioritized technical areas and activities, and collect

inputs for provincial joint plans. After the COP process was resumed in April, the team actively worked with GVN, development partners, IMs and civil society to identify and finalize the COP contents. Another national stakeholder meeting was hosted on April 16, 2021, both in-person for the national government of Vietnam participants, WHO, UNAIDS, and Hanoi-based IMs and CBOs, and remotely for all stakeholders (provincial DOHs and CDCs, IMs, and CBOs) from across the 11 PEPFAR surge provinces. That was when all key elements in the COP were presented to stakeholders for a final chance of comments, input and discussion before COP review meetings. A smaller team of stakeholders, with VAAC, UNAIDS, WHO, and 4 CBOs, joined the virtual COP Review sessions on April 22&23, and contributed a lot to the discussion with Headquarters colleagues.

2.6.1 Host Country Government

Throughout the year, PEPFAR will continue to share updated implementation results with all stakeholders through POART slides. At the national level, the team will maintain monthly meetings with the VAAC leadership and technical leads. At subnational levels, there are frequent meetings and visits by the management team, the agencies, technical teams, and IMs, with/to the provinces in NEZ and HCMC Metro Region. This is to ensure the PEPFAR strategy and results are updated to all partners and local governments, challenges are identified and addressed, and new models that work are promoted.

2.6.2 The Global Fund and other External Donors

The management team members join the quarterly health partners meetings hosted by the MOH, gathering all development partners working in health in the country (including WHO, UNAIDS, PEPFAR, Global Fund, etc.) The team meets with UNAIDS bimonthly to discuss coordination with GVN and among development partners.

The PEPFAR Vietnam team and Global Fund (Geneva) maintain close contact via email and phone calls to ensure coordination and collaboration. At the country level, the PEPFAR Country Coordinator is a member of the CCM, and serves on both the CCM Executive Committee and the CCM Oversight Committee. PEPFAR continually provides support in capacity building for CCM CSO/KP members, particularly in the oversight function.

2.6.3 Civil Society/Community

The team always makes efforts to ensure people in the community we serve are informed and heard. In COP planning, PEPFAR ensures that key CSOs/CBOs from all the provinces in NEZ and the HCMC Metro Region, both those receiving PF and/or GF funding are well informed and offered opportunities to provide inputs to the strategic direction and work plans. For COP 2021, 4 representatives from the local civil society were selected to join the country delegation, 2 from NEZ

and the others from the HCMC Metro Region. They represent the PLHIV network and KP-led clinics/social enterprises. More than 10 CBOs also joined a call with COP Chair and PPM on April 5, in which they shared concerns and interests of their own populations, provinces and services they provide.

For the community-led monitoring (CLM) component that was started in COP20, two coordinating partners and a national CLM team with 22 members representing the 11 provinces and PLHIV and KP networks, have been selected and are ready with data collection and analysis to reflect clients' feedback and satisfaction level at PEPFAR supported services. Using the monitoring tools developed by a community taskforce (consisting of 15 community leaders working throughout summer 2020), with VAAC and MOHs/CDCs support at the national and provincial levels, and in coordination with IMs, the actual process is to begin in May 2021 after delays caused by sam.gov registration. COP21 will see scale-up of CLM, both in budget and scope of work terms, with more sites visited, more clients surveyed, and a plan to work on gaps/limitations identified in COP20.

2.6.4. Private Sector

As willingness to pay for health-related goods and services increases with Vietnam's economic growth, leveraging the private sector will be crucial for a sustainable HIV response in Vietnam. Engaging with the private sector was stated very clearly in the new updated HIV Law and the new National Strategy for ending AIDS by 2030. As a result, PEPFAR Vietnam has been supporting the MOH/VAAC to develop the Private Sector Engagement (PSE) Plan and Guidelines which will be finalized and released by the end of 2021. Market-based thinking and human-centered design has enabled more than 40 organizations to offer new HIV commodity and services alternatives to those affected by HIV in ways that promote choice, self-reliance, and innovation. Partnerships and significant investment from multinational and local companies have also improved health outcomes for people most at risk of HIV and had a positive impact on the companies' bottom line. Overall, private sector partners have invested more than $12 million dollars in the HIV response over the past five years.

In COP21, the team will continue to strengthen its collaboration with CSOs/CBOs and KP-led social enterprises and businesses in efforts to improve access to HIV prevention (including testing and PrEP) and treatment among KPs and generate sustainable services in the long run. The capacity of the networks of people living with HIV (VNP+), people who use drugs (VNPUD), MSM, and TG people in the 11 surge provinces will be enhanced to deliver comprehensive HIV-related activities, including: outreach, lay, and self-testing; social network testing; index partner testing; PrEP/nPEP; and linkages to treatment services. The successful model of G-link, a KP-led social entrepreneur and private clinic in HCMC Metro, will be replicated in other NEZ provinces to address the needs 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 especially self-testing, PrEP/nPEP, and other HIV services. For example, PrEP services will be provided through high quality one-stop-shops for MSM and transgender women in all 11 surge provinces. PEPFAR Vietnam continues to foster market entry for new HIV self-testing products and PrEP drugs and continues to increase MOH capacity as an HIV commodity market manager through total market approach (TMA). CSOs/CBOs, KP-led social enterprise and private clinic business capacity will be strengthened, and key private sector investors (such as pharmaceutical, diagnostics and medical supply companies) will continue to be engaged in developing the sustainable local market for HIV-related goods and services in Vietnam.

COP21 Summary of Shifts in Activities or Priorities:

- In COP21, 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 and treatment among KPs, generating sustainable services in the long run.
- PEPFAR Vietnam will continue working with private health providers to expand access to HIV testing, including self-testing, PrEP/nPEP, and other HIV services.

3.0 Geographic and Population Prioritization

Since COP18, the PEPFAR priority regions are defined as NEZ: Hanoi, Hai Phong, Quang Ninh, and Thai Nguyen provinces; and HCMC Metro: 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 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. The national HIV sentinel surveillance in 12 provinces shows the continued increase in HIV prevalence and incidence among MSM from 2015-2020. Recency data in four case surveillance provinces suggests a higher percentage of recent HIV infections among younger MSM aged 15-29 years with 12%. These data suggest that MSM are emerging as current contributors to the ongoing epidemic in Vietnam Data from studies of urban MSM and recency testing confirm a large and growing HIV risk among MSM, and especially among young MSM.

COP21 retains PEPFAR Vietnam's commitment to achieve 95-95-95 in the priority provinces, with focus on improving case-finding and linkage efforts in the NEZ, especially Hanoi. PEPFAR's recent

start of intensified support to Hanoi for HIV in COP18, nascent CBO structure, and conservative culture leading to heightened stigma and discrimination have all impacted the achievement to date in Hanoi. Achieving results in Hanoi will require concerted efforts and commitment, including 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 infection testing. As case surveillance is implemented in Hanoi in COP20, insights from newly diagnosed cases will provide novel strategic information to design additional case-finding approaches, if needed. Using case surveillance for this purpose may allow for better characterization of non-KP networks to address any current testing approaches. Increased PrEP access and marketing will also serve as an entry point for HIV testing and would lead to same-day access to PrEP for those at substantial risk for infection and same-day treatment for those who are diagnosed with HIV. This strategy reflects PEPFAR Vietnam's commitment to focusing resources and efforts to achieve maximal impact and the goal of sustainable epidemic control.

In addition, noting current trends for the rising HIV epidemic in Southern Vietnam including the Mekong Delta, in COP20 the interagency PHR team is providing time-limited technical support to Can Tho province. In COP 21, PEPFAR will continue supporting VAAC to monitor for future outbreak in the Mekong and the interagency PHR team will ensure dissemination of best practices and TA (not DSD) support in Southern Vietnam both through the VAAC and provincial Mekong Delta CDCs to ensure capacity building for sustainable HIV epidemic control for both the region and nationally.

Table 3.1 Current Status of ART saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP21	# Current on ART (FY20)	# of SNU COP20 (FY21)	# of SNU COP21 (FY22)
Attained	NA	NA	NA	NA
Scale-up Saturation	75,801	59,101	7	7
Scale-up Aggressive	43,699	27,272	4	4
Sustained	NA	NA	*NA*	NA

Central Support	NA	NA	NA	NA

COP21 Summary of Shifts in Activities or Priorities:

- Using strategic community-based testing, enhanced index testing, and contact tracing approaches, PEPFAR Vietnam plans to scale-up case-finding within demographic and geographic hotspots identified through recency and acute infection testing.

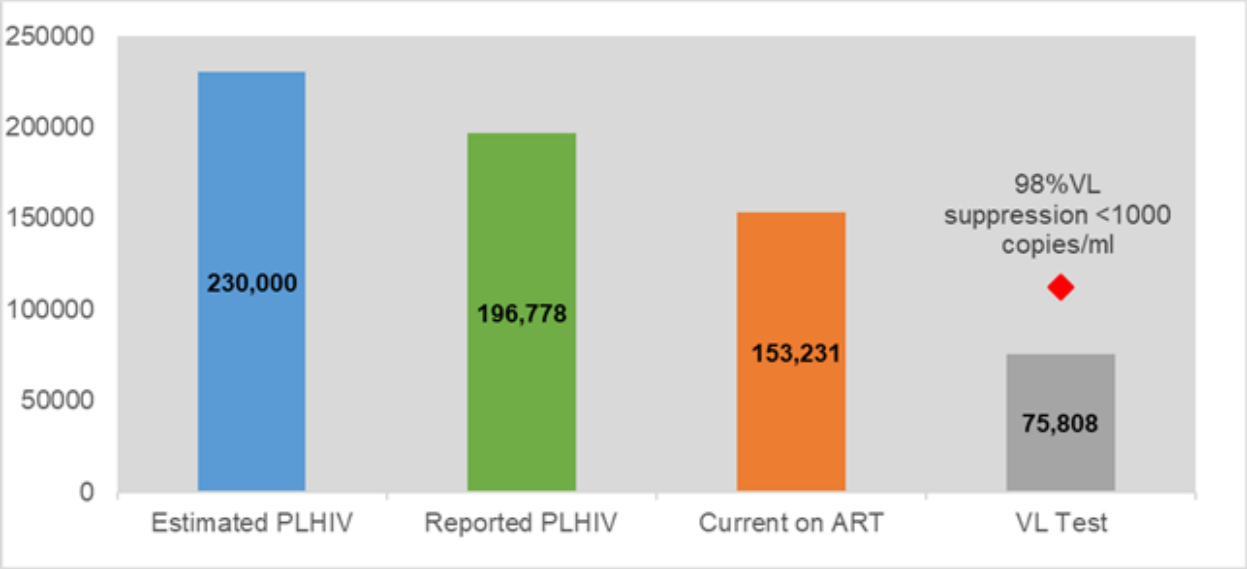
4.0 Client-Centered Program Activities for Epidemic Control

4.1 – 4.4 COP21 Programmatic Priorities for Epidemic Control

4.1 Finding the missing and getting them on treatment

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 that 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, 2020



Nationally, an estimated 230,000 persons are living with HIV in Vietnam; among these, 183,373 have been reported (e.g., captured in HIVinfo, the national HIV case reporting system). Due to case verification activities of reported PLHIV, there was a downward adjustment from 2018 due to the discovery of significant numbers of unverified reported cases. Reasons for this downward adjustment included residency status changes, data quality challenges, and duplication of cases. KPs, including MSM, PWID, and FSWs, are more likely to remain undiagnosed and therefore untreated ("the missing"). PEPFAR Vietnam has developed a comprehensive approach to systematically identify and test those at risk for HIV, with a focus on KPs. Within KPs, increasing evidence (such as from HSS+, recency testing, and the PEPFAR Vietnam-supported HIM Hanoi study data) points to an acceleration of infections among MSM.

