COP 2017 Approval Meeting
Out-brief
Vietnam

April 29, 2017
COP 17 Vietnam Review

- National Context
- Transition and Risk Mitigation
- Epidemic Control
- Challenges and Solutions
- COP 17 Innovations and Program Priorities
EPP 2017

Total PLHIV: 246,953 (aged >15) + 6,137 (aged <15)
5 scale up provinces: 78,124 (31.8%)
5 scale up + Hanoi: 108,012 (43.9%)
GVN Priority for 2017

Shifting from donor-based HIV/AIDS control and prevention to Decentralization Integration in the health system, using mainly domestic financing, especially social health insurance.
Domestic funds are expected to cover 50% of national AIDS expenditure in upcoming years.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHI</td>
<td>15,518,353</td>
<td>19,268,618</td>
<td>25,080,440</td>
</tr>
<tr>
<td>Central funds</td>
<td>8,474,600</td>
<td>9,447,978</td>
<td>11,406,156</td>
</tr>
<tr>
<td>User fees</td>
<td>2,835,381</td>
<td>3,153,638</td>
<td>3,471,895</td>
</tr>
<tr>
<td>Provinical funds</td>
<td>19,817,533</td>
<td>21,374,991</td>
<td>23,946,453</td>
</tr>
</tbody>
</table>
OBJECTIVES
2017-2018

- HI coverage 100% for PLHIV
- 100% OPCs Accreditation
- ARV copayment for enrolled patient
- ARV procurement by SHI
## Coordinated National Strategy for ARV Sustainability

<table>
<thead>
<tr>
<th>Contents</th>
<th>2016 (base line)</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of PLWH</td>
<td>240.816</td>
<td>241.441</td>
<td>239.494</td>