In response to this public health need, in COP21 PEPFAR Vietnam will tailor case-finding and service delivery activities to KPs through a multi-pronged approach. First, PEPFAR will prioritize differentiated services based on client choice to improve access to and uptake of services. Recognizing the lack of KP-friendly sites with integrated HIV services, PEPFAR Vietnam will continue to support 12 one-stop shops and capacitate eight new one-stop shops sites in PEPFAR provinces to provide integrated sexual health care focused on KPs and MSM/TG. At all sites, clients will receive no-cost walk-in packages of HIV/sexually transmitted infection (STI) testing and sexual health examinations. Adopting an innovative "status neutral" approach, those testing negative for HIV with risk factors will receive same-day PrEP, while those testing positive for HIV will receive same-day ART. On-site wrap-around services—like index case testing (ICT), mental health support, and harm reduction services for ATS—will be provided at the visit whenever possible; for highly specialized services—such as dermatology services for specific STIs—the clients will be referred within network, with the assurance that any in-network site will be KP-friendly and capacitated to provide holistic sexual health care.

Second, PEPFAR Vietnam will use social media and internet-based approaches to get KPs tested, in care, and retained on ART or PrEP. The one-stop shop network will create demand for services over popular social networking websites and dating apps that MSM frequent. Once clients are in ART or PrEP care, counselors at the sites will leverage social media to proactively check in with clients on their health status, adherence, etc. Secure internet-based platforms can also be used for online-to-offline service delivery (e.g., teleconsults), appointment booking, anonymous partner notification, and other social network strategies. Social media can be rapidly leveraged during a public health response to raise KP community awareness and promote engagement, ensuring the client experience informs and strengthens the quality of HIV service delivery locally.

Third, in COP21 PEPFAR Vietnam will tailor testing strategies to meet the unique needs of different KPs. Lay- and self-testing will be further expanded and emphasized as a strategy to overcome stigma and discrimination that may be barriers to facility testing. Clients opting for self-testing will have the option of blood-based or oral HIV self-tests to increase choice. Social network strategies, lay- and self-testing will be integrated into ICT to expand opportunities to test partners and quickly link them to ART or PrEP, a strategy which may be deployed in a cluster response.

Fourth, PEPFAR Vietnam will regularly engage the KP community in all levels of service delivery by: 1) holding community consultations on topics of interest to KPs, ensuring current programming meets their needs; 2) creating mechanisms for community feedback at the site level, such as with community scorecards; and 3) scaling up community advisory boards and case management. The community will be an integral part of all phases of the PHR by providing inputs, supporting the response, and participating in ongoing monitoring with an aim to enhance the quality of HIV service delivery.

Among all PLHIV, PEPFAR Vietnam is committed to advancing work on differentiated service delivery to remove barriers to accessing and continuing on ART. In COP21, PEPFAR Vietnam will fully institutionalize same-day ART by continuing to decentralize HIV confirmatory labs, which in turn will decrease turnaround time to making a positive diagnosis. PEPFAR Vietnam will normalize 3-month MMD, including through SHI, and advocate for 6-month MMD in stable patients.

PEPFAR Vietnam will continue to lead in K=K messaging, which will be widely disseminated to promote treatment initiation, retention, and adherence. In COP21, PEPFAR Vietnam will build upon status-neutral messaging through institutionalizing ane of "ARVs for Prevention" framework with community-led design of status neutral health services in public and private sector (One-Stop Shops), thus harmonizing K=K and PrEP demand-creation strategies to support viral load suppression and meet ambitious COP21 PrEP targets.

In COP19, PEPFAR Vietnam followed through on the commitment to scale-up dolutegravir as part of the fixed dose combination TLD, with the goal of initiating 9,000 patients as part of ART optimization. In COP20, PEPFAR Vietnam successfully advocated for the inclusion of TLD in the SHI drug list, and the first SHI TLD will be dispensed in July 2021. In COP21, PEPFAR Vietnam will continue to provide technical assistance to the GVN to support the ARV supply chain.

In COP21, treatment and viral load indicators will be aggressively monitored and managed in all 11 PEPFAR provinces and further promoted through the national public health response framework. Though viral suppression continues to be remarkably high (98% suppression in PEPFAR provinces), 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. Evidence-based differentiated packages of care tailored to the unique retention and adherence needs of sub-groups, such as peds/adolescents, prisoners, and PWID, will be developed and disseminated in COP21. A priority will be roll-out of pediatric dolutegravir to support viral load suppression in this population.

COP21 Summary of Shifts in Activities or Priorities:

- Tailored case-finding and service delivery activities to KPs include continued support to 12 one-stop shops and capacitation of 8 new one-stop shop sites providing integrated sexual health care for KPs. Additional on-site wrap-around services could include index case testing, mental health support, and harm reduction services.
- Testing strategies will be uniquely tailored to meet the needs of KPs, including integration of social network strategies and lay- and self-testing to further expand opportunities to test partners and quickly link them to ART or PrEP.
- In COP21, treatment and viral load indicators will be aggressively monitored and managed in all 11 PEPFAR provinces and further promoted through the national public health response framework.
- In COP21, PEPFAR Vietnam will build upon status-neutral messaging through institutionalizing the "ARVs for Prevention" framework with community-led design of status neutral health services in public and private sector (One-Stop Shops).

4.2 Retaining clients on treatment and ensuring viral suppression

Key populations, specifically young MSM and PWID aged 55+, are at highest risk for loss to follow-up (LTFU) in PEPFAR Vietnam provinces. While Vietnam has among the highest global VL suppression rates, it is important to maintain high retention through multiple approaches, including reducing stigma; increasing understanding the negative consequences of stopping ART; and providing adherence support through health providers and the community. PEPFAR Vietnam will encourage strong coordination between health facility providers and community-based supporters to ensure follow-up of clients who have dropped out of care. This will include prompt follow-up of those clients who have missed an appointment and referrals to KP-friendly services driven by patient choice. Individualized Treatment Continuation Plans have been developed in PEPFAR sites to ensure clear messaging and follow-up between providers and clients. Furthermore, routine early warning indicators related to attrition rates will be included in the Vietnam PQM dashboard. As part of quality improvement, root cause analysis on clients who have been LTFU will be conducted across the provincial, site, and community levels.

A key strategy to boost retention is scaling differentiated care. 3-month MMD operating procedures were implemented in 2018, with 3 month MMD through SHI initiated in 2019. PEPFAR Vietnam currently offers MMD to approximately 60 percent of eligible patients; in November 2019, that national guidelines for MMD eligibility relaxed so more patients can participate. In COP20, PEPFAR almost gained MMD target with nearly 70% eligible patients receiving 3-month MMD. From Q1 FY21 to date, the MMD achievement reduced significantly (to 57% in Q1) due to SHI ARV insecurity. PEPFAR, in collaboration with Global Fund, will continue working with GVN/MOH to address the gaps and we expect 3-month MMD to be resumed in Q3 FY21.

COP21 Summary of Shifts in Activities or Priorities:

- No significant changes in treatment and retention strategy.

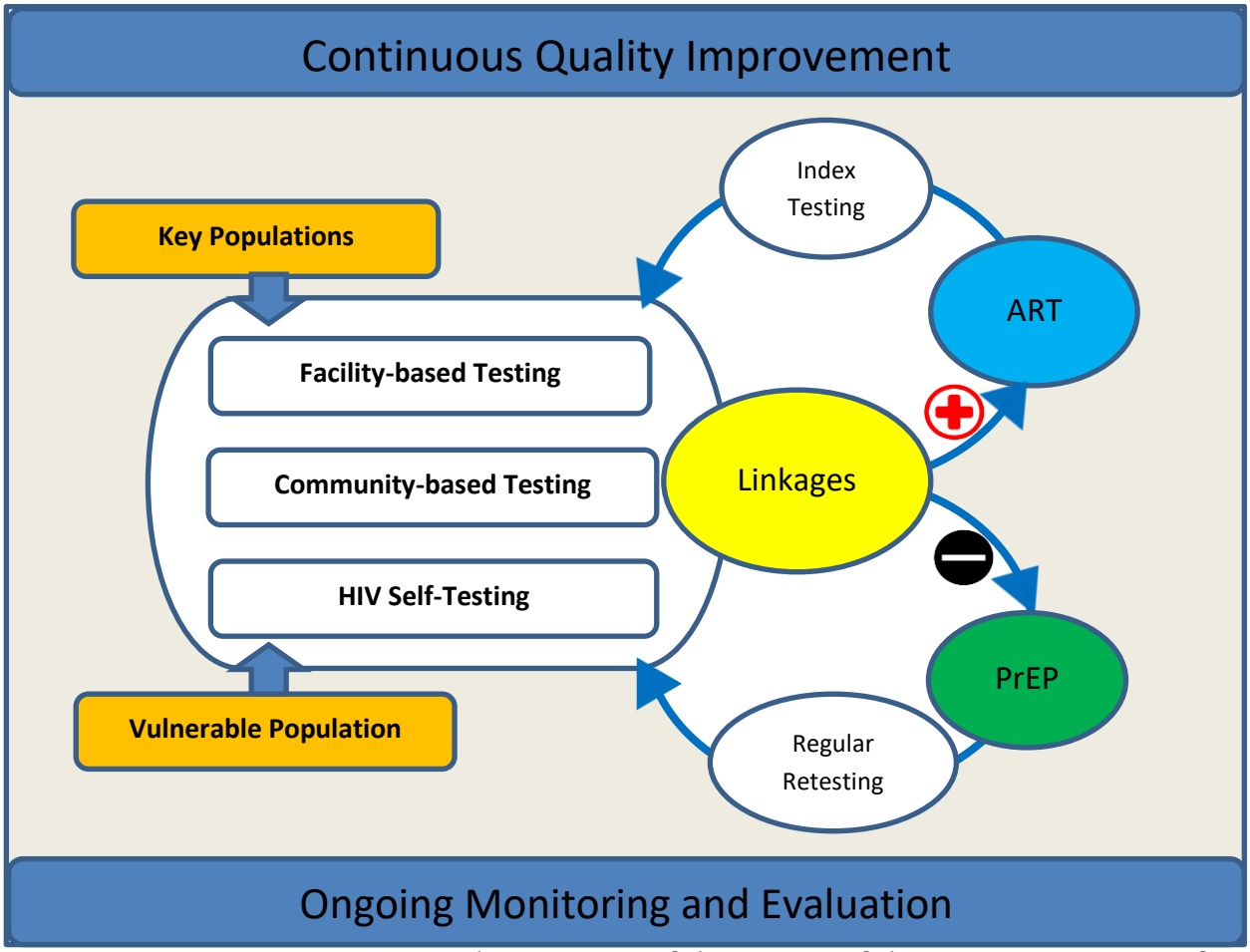
4.3 Prevention, specifically detailing programs for priority programming

In COP21, PEPFAR Vietnam prevention activities will continue to focus on achieving the first 95 targets in the two priority regions, NEZ and HCMC. PEPFAR Vietnam will boost HIV prevention and case-finding through targeted, confidential, and client-centered approaches.

One-Stop Shops

PEPFAR Vietnam recognizes that HIV prevention programs must be responsive to client needs and risk profiles. With PEPFAR support, the GVN issued the national guidelines on implementation of HIV interventions for MSM in FY2019, which clearly defines a core package of services to curb the HIV epidemic among MSM. To operationalize this, PEPFAR Vietnam team will continue to support 12 MSM-friendly "one-stop shops" in Hanoi and HCMC and open 8 new ones in other surge provinces, aiming to improve access to and uptake of tailored behavior change communications, sexual health care, HIV/STI testing and treatment, PrEP/nPEP, ART, and other important services such as mental health and substance use.

HIV Testing Strategy



HIV testing services are an essential component of the success of the HIV response. Data from PEPFAR provinces show that 86% of people living with HIV (PLHIV) were aware of their status in 2019. However, the progress toward the first 90 varies widely, from 78% in Dong Nai to 92% in Ho Chi Minh City. Those most at risk and therefore in need of regular testing are members of KPs, including MSM, male and female sex workers, and PWID. There are also significant gaps in reaching vulnerable populations such as young men, sexual and drug-injecting partners of PLHIV, and migrant and itinerant workers in new industrial zones.

The goals of HIV testing strategies are to maximize both coverage and yield. Strategies focus resources on the population and location with the highest burden of HIV and the largest proportion of people living with HIV who have not been diagnosed.

PEPFAR Vietnam has continued index case testing in the 11 PEPFAR provinces, and plans for aggressive targets, with index partner testing contributing approximately 35 percent of the total positives in NEZ and 60 percent of the total positives in HCMC and an expected yield of fifteen

percent. Consultations with communities in Hanoi and HCMC revealed no reports of severe/serious adverse events related to ICT. In COP20, emphasis has been placed on strengthening systems to ensure compliance with the WHO's HIV testing and counseling guidelines and to closely monitor and effectively address adverse events. The social network strategy (SNS) approach, implemented in COP20, will further tap into the high-risk networks of KPs for case finding. HIV self-test kits and services will be delivered from diverse platforms and through innovations, including facility- and community-based services, index case testing, online health counseling, and more to meet the diverse needs of high-risk individuals.

PEPFAR Vietnam will continue to support the GVN to incorporate the rapid recency testing algorithm into the HTS system to distinguish recent from long-term HIV infections among newly diagnosed positives. PEPFAR Vietnam will support the use of fourth-generation screening tests among MSM to identify those acutely infected. The data from recency testing and fourth-generation screening tests will help generate epidemiological data to inform "hot spots" and targeted public health response at multiple levels.

Acceleration of Client-Centered PrEP Services

FY19 (COP18) represented a critical year for rapid adoption and scale-up of PrEP in public and private settings, with 4,854 PrEP initiations concentrated in MSM and TG women. In COP19, PEPFAR Vietnam expanded PrEP/nPEP services to all those at substantial risk, including PWID, FSW, and serodiscordant heterosexual couples, and to 11 surge provinces, including 38 public sites and 7 private sites. PEPFAR Vietnam supported VAAC to standardize SOPs alongside training curricula and M&E tools, in addition to revising the National Treatment Guidelines to include event driven (ED)-PrEP, a critical differentiated service model for MSM. PEPFAR Vietnam also advocated for the Global Fund to increase their investment in PrEP, resulting in a commitment to make PrEP available in an additional 15 provinces starting early 2020. PEPFAR anticipates 30,000 PrEP clients in the 11 provinces by the end of COP20.

In COP21, PEPFAR Vietnam will provide PrEP service for 30,000 people in the 11 surge provinces. To meet these targets, services will be scaled to 99 sites including both public and private sites, which will be strategically located in high-burden zones and capacitated to be community-oriented, client-centered, and KP-friendly. Further, PEPFAR Vietnam will diversify and demonstrate innovative models of PrEP service delivery through one-stop shops for MSM and TGW, community health stations, pharmacies, mobile and online modalities. These evidence-based innovations are vital to reaching the large population who could benefit from PrEP while also reducing the burden on existing facilities. To optimize resources, PEPFAR Vietnam will leverage existing prevention programming to support PrEP, with recruitment and linkage of high-risk negative persons from testing access points, including both facilities and community-based, to PrEP sites. Also, PEPFAR Vietnam will diversify its recruitment methods by implementing social network strategy, targeted PrEP campaigns, PrEP detailing, and online-to-offline strategies to reach and link KPs to PrEP. With VAAC, PEPFAR will continue to support rolling out ED-PrEP for MSM, finalizing the health information system (HIS) for better management of PrEP clients and services and will create an

enabling environment for eventual implementation of novel PrEP agents including injectables. Using navigators and other client-centered strategies, PEPFAR Vietnam will also provide adherence and continuation support tailored to address needs of diverse PrEP users. There will be continued efforts to enhance mechanisms of community monitoring and client feedback and to use program data to improve the quality of services and address barriers to PrEP access, including stigma. Finally, PEPFAR Vietnam will continue to explore multiple financing options to sustain PrEP through SHI, provincial budgets, and the private sector.

Demand Creation

In conjunction with efforts to scale up services, PEPFAR Vietnam will continue to implement demand generation strategies, especially for HIV testing, treatment, and PrEP/nPEP. There will be special emphasis on PrEP demand creation given that PrEP is still a relatively new service in Vietnam and has an ambitious target in COP21. STI screening will be included in the core service package to mobilize and attract MSM to PrEP services as well as testing services. Messages on benefits from using HIV services will be conveyed through various channels, including outreach, social media, and KP networks. K=K and PrEP campaigns, including an innovative status-neutral ARVs for prevention message, will be launched to help address stigma and discrimination, increase retention on ART among HIV-positive patients, and increase access to HIV treatment among PLHIV not in care. PEPFAR Vietnam will enhance the partnership between health facilities and community and will support KP sensitization for health care workers to create KP-friendly services to increase service uptake among KPs.

Military HIV Prevention Programs

PEPFAR Vietnam will continue to provide TA for the two military prevention programs as prioritized by the military government: 1) provider-initiated testing and counseling (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, which are more focused on MSM, linkage with civilians and community in both programs and integration/adaptation of other models and approaches as described in this section in feasible approaches that best fit military facilities. This TA will support the military system to enhance its contribution to the overall national PNS, MSM intervention, Test and Start… efforts, considering that, on average, 80 to 90 percent of patients from military health care facilities are civilians and include KPs and other high-risk individuals. The HIV prevention messaging for members of the military, particularly soldiers and mainly males, remains critical, as this population tends to be at high risk of contracting HIV (and other STIs) during their sexually active age range (18-25) when they are living away from families and/or spouses/partners.

Importantly, a high percentage of them do not yet have adequate prevention knowledge upon enlisting in the military service.

CSO/CBO and private sector engagement

In COP21, PEPFAR Vietnam will continue to work with CBOs, KP-led social enterprises, and private health providers to expand access to HIV testing, PrEP/nPEP, and other HIV services. PEPFAR Vietnam continues to foster market entry for new HIV self-testing products, PrEP drugs and continues to increase MOH capacity as an HIV commodity market manager through the Total Market Approach calculation tools and the Private Sector Engagement Plan. KP-CSO/CBO, social enterprise and private clinic business capacity will be strengthened, and key private sector investors (such as pharmaceutical, diagnostics and medical supply companies) will continue to be engaged in developing the sustainable local market for HIV related goods and services in Vietnam.

Improved prevention programming through enhanced knowledge of KP epidemics

Reaching epidemic control requires accelerated programming and responses based on real-time monitoring of where and among whom the HIV transmission is occurring. In COP21, 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, and PNS, are critical to make timely decisions on the who, what, when, and where programs should prioritize their efforts. In COP21, PEPFAR Vietnam will improve KP risk assessment and classification at key HIV services, such as HTS and HIV out-patient centers. Utilizing a public health response approach, PEPFAR Vietnam will actively monitor and analyze data on new diagnoses, recent infections, and viral suppression patterns to guide case finding and timely interruption of transmission chains.

Coordination with the Global Fund and other Programs

In COP21, PEPFAR Vietnam will continue to work closely with Global Fund-supported activities to leverage existing resources for achieving the 95-95-95 targets of the two priority regions. PEPFAR Vietnam will coordinate with the Global Fund at all levels of the cascade to ensure combined efforts, and consistency in technical approaches and certain managerial issues such as cost norms. Examples of this coordination include the national campaign to promote PrEP services, PEPFAR's virtual technical assistance to Global Fund-supported PrEP sites on demand generation activities, Global Fund-supported CBOs contributing to case-finding and linkage to PEPFAR-supported PrEP and ART services, and PEPFAR-supported prevention programs having access to preventive commodities (condoms, lubricants and self-test kits) funded by the Global Fund.

COP21 Summary of Shifts in Activities or Priorities:

- In COP21, PEPFAR Vietnam will provide PrEP service for 30,000 people in the 11 surge provinces. To meet these targets, services will be scaled to 99 sites including both public and private sites.
- In COP21, PEPFAR Vietnam will continue to work with CBOs, KP-led social enterprises, and private health providers to expand access to HIV testing, PrEP/nPEP, and other HIV services.

4.4 **Additional country-specific priorities listed in the planning level letter**

Social Contracting

Over the last few years, PEPFAR Vietnam has been strategically transitioning the responsibility for the HIV response to the Government of Vietnam. While significant progress has been made in domestic resource mobilization for HIV care and treatment, HIV prevention services are currently primarily financed by donors. SHI, a key sustainability mechanism, is a curative scheme and cannot finance HIV prevention services such as PrEP, active case-finding and community testing. Domestic financing for CBOs is minimal to non-existent, although they provide critical services for key populations that are not reached by the public health sector. The VAAC is committed to social contracting for HIV prevention activities and has developed a roadmap for completion of a policy framework and national scale-up of social contracting by 2025.

In COP21, PEPFAR Vietnam will support the VAAC's social contracting roadmap by providing support at three levels. At the National level, PEPFAR will support law and policy reforms that facilitate social contracting, and work with the VAAC to define and cost the social contracting service packages. At the Provincial government level, PEPFAR Vietnam will provide technical assistance for the procurement, management, and evaluation of social contracts, as well as initial seed funding for initiation of social contracts. Lastly, at the community level, PEPFAR will support the legal registration of CBOs as well as technical and operational capacity building to ensure that the CBOs are equipped to bid on and implement social contracts.

Pediatric- and Adolescent-Centered Services

PEPFAR Vietnam remains committed to optimizing care for all PLHIV, including pediatric and adolescents. In COP 21, PEPFAR Vietnam will work with community stakeholders to understand the needs of young people living with HIV. This formative work will help tailor evidence-based strategies, such as peer support and use of technology/online interventions, to support engagement across the cascade for this population. PEPFAR Vietnam will work at places young people congregate, like universities, to enhance outreach and service delivery. Importantly, PEPFAR Vietnam will work to facilitate the importation of pediatric dolutegravir and align national guidance with this regimen, with anticipated implementation by mid-COP21. Optimization with

dolutegravir–based regimens will facilitate adherence and viral load suppression in young people living with HIV.

Advanced HIV disease

In COP21, PEPFAR will build provincial capacity to prevent, detect, treat, and manage advanced HIV disease. Activities will include improving onsite monitoring systems and supervision to help sites meet minimum quality standards. PEPFAR will also support the rollout of a technical package to facility and clinical partners. The technical package will include job aides for health staff, including an AHD management algorithm, job aides on OI screening, prophylaxis, treatment, and signs and symptoms management, and a leaflet for community partners, patients, and their caregivers. PEPFAR will also provide technical assistance to the VAAC to strengthen the national response on advanced disease management, packaging lessons learned from efforts in COP20 to prioritize root causes and provide site-level technical assistance to prevent and address them. PEPFAR clinical implementing partners will serve as core members of the existing national TWG on HIV care and treatment. In addition, they will support the revision and dissemination of technical guidelines, and capacity building for the national program and provinces to align with national guidelines.

PLHIV Stigma Index 2.0

Understanding and addressing PLHIV and KP experiences of stigma is critical to reaching epidemic control goals. Data collection for the 3rd round of the Stigma Index study was conducted in December 2020 and preliminary findings inform COP21 programmatic focus on younger MSM, TGW, and community-led design of interventions to address mental health challenges and self-stigma experienced by these groups. Preliminary findings show that 43% of those surveyed reported anxiety and depression, with similar results of feeling shame about their HIV status. 86-88% also report being unable to disclose their HIV status and hiding their status. Among all groups, MSM and TGW reported the highest levels of stigma in both community and healthcare settings. Recently infected individuals and those who identify as KP were more likely to experience stigma and discrimination in healthcare settings. These initial findings corroborate data from PEPFAR program stigma initiatives and will inform the Vietnam Network of People Living with HIV advocacy platform with GVN, PEPFAR, and the Global Fund for revising relevant legal policies and for scaling up effective initiatives that eliminate stigma at community and facility levels.

COP21 Summary of Shifts in Activities or Priorities:

- PEPFAR Vietnam will optimize care for pediatric and adolescents and facilitate the registration and importation of pediatric dolutegravir.
- PEPFAR Vietnam will support the development and roll-out of a technical package to support advanced HIV disease.

- PEPFAR Vietnam will support the revision of policies and scaling up interventions for stigma elimination.

4.5 Commodities

PEPFAR funded ARVs for Vietnam from 2005 until 2018, when SHI began procuring ARVs. VAAC's 2021-2025 ARV supply plan, SHI is the major source of funding for ARVs in Vietnam, increasing its contribution from 50% in 2020 to 88% in 2025. There are issues with SHI ARV procurement such as limited selection of ARV drugs available for procurement and uneven/incorrect site level quantification. In COP21, PEPFAR will continue to provide technical assistance to the GVN to expand SHI coverage to achieve these targets and support sustainable and functional systems for effective commodities security. The national quantification team conducts quarterly meetings to review the ARV stock status at all levels and from all sources (PEPFAR, Global Fund, SHI, and the National Targeted Program), as well as patient-level ART targets to ensure no treatment interruption in Vietnam.

TLD was included in the SHI medicines list in November 2020. With support from PEPFAR, GVN has successfully expedited the TLD procurement process and reduced the lead-time from 22 months to six months for SHI ARVs. SHI TLD for more than 60,000 patients will be available at health facilities in July 2021, six months earlier than VAAC's plan. We expect 108,000 patients, accounting for 63% total ART patients will be on SHI TLD from January 2022.

In COP21, PEPFAR Vietnam maintains the target of 30,000 clients. PEPFAR Vietnam will procure 240,378 bottles of Tenofovir/Emtritacibine 300/200mg to provide PrEP for 30,000 clients. The shipments are expected to arrive in Vietnam in October 2021 to ensure continuity of PrEP services. The shipments are expected to arrive in Vietnam in October 2021 to ensure continuity of PrEP services. PEPFAR Vietnam will continue to advocate for PrEP commodities and services to be included in the SHI package or covered by the central and local budgets. PEPFAR/Vietnam will continue to support diversification of financing for PrEP commodities via the total market approach.

As of the end of 2020, 98% of PEPFAR ART patients are virally suppressed at <1000, and undetectable rates at <200 are at 97%. From 2018, PEPFAR, VAAC, and the Global Fund committed to the elimination of donor funding for VL testing by the end of 2020. This ambitious timeline was delayed due to disruptions in testing during COVID-19 lockdowns and SHI and health systems transitions issues. As of December 2020, 86.6% of PEPFAR patients accessed viral load testing, but national figures remain lower, at approximately 70%. While there are increasing numbers of SHI reimbursements for VL testing, the availability of Global Fund-supported VL testing, the lack of political will to push through administrative barriers for laboratories to bill to SHI, and policy lags are additional barriers to Vietnam achieving a universal third 95. Since 2020, Global Fund adjusted

its direct viral load testing support to key groups and is accelerating the uptake of viral load testing reimbursed through SHI.

PEPFAR continues to coordinate with VAAC and the Global Fund for continued acceleration of SHI routine viral load testing throughout the country. PEPFAR continues to monitor VL testing and SHI accreditation; increase provider and patient demand through viral load literacy and K=K messaging; and provide technical assistance to VAAC to identify and expand potential viral load SHI copayment financing mechanisms at provincial level. In addition, in COP21 PEPFAR will focus on the "last mile" of achieving universal viral load suppression and coverage through reducing turnaround time for test results and providing them to clients, and focus on prisoners, pediatrics and PWID who are shown to be at risk of high viral loads.

In COP21, PEPFAR Vietnam will procure 244,175 rapid fourth-generation HIV test kits, of which 145,175 will be for HIV testing services to identify 9,324 HIV positive cases; 99,000 will be for PrEP initiation/continuation; and 27,870 will be for the public health response. The fourth-generation HIV test kits and recency test kits can detect acute and recent infections, respectively, which will enable PEPFAR Vietnam to triage resources for the HIV response effectively. PEPFAR Vietnam also will procure 44,000 blood-based self-test kits and 21,000 rapid recency test kits. There is currently enough stock of the oral self-test kits for COP21.

Vietnam has integrated routine intensified case finding (ICF)/TPT with isoniazid (INH) for PLHIV since 2012 with increasing coverage; however full scale-up of TPT is still suboptimal. In 2020, PEPFAR-supported partners reported 84% of existing PLHIV initiated TPT and 84% of them completed at least 180 doses of INH. A combination of factors including the COVIDCovid-19 pandemic, high global demand and an investigation of a drug quality issue, nitrosamine contamination of single formulation Rifapentine, resulted in delayed delivery of COP19 funded rifapentine. So far, Vietnam has received only one-third of the pre-paid COP-19 procurement of Rifapentine and expects to receive the rest of the order by the end of FY21.

In COP20, PEPFAR Vietnam funded the National Tuberculosis Program (NTP) to procure 3HP to catalyze the scale-up of TPT, enabling PEPFAR Vietnam to meet ambitious TPT coverage targets: 100 percent of eligible PLHIV initiate TPT and 90 percent complete treatment successfully by the end of FY 2021 and the procurement of rifapentine through the Global Drug Facility (GDF) and isoniazid domestically produced INH for more than 19,000 eligible PLHIV is underway. Medications are expected to be available in Q4 FY21. In 2021, the Ministry of Health will issue the national ICF/TPT guidelines for PLHIV, adopting the most recent 2020 and 2021 WHO Consolidated Guidelines on tuberculosis (TB Prevention and Screening), recommending point-of-care C-reactive protein (POC CRP) assay as a TB screening tool and urine LF-LAM as a primary diagnostic test along with molecular WHO-recommended rapid diagnostics like Xpert MTBXpertMTB/RIF and Xpert MTB/RIF Ultra.

In COP21, PEPFAR Vietnam proposes to demonstrate the client-friendly fixed-dose formulation of rifapentine and INH, with which has a substantially lower pill burden, and support implementing

partners to apply WHO- recommended POC CRP and urine LF-LAM assays to improve TB case detection, economize Xpert cartridges and shorten time to life-saving TB treatment among PLHIV. Given the dramatic transition of first-line TB drugs to SHI and the potential resulting drug supply insecurity, PEPFAR Vietnam plans to procure TPT medications in 2022 in order to meet PEPFAR requirement of TPT scale up. Pharmacovigilance, adverse event monitoring, initiation and completion rates will be carefully monitored during the rollout 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)
ARVs for PrEP		4.60	240,378
Alere HIV-1/2 Ag/Ab Combo		2.20	246,092 2
INSTI™ HIV -1/HIV-2 Antibody Test		9.00	44,000
Asante HIV Rapid Recency Assay, Bulk Format, 100 Tests/Kit		5.00	21,000
Rifapentine/Isoniazid 300/300mg Film-Coated Tablet, 3 x 12 Blister Pack Tablets		18.00	6,000
Abbott/ Alere Determine™ TB LAM Ag test (LF-LAM), 25-test kit		102.20	224
CRP Box 25 test		58.40	224

Part of the community-led monitoring focuses on any actual and/or potential commodity concerns, such as stock-outs of ARVs, TLD, MMD, test kits, and viral load commodities. This contributes to the transparency and accountability at the program management level as well as site level to their own clients/patients.

COP21 Summary of Shifts in Activities or Priorities:

TLD was successfully added to the SHI drug list in COP20, and clients are expected to receive SHI TLD in July, 2021, six months earlier than previously planned. In COP21, PEPFAR will no longer need to provide intensive support for the TLD transition.

4.6 Collaboration, Integration, and Monitoring

PEPFAR Vietnam's COP21 strategy focuses on attaining 95-95-95 goals in NEZ and HCMC Metro regions. Concurrently, PEPFAR Vietnam will ensure continued sustainable transition of primary

financial, administrative, and technical responsibility of HIV care and treatment services to the GVN, while supporting a GVN-led public health response to dynamic epidemic needs. The aggressive scale-up targets to achieve 95-95-95 in the two regions will include direct service delivery (DSD) support in the form of closely monitored and evolving approaches 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, the GVN, and the Global Fund. In ensuring that aggressive targets to reach 95-95-95 targets in the priority provinces are met, and having transitioned all PEPFAR DSD support outside the priority regions, PEPFAR has worked closely with GVN, the Global Fund, implementing partners, and CBOs to ensure continuity, quality, and increased access to essential services.

In order to establish the geographic prioritization of the 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. In COP21, there will be a shift in NEZ for treatment programs in selected ART clinics changing from DSD to TA as part of the sustainability pathway, while maintaining the resources for case finding. In Hanoi, there will be a shift between agency supports, in which USAID will assume 90% of case finding targets mainly assigned to community modalities and 10% of case finding assumed by CDC, mainly assigned to health facilities. At the same time, CDC will support all treatment clinics in Hanoi. Implementation of PEPFAR Vietnam's work in the priority provinces leverages coordination across key stakeholders: VAAC; provincial departments of health; the Vietnam Ministry of National Defense; Military Medical Department (MOD/MMD); the Global Fund; WHO; UNAIDS; CBOs; and implementing partners.

Programmatically, there has been close interagency discussion and coordination around priority activities that will be taken to scale across the priority provinces of NEZ and HCMC Metro. These include: rapid acceleration and improved yield of index partner testing; risk screening to improve testing efficiency; increased use of social network strategy, lay- and self-testing; universal recency testing of all newly identified positives to understand epidemic patterns; use of recent infection data to identify micro-epidemics, and break active transmission chains; continued rapid scale-up of multi-month scripting and dispensing to improve ART patient retention and adherence; continued scale-up of same-day and rapid ART initiation; further 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

maintaining aggressive targets for 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 parallel, the establishment of robust case surveillance, enabling HIV sentinel events to be monitored at the individual level from diagnosis to death and serving as the foundation of a public health response approach to the epidemic, builds upon planning, standards-setting, and provincial-level pilots implemented in COP20. COP21 will expand the national structure of a comprehensive HIV case surveillance system, including a system for assigning unique identifiers, and operationalize case surveillance in the 11 PEPFAR priority provinces and an additional four non-PEPFAR provinces on the path to full-scale national implementation

COP21 Summary of Shifts in Activities or Priorities:

- There will be a shift in NEZ for treatment programs in selected ART clinics changing from DSD to TA as part of the sustainability pathway, while maintaining the resources for case finding. In Hanoi, there will be a shift between agency supports, in which USAID will assume 90% of case finding targets mainly assigned to community modalities and 10% of case finding assumed by CDC, mainly assigned to health facilities. At the same time, CDC will support all treatment clinics in Hanoi.
- COP21 will expand the national structure of a comprehensive HIV case surveillance system, including a system for assigning unique identifiers, and operationalize case surveillance in the 11 PEPFAR priority provinces and an additional four non-PEPFAR provinces on the path to full-scale national implementation

4.7 Targets by population

The targets for the following three tables should be generated from DATIM, a "COP20 Target Table Favorites" will be available:

Table 4.7.1 ART Targets by Prioritization for Epidemic Control

Prioritization Area	**Total PLHIV**	**Expected current on ART (APR FY21) ***	**Additional patients required for 80% ART coverage****	**Target current on ART (APR FY22) *TX_CURR***	**Newly initiated (APR FY22) *TX_NEW***	**ART Coverage (APR 22)****
Attained	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Scale-Up Saturation	75,801	**64,566/60,119***	**7,413**	**63,937***	**6,410**	**91%**
Scale-Up Aggressive	43,699	**30,001/26,419***	**2,190**	**28,029**	**2,427**	**73%**
Sustained	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Central Support	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Commodities (if not included in previous categories)	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Mil				**360**	**55**	
Total	**230,000**					

*PEPFAR VN will not cover 100% in those SNUs; therefore, we provide estimation of whole SNU expected # and then PEPFAR targets in our supported sites

** Vietnam program proposes to reach 959595 mean 90% ART coverage in HoChiMinh Metro and reach 81% ART coverage in NEZ in 20

Standard Table 4.7.2 not applicable for Vietnam.

Table 4.7.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts					
SNU	**Target Populations**	**Population Size Estimate (SNUs)**	**Current Coverage (date)**	***VMMC_CIRC* (in FY21)**	**Expected Coverage (in FY21)**
	[Specify age bands for focus]				
	Total/Average				

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control in PEPFAR supported SNUs				
Target Populations	**Population Size Estimate (SNUs) and disease burden**	**PLHIV Estimate**	**Coverage Goal (in FY22)**	**FY22 Target**
FSW	38,797	1,853	18%	6,800
Female PWID	61,250	8,421	37%	22,584

Male PWID				
MSM	137,271	14,685	34%	46,138
TG	11,747	1,179	31%	3,700
KP TOTAL*	***249,065***	***26,138***	***32%***	***79,222***
Other Priority Population*	***n/a***	***n/a***	***n/a***	***52,216***
Grand Total**				**131,438**

* Total and coverage for Key Population groups only.

** Not including DOD test and reach targets.

COP21 Summary of Shifts in Activities or Priorities:

- No significant shift in target populations.

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

5.1 COP21 Priorities

In COP21, PEPFAR will continue to support 95-95-95 goals in the two priority zones, NEZ and HCMC Metro. PEPFAR Vietnam is fully committed to supporting the GVN to take ownership of a public health response approach to the HIV epidemic, one that is grounded in a robust case surveillance system. Building on the COP20 implementation of CS in nine PEPFAR priority provinces, COP21 will focus on refining the national CS platform and expansion to see a functioning case surveillance system in 15 provinces. The PHR approach will be implemented as an indigenously driven system, with the GVN in the lead and including civil society, academic, and community-based organizations (CBOs). To complement the public health response for sustained epidemic

control, a Program Quality Monitoring (PQM) system will monitor essential program quality indicators to assure that essential service uptake gains and quality are maintained. National and provincial dashboards will provide capacity for rapid review and identification of indicators that signal need and rapid response for program quality interventions.

Outside of PEPFAR priority provinces, public health response activities will be implemented with government-to-government support and engagement of CBOs, and will rely on SHI, the Global Fund, and domestic resources to finance service delivery, with PEPFAR providing technical assistance. In COP21, PEPFAR Vietnam will continue and extend the successes of a sustainable transition of primary financial, administrative, and technical responsibility of essential HIV services to the GVN. Community monitoring will be central to assuring that PEPFAR not only delivers high-quality, stigma-free services, provides a platform for community-led analysis and solutions to improve the national public health response.

COP21 Summary of Shifts in Activities or Priorities:

- No significant shifts in activities or priorities.

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

PEPFAR-supported sites outside of the COP21 priority regions (NEZ and HCMC Metro) have undergone transition to central support under the MOH as per the timeline described in COP18. By the end of calendar year 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, PEPFAR Vietnam will maintain above-site responsive TA packages for PEPFAR-supported sites outside of NEZ and HCMC Metro regions through Q1 COP20.

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, the Global Fund, 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 at least annually and will select at minimum 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.

Data from mechanism reporting and HIVQUAL will be assessed for inclusion into provincial and national level PQM dashboards, which would involve a tailored package of services and/or TA to

address the given problem. Post-response monitoring would leverage similar systems though indicators and/or frequency of reporting may be customized depending on the scenario.

The community-led monitoring activity is included in Table 6 investments (through the small grants mechanism) and aims to seek feedback from community members on the quality of investments by PEPFAR. Community-led monitoring will be reported using indicators/data sources that do not duplicate existing reporting systems, and contribute to sustained epidemic control.

COP21 Summary of Shifts in Activities or Priorities:

- No significant shifts in activities or priorities.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

PEPFAR Vietnam's commitment to achieving sustainable epidemic control under a public health response is reflected in above-site investments for COP21. PEPFAR Vietnam's above-site investments also reflect the program's continued commitment to the GVN and country stakeholders to responsibly transition the program, translate successful innovations and best practices for broader scale up in the rest of the country, and ensure the quality and sustainability of the national HIV program.

As Vietnam approaches epidemic control, there is a need for a robust public health response that can rapidly detect and address new infections while maintaining program quality. This robust response requires four key elements:

1) Data systems - including case surveillance, data collection, quality assurance - and data use.
2) Human resources for health (HRH) capacity for technical and timely public health response,
3) Service delivery systems for recency testing, HIV prevention, treatment, and laboratory by the public sector, civil society, including CBOs, and the private sector
4) Sustainable domestic financing, including for prevention services and PrEP, and supply chain systems

The Vietnam program identified key systems barriers along the four core elements of the PHR, as seen in the Table below.

Core Elements of A Robust PHR Mapped to Above-Site/Table 6 Strategy			
1. Data systems, including: CBS, data collection, quality assurance, and use for a robust HIV public health response.	**2. HRH capacity for technical and timely public health response.**	**3. Service delivery system including prevention, treatment, and laboratory by CBOs, public sector and private sector.**	**4. Sustainable public health response including domestic financing and supply chain**
Limited HIV case-based surveillance, monitoring, and reporting systems to support the public health response.	Health system restructuring compromises both the delivery of HIV program technical assistance and the provincial governance capacity for the public health response.	HIV service delivery systems lack innovative and client-centered models for an effective public health response to reach, test, and retain KPs and PLHIV across the HIV cascade.	Domestic financing remains vulnerable, especially for the HIV public health response.
Limited capacity for provincial and national-level authorities to access, aggregate and interpret data for an evidence-based HIV public health response	Lack of capacity and legal status among local organizations, including the private sector, to engage in the public health response, community monitoring and deliver innovative HIV service.	Access to HIV testing (including recency testing and VL) remains a challenge, resulting in limited use of routine VL and recency testing as an essential part of the public health response.	Nascent domestic capacity to rapidly expand commodity procurement and manage the supply chain, including coordination efforts for the HIV public health response.

Table 6 Above-Site Activities Mapped to Core Elements of a Public Health Response and Ensuring Program Quality.

Data systems, including case surveillance, data collection, quality assurance, and use for a robust HIV public health response.

An efficient and responsive HIV program requires a case surveillance system, a culture of routine data analysis and use, and the ability to use the information for real-time response. Building on the pilot implementation of HIV case surveillance, and to expand the monitoring and reporting systems to support the public health response, PEPFAR Vietnam will ensure the implementation of the CS in all 11 PEPFAR epidemic control provinces, and an additional four high-burden provinces, as well as finalize the architecture and minimum requirements of the national database in COP21. Recency testing will be scaled and included in routine monitoring and reporting platforms. Issues around interoperability of multiple program data streams will be resolved. Updated size estimations for key populations will also provide accurate data on HIV burden and need. Expected outcomes from these activities include: HIV case surveillance system components are linked and operational; HIV/AIDS data interoperability platform is established; and surveillance data are used routinely to measure and monitor performance and inform the HIV public health response.

To address limited capacity for provincial and national-level authorities to access, aggregate, and interpret data for an evidence-based HIV program quality monitoring for sustained epidemic control, in COP21 PEPFAR Vietnam will support the development and scale-up of an easy-to-use, comprehensive provincial program monitoring dashboard that will include key program and systems indicators from national reporting streams and linked to CS data where relevant. Provincial technical teams and the national program will use both the CS and the Program Quality Monitoring dashboard to monitor and analyze input routinely, with the overall expected outcome that national and provincial HIV managers and experts can collect, analyze and interpret data to provide appropriate public health responses.

Human resources for health capacity for technical and timely public health response

2019-2021 is a particularly vulnerable period as the few remaining provincial AIDS centers were absorbed into provincial CDC structures in which HIV is mandated under a broader public health entity. There will also be central level changes to HIV program administrative structure during this period. To mitigate the potential for health system restructuring to compromise the delivery of HIV program technical assistance and provincial governance capacity for the PHR, activities will focus on sustaining HIV expertise and deploying specific TA where needed. This includes scaling up and capacitating provincial HIV expert teams from different sectors and disciplines to address gaps in the HIV cascade, with provision of responsive technical assistance to address program gaps. Expected outcomes include: provincial program and HIV data are regularly collected and analyzed to track the program quality; and provincial technical capacity is standardized and mandated to implement a robust provincial public health response.

Flourishing community engagement with the public sector and KP-led services are crucial to providing client-centered options for KP and PLHIV to access HIV services. The lack of capacity and legal status among local organizations, including the private sector, to engage in the public health response, provide community monitoring, and deliver innovative HIV services impacts case finding and prevention. 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 and treatment among KPs, generating sustainable services in the long run. PEPFAR Vietnam will support the scale-up of independent community monitoring on critical aspects of the HIV program. PEPFAR will also continue to support and scale social contracting for CBOs, as well as on-going capacity building for KP and CBOs to support the HIV program. Expected outcomes include: KP-led CBOs/private clinics and CSOs are legally included in the health workforce for HIV service delivery; increase in quality and quantity of diverse groups, including KP-led CBOs and civil society and social workers; and civil society, particularly community-based organizations actively monitor the HIV program for a true public health response.

Service delivery system including for HIV prevention, treatment, and laboratory by the public sector, civil society, including community-based organizations, and the private sector.

HIV service delivery systems lack innovative and client-centered models for an effective public health response and for sustaining epidemic control achievements that facilitate reaching, testing, and retaining KPs and PLHIV across the HIV cascade. PEPFAR Vietnam works closely with the GVN and other stakeholders to promote the rapid adoption of innovative approaches, especially around reaching, finding, and testing KP. In COP21, PEPFAR Vietnam will build upon status-neutral messaging through institutionalizing the "ARVs for Prevention" framework with community-led design of status neutral health services in public and private sector (One-Stop Shops). PEPFAR Vietnam will continue working with private health providers to expand access to HIV testing, including self-testing, PrEP/nPEP, and other HIV services. Service delivery innovations focus on gaps in the clinical cascade while maintaining impressive adherence and viral suppression through

differentiated care. Expected outcomes include: innovations in case finding, HIV prevention, especially PrEP, and linkage to care are institutionalized under a national public health response; all PLHIV access client-centered differentiated care for viral suppression; and sustainable viral load coverage through SHI for ART clients in two regions.

PEPFAR Vietnam can claim multiple successes in achieving extraordinary viral suppression rates, the highest in PEPFAR, rapid scale-up of same-day ART, and the inclusion of recency testing into the national testing algorithm, with recency data informing programmatic and public health response. However, as PEPFAR phased out of direct commodity support, access to HIV confirmatory testing, recency testing and VL remains a challenge resulting in limited use of routine VL and recency testing for the public health response. For viral load the Vietnam program will focus on increasing the number and quality of labs that can process SHI reimbursements for improved coverage and access. HIV confirmatory labs will also be supported to increase in both number and quality to address challenges for SDA scale-up. PEPFAR Vietnam will support the GVN to institutionalize recency testing for improved surveillance and programming, with nationwide implementation of recency testing. Expected outcomes include: increased capacity of HIV confirmatory labs in NEZ and HCMC Metro to increase case finding and access to early ART initiation; recency data used for better management and coordination of public health response at provincial and national levels; and increased access to viral load testing to maintain the third 95 and decreasing forward transmission.

Sustainable epidemic control including domestic financing and supply chain

To maintain epidemic control and pivot to a robust public health response, vulnerable domestic financing will be addressed through promoting and ensuring successful SHI transition of PEPFAR patients and services and scaling up diverse domestic financing streams, including from national and provincial financial mechanisms and through the scale up of private sector investments. While PEPFAR will continue to advocate for inclusion of HIV prevention services under SHI, priorities also include pursuing other innovative HIV prevention financing options to mobilize additional domestic resources. Additionally, PEPFAR will continue to engage with the private sector in providing HIV services and mobilize their investment in HIV prevention services and commodities. Expected outcomes include: all insured PEPFAR patients receive HIV treatment services reimbursed through SHI; GVN ensures no financial barriers for PLHIV to accessing treatment under SHI; and key HIV prevention interventions, such as PrEP and HIV testing, included under the SHI law.

PEPFAR support was significant to ensure that SHI can reimburse for HIV services and ultimately procure ARVs for PLHIV. In addition, the availability of initial TLD procurement also relied heavily on PEPFAR technical assistance and advocacy. To maintain progress in ensuring essential HIV commodities are available and accessible for all KP and PLHIV, PEPFAR will continue to resolve nascent domestic capacity in rapid expansion of procurement and supply management, and coordination for the HIV public health response. This includes on-going support to standardize

supply chain systems for ARVs especially for SHI, and to monitor potential quantification and stock-out issues. Expected outcomes include: increased GVN capacity to manage and coordinate HIV commodities procurement and supply chain from multiple sources; increased access to TLD through SHI; and increased access to essential HIV prevention commodities through diversified markets.

In addition to the above-site investments highlighted above, the PEPFAR Vietnam program will support the following surveillance, evaluation, and research:

1. Scaling up national and provincial case surveillance system
2. Update KP and PLHIV size estimations
3. Deploy surveillance technical assistance to high-burden provinces under the PHR.

COP21 Summary of Shifts in Activities or Priorities:

- PEPFAR Vietnam will ensure the implementation of the CS in all 11 PEPFAR epidemic control provinces, and an additional four high-burden provinces, as well as finalize the architecture and minimum requirements of the national database in COP21
- In COP21 PEPFAR Vietnam will support the development and scale-up of an easy-to-use, comprehensive provincial program monitoring dashboard that will include key program and systems indicators from national reporting streams and linked to CS data where relevant

7.0 USG 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. Additionally, PEPFAR continues to align with local and international partners to further streamline roles and responsibilities, ensuring coordination for maximum impact. These changes have a significant impact on how human capital will be managed moving forward. 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 COP21.

Additionally, all cost of doing business (CODB) areas are re-examined and reduced when possible. The PEPFAR Vietnam Management and Operations (M&O) COP21 budget only 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, and within their travel allocations, maximizing savings and reducing costs when feasible.

Program and partner monitoring is an essential component of our staff's responsibilities. PEPFAR Vietnam has assigned provincial POCs for all 11 provinces in the NEZ and HCMC metro, tasked with ensuring data monitoring, partner performance review on a monthly and quarterly basis. SIMS work has also been built into the annual workplan of all PEPFAR Vietnam staff to implement and enhance 'real time' monitoring and technical assistance for sites and implementing partners. In COP21, PCO will continue to implement community-led monitoring through the small grants mechanism, which will be monitored and managed by the Coordinator's team.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control (New estimation of PLHIV is applied from 2020)

SNU	COP17 Prioritization	Expected Achievement by APR 18	COP18 Prioritization	Overall TX Coverage (by APR 19)	COP19 Prioritization	Overall TX Coverage (by APR 20)	Cop20 Prioritization	Overall TX Coverage (by APR 21)	Cop21 Prioritization	Overall TX Coverage (by APR 22)
Ba Ria-Vung Tau[1]	Sustained	64%	ScaleUp Agg	71%	ScaleUp Agg	67.2%	Saturated	82%	Saturated	82%
Binh Duong	Sustained	68%	ScaleUp Agg	73%	ScaleUp Agg	77.2%	Saturated	100%	Saturated	100%
Dong Nai	Not Supported	47%	ScaleUp Agg	63%	ScaleUp Agg	73.7%	Saturated	90%	Saturated	90%
Ha Noi	Sustained	47%	ScaleUp Agg	63%	ScaleUp Agg	58.3%	ScaleUp Agg	67%	ScaleUp Agg	67%
Hai Phong	Sustained	59%	ScaleUp Agg	69%	ScaleUp Agg	72.9%	ScaleUp Agg	79%	ScaleUp Agg	79%
Ho Chi Minh City	ScaleUp Agg	69%	ScaleUp Agg	74%	ScaleUp Agg	79.7%	Saturated	92%	Saturated	92%
Long An	Sustained	59%	ScaleUp Agg	69%	ScaleUp Agg	72.4%	Saturated	90%	Saturated	90%

[1]COP20 surge provinces are highlighted in blue

Quang Ninh	Sustained	65%	ScaleUp Agg	72%	ScaleUp Agg	80.9%	ScaleUp Agg	81%	ScaleUp Agg	81%
Tay Ninh	Sustained	62%	ScaleUp Agg	70%	ScaleUp Agg	72.0%	Saturated	90%	Saturated	90%
Thai Nguyen	Sustained	54%	ScaleUp Agg	67%	ScaleUp Agg	72.9%	ScaleUp Agg	73%	ScaleUp Agg	73%
Tien Giang	Not Supported	63%	ScaleUp Agg	71%	ScaleUp Agg	74.4%	Saturated	94%	Saturated	94%
An Giang	Sustained	66%	Ctrl Supported	67%	Not Supported	72.7%	Not Supported		Not Supported	
Bac Giang	Sustained	49%	NOT DEFINED	50%	Not Supported	58.9%	Not Supported		Not Supported	
Bac Kan	Not Supported	52%	Not Supported	53%	Not Supported	50.8%	Not Supported		Not Supported	
Bac Lieu	Not Supported	59%	Not Supported	60%	Not Supported	66.7%	Not Supported		Not Supported	
Bac Ninh	Sustained	40%	NOT DEFINED	41%	Not Supported	49.9%	Not Supported		Not Supported	
Ben Tre	Not Supported	63%	Not Supported	64%	Not Supported	65.8%	Not Supported		Not Supported	
Binh Dinh	Not Supported	37%	Not Supported	38%	Not Supported	49.8%	Not Supported		Not Supported	
Binh Phuoc	Not Supported	32%	Not Supported	33%	Not Supported	45.8%	Not Supported		Not Supported	
Binh Thuan	Centrally Supported	94%	Not Supported	96%	Not Supported	81.2%	Not Supported		Not Supported	
Ca Mau	Not Supported	31%	Not Supported	32%	Not Supported	44.6%	Not Supported		Not Supported	

Can Tho	Sustained	61%	Ctrl Supported	62%	Not Supported	79.7%	Not Supported		Not Supported	
Cao Bang	Sustained	42%	NOT DEFINED	43%	Not Supported	51.3%	Not Supported		Not Supported	
Da Nang	Centrally Supported	51%	Not Supported	52%	Not Supported	56.6%	Not Supported		Not Supported	
Dak Lak	Not Supported	29%	Not Supported	30%	Not Supported	46.2%	Not Supported		Not Supported	
Dak Nong	Not Supported	31%	Not Supported	31%	Not Supported	42.8%	Not Supported		Not Supported	
Dien Bien	ScaleUp Agg	63%	Ctrl Supported	65%	Not Supported	65.3%	Not Supported		Not Supported	
Dong Thap	Not Supported	31%	Ctrl Supported	32%	Not Supported	55.1%	Not Supported		Not Supported	
Gia Lai	Not Supported	35%	Not Supported	36%	Not Supported	44.9%	Not Supported		Not Supported	
Ha Giang	Not Supported	50%	Not Supported	51%	Not Supported	55.1%	Not Supported		Not Supported	
Ha Nam	Not Supported	52%	Not Supported	53%	Not Supported	56.0%	Not Supported		Not Supported	
Ha Tinh	Not Supported	52%	Not Supported	53%	Not Supported	62.6%	Not Supported		Not Supported	
Hai Duong	Not Supported	58%	Not Supported	60%	Not Supported	60.6%	Not Supported		Not Supported	
Hau Giang	Not Supported	57%	Not Supported	59%	Not Supported	63.7%	Not Supported		Not Supported	
Hoa Binh	Sustained	68%	NOT DEFINED	70%	Not Supported	69.4%	Not Supported		Not Supported	
Hung Yen	Not Supported	46%	Not Supported	47%	Not Supported	58.3%	Not Supported		Not Supported	
Khanh Hoa	Not Supported	33%	Not Supported	33%	Not Supported	49.7%	Not Supported		Not Supported	
Kien Giang	Sustained	38%	Ctrl Supported	39%	Not Supported	58.9%	Not Supported		Not Supported	

Kon Tum	Not Supported	27%	Not Supported	28%	Not Supported	34.6%	Not Supported		Not Supported	
Lai Chau	Not Supported	41%	Not Supported	42%	Not Supported	54.1%	Not Supported		Not Supported	
Lam Dong	Not Supported	53%	Not Supported	55%	Not Supported	64.2%	Not Supported		Not Supported	
Lang Son	Not Supported	67%	Not Supported	69%	Not Supported	71.4%	Not Supported		Not Supported	
Lao Cai	Sustained	42%	NOT DEFINED	43%	Not Supported	51.3%	Not Supported		Not Supported	
Nam Dinh	Sustained	38%	NOT DEFINED	39%	Not Supported	46.2%	Not Supported		Not Supported	
Nghe An	ScaleUp Agg	71%	Ctrl Supported	72%	Not Supported	66.8%	Not Supported		Not Supported	
Ninh Binh	Not Supported	56%	NOT DEFINED	57%	Not Supported	68.3%	Not Supported		Not Supported	
Ninh Thuan	Not Supported	57%	Not Supported	59%	Not Supported	56.0%	Not Supported		Not Supported	
Phu Tho	Not Supported	54%	Not Supported	55%	Not Supported	64.7%	Not Supported		Not Supported	
Phu Yen	Not Supported	52%	Not Supported	54%	Not Supported	38.0%	Not Supported		Not Supported	
Quang Binh	Not Supported	58%	Not Supported	59%	Not Supported	60.8%	Not Supported		Not Supported	
Quang Nam	Sustained	66%	NOT DEFINED	67%	Not Supported	63.7%	Not Supported		Not Supported	
Quang Ngai	Not Supported	52%	Not Supported	53%	Not Supported	67.7%	Not Supported		Not Supported	
Quang Tri	Not Supported	40%	Not Supported	41%	Not Supported	45.7%	Not Supported		Not Supported	
Soc Trang	Sustained	36%	Ctrl Supported	37%	Not Supported	50.9%	Not Supported		Not Supported	

Son La	ScaleUp Agg	57%	Ctrl Supported	58%	Not Supported	63.1%	Not Supported		Not Supported	
Thai Binh	Sustained	43%	NOT DEFINED	44%	Not Supported	44.7%	Not Supported		Not Supported	
Thanh Hoa	ScaleUp Agg	61%	Ctrl Supported	62%	Not Supported	57.6%	Not Supported		Not Supported	
Thua Thien-Hue	Not Supported	77%	Not Supported	79%	Not Supported	78.2%	Not Supported		Not Supported	
Tra Vinh	Not Supported	38%	Not Supported	39%	Not Supported	59.8%	Not Supported		Not Supported	
Tuyen Quang	Not Supported	48%	Not Supported	49%	Not Supported	56.8%	Not Supported		Not Supported	
Vinh Long	Sustained	53%	NOT DEFINED	54%	Not Supported	61.4%	Not Supported		Not Supported	
Vinh Phuc	Not Supported	61%	Not Supported	62%	Not Supported	62.7%	Not Supported		Not Supported	
Yen Bai	Not Supported	43%	Not Supported	44%	Not Supported	40.9%	Not Supported		Not Supported	
_Military Vietnam		Mil	Mil							

APPENDIX B – Budget Profile and Resource Projections

B1. COP21 Planned Spending in alignment with planning level letter guidance

Table B.1.1 COP21 Budget by Program Area

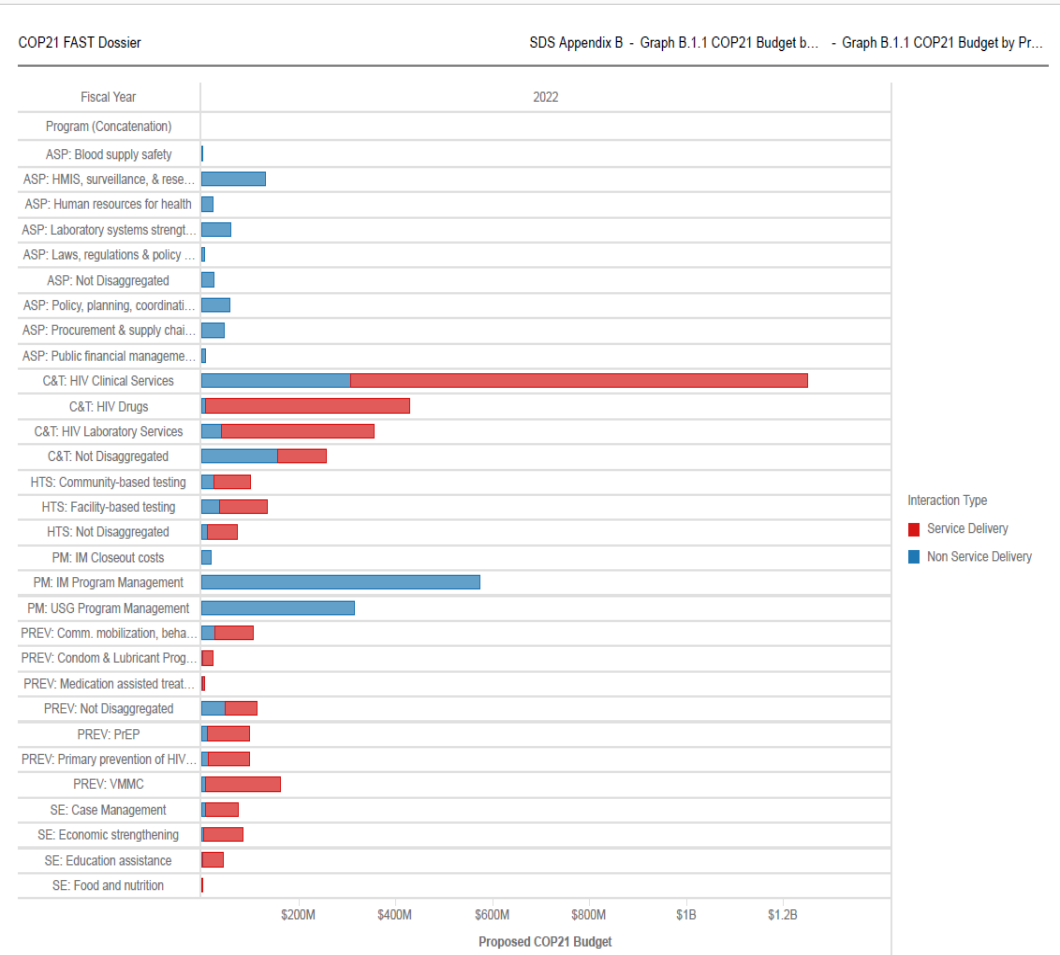


Table B.1.2 COP21 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$US 4,455,751	**$US35,864,249**	**$US42,240,000**

Table B.1.3 COP21 Budget by Program Area

Program	Fiscal Year	2022					
	Metrics	Proposed COP21 Budget			Percent of COP 21 Proposed Budget		
	Subprogram	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		**$28,598,150**	**$9,801,850**	**$38,400,000**	**74.47%**	**25.53%**	**100.00%**
C&T	**Total**	**$2,455,799**	**$3,018,605**	**$5,474,404**	**44.86%**	**55.14%**	**100.00%**
	HIV Clinical Services	$2,193,799	$2,874,629	**$5,068,428**	43.28%	56.72%	**100.00%**
	HIV Laboratory Services	$207,000		**$207,000**	100.00%		**100.00%**
	Not Disaggregated	$55,000	$143,976	**$198,976**	27.64%	72.36%	**100.00%**
HTS	**Total**	**$1,084,450**	**$2,885,278**	**$3,969,728**	**27.32%**	**72.68%**	**100.00%**
	Community-based testing	$100,000	$1,173,368	**$1,273,368**	7.85%	92.15%	**100.00%**
	Facility-based testing	$315,001	$803,555	**$1,118,556**	28.16%	71.84%	**100.00%**
	Not Disaggregated	$669,449	$908,355	**$1,577,804**	42.43%	57.57%	**100.00%**
PREV	**Total**	**$1,547,404**	**$3,897,967**	**$5,445,371**	**28.42%**	**71.58%**	**100.00%**
	Comm. mobilization, behavior & norms change	$777,987	$1,178,909	**$1,956,896**	39.76%	60.24%	**100.00%**
	Medication assisted treatment	$143,406		**$143,406**	100.00%		**100.00%**
	Not Disaggregated	$150,000		**$150,000**	100.00%		**100.00%**
	PrEP	$476,011	$2,719,058	**$3,195,069**	14.90%	85.10%	**100.00%**
ASP	**Total**	**$9,975,797**		**$9,975,797**	**100.00%**		**100.00%**
	HMIS, surveillance, & research	$4,070,145		**$4,070,145**	100.00%		**100.00%**
	Human resources for health	$875,605		**$875,605**	100.00%		**100.00%**
	Laboratory systems strengthening	$805,247		**$805,247**	100.00%		**100.00%**
	Laws, regulations & policy environment	$160,000		**$160,000**	100.00%		**100.00%**
	Policy, planning, coordination & management of disease control programs	$3,614,800		**$3,614,800**	100.00%		**100.00%**
	Procurement & supply chain management	$450,000		**$450,000**	100.00%		**100.00%**
PM	**Total**	**$13,534,700**		**$13,534,700**	**100.00%**		**100.00%**
	IM Closeout costs	$683,510		**$683,510**	100.00%		**100.00%**
	IM Program Management	$5,121,830		**$5,121,830**	100.00%		**100.00%**

	USG Program Management	$7,729,360		**$7,729,360**	100.00%		**100.00%**

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 previous years' results, the latest EPP data, and the strategic focus of epidemic control in the two urban regions, the technical working groups (TWGs) developed the COP21 targets by site and sub-national unit (SNU). Those targets were put into the DataPack and assumptions and coverage rates were reviewed and verified for feasibility. Targets reflect 90-90-95 for the NEZ and 95-95-95 in HCMC metro. The interagency PEPFAR Vietnam team reviewed and updated standard service delivery packages established in COP19 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 used across interagency implementing partners. As the FAST this year was built upon the Expenditure Reporting tool, the team followed the pre-populated COP20/FY 2021 interventions.

PEPFAR Vietnam used the commodities tab of the FAST to distribute commodities to the appropriate mechanism, taking into account the PEPFAR and Global Fund collaboration on commodity provision. PEPFAR Vietnam is at the funding level and met the C&T earmark requirement.

APPENDIX C – Tables and Systems Investments for Section 6.0 Not REQUIRED in COP21

APPENDIX D– Minimum Program Requirements REQUIRED

Vietnam programs have met all the requirements. There is only one requirement, OVC packages of services, that is not relevant to the country program.

	Minimum Requirement	PEPFAR Vietnam Status
Care and Treatment	**1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.**[2]	Vietnam has endorsed Test & Start since July 2017. In 2018, Vietnam developed SOPs for rapid/same-day ART in conjunction with MMD. Since then the team has supported expansion of HIV confirmatory labs in a one-stop shop model to enable access to same-day start, in addition to leveraging strong collaborations with CBOs for linkage and site-level monitoring of treatment initiation data.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens.[3]	TLD has been included in the Vietnam National Standard Treatment Guidelines since 12/17, with most recent Guidelines in 11/19 firmly establishing TLD as a first-line agent for all PLHIV, including children≥10 years old and >20kg and adolescents and women of childbearing potential >30kg. Phasing out NVP was prioritized in the Guidelines, with all NVP patients indicated to be transitioned to TLD. TLD MA was approved and the medication was received at the site level in late 2019, with immediate implementation. PEPFAR expects the HIV treatment guidelines to be revised to include specific pediatric DTG dosing (10 and 50mg) by July 2021. PEPFAR is supporting the development of the MA for pediatric DTG, and

[2] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

[3] Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

		expects that by the end of COP21. In the interim, PEPFAR has worked with the Global Fund to ensure DTG is available by February 2022.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification **and ARV coverage of men and adolescents.**[4]	MMD SOPs were developed in 2018. The team has advocated and prepared for three-month MMD coverage through SHI, which was successfully launched in 2019. The team will continue to scale three-month MMD through SHI across the nation and advocate for 6-mo MMD in COP21.
	4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[5]	Both national TB and HIV Guidelines recommend TPT for all PLHIV who do not have active TB and/or contraindication to TPT medication. PEPFAR will support medications at no cost to the patient (isoniazid (INH)-rifapentine and INH) to support treatment of latent TB through the SHI transition. Short course TPT with 3HP and 1HP will be introduced and implemented in COP21 to promote completion of therapy. In COP21, PEPFAR implementing partners will continue to provide technical assistance and direct service support to HIV clinics in scaling up TPT, ensuring all eligible patients will receive TPT.
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID	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

[4] Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

[5] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

	and annual viral load testing and results delivered to caregiver within 4 weeks.	in key populations. The laboratory team is working on innovative strategies to reduce turn-around time for VL test results to the site and the client in addition to optimizing STI testing with TB testing using the GeneXpert platform.
Case Finding	1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[6]	Index testing was included in the national community-based testing Guidelines released by the Vietnam MOH in April 2018 with immediate implementation. In accordance with OGAC guidance, PEPFAR Vietnam is developing robust SOPs on confidentiality, IPV detection/QI/M&E, and first-line services for IPV. PEPFAR Vietnam will certify sites to ensure high-quality, client-centered, safe ICT services prior to COP20 implementation.
Prevention and OVC	1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[7]	PEPFAR Vietnam initiated PrEP in 2017 with scale-up to 11 PEPFAR provinces in mid-2019; PEPFAR Vietnam achieved 87% of PrEP_New target in COP18, with 5469 clients on PrEP. The majority of clients were KP/MSM. Access to direct, same-day PrEP will be further enhanced by a one-stop shop model with integrated HIV testing and PrEP service delivery to support that national public health response.
	2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating	N/A

[6] Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/

[7] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	
Policy & Public Health Systems Support	1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[8]	Vietnam reimburses for HIV treatment services through SHI. The PEPFAR team has worked to ensure that provincial authorities and agencies continue to subsidize the SHI copayment requirements as donor subsidies end, particularly for those who face financial barriers and/or meet poverty criteria. No patients who transferred to SHI in 2019 had user fees or out-of-pocket expenses for ARV copayment, and the majority of costs were covered by local funding. The team also worked to include PLHIV in the group with fully subsidized SHI premiums in the new SHI law revision.
	2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[9]	PEPFAR Vietnam has historically supported national policies and implementation of a CQI system (HIVQUAL) which ensures program standards are being met. As part of the sustainable epidemic control, PEPFAR Vietnam will continue to advocate for CQI across the HIV cascade and other program areas to ensure the relevant indicators and reporting frequency are in place.

[8] The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

[9] Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Vietnam is a leader within PEPFAR on the U=U movement, with 1. Early National endorsement 2. An internationally recognized campaign, including print, radio/TV, and social media, for both community and providers 3. U=U seed grants for CBOs to spread messaging.
	4. Clear evidence of agency progress toward local, indigenous partner direct funding.	All agencies within PEPFAR 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 over time.
	5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	The Government of Vietnam has made demonstrable efforts to absorb the cost of HIV treatment by covering this work under SHI and GVN's funding allocation. In COP19, the team prepared supporting documentation and analyses to encourage the GVN and Provincial Authorities to absorb some of the cost of prevention activities as well. 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 service delivery activities. In COP20, the team will focus on the completion of formalized guidance/policy on social contracting model with local government.
	6. 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. These sentinel events will be captured in the developing case surveillance system.
	7. Scale-up of case surveillance and unique identifiers for patients across all sites.	PEPFAR Vietnam, together with government partners, is building a robust system in line with international standards on data quality, confidentiality, and use of unique identifiers. PEPFAR Vietnam will ensure all relevant data streams are interoperable and harmonize with the surveillance system. PEPFAR Vietnam has initiated a case surveillance system in four provinces which will be expanded to all surge provinces in COP20.

Site level MPRs related to linkage and retention: During FY 2020 (COP19 implementation), all OUs are expected to fully implement retention-related PEPFAR Minimum Program Requirements at every PEPFAR-supported site, as these have a known impact on continuity of ART. Site level implementation of these 4 elements must be assessed to inform COP20 planning. In addition, an effective tracking and tracing system must be in place at each site.

Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.
Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens.
Elimination of all formal and informal user fees affecting access to HIV testing and treatment and prevention in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, Cotrimoxazole, cervical cancer, PrEP and routine clinical services.
Adoption and implementation of differentiated service delivery models for clinically stable clients that ensures choice between facility and community ART refill pick-up location and individual or group ART refill models.

All models should offer patients the opportunity to get 6 months of medication at a time without requiring repeat appointments or visits.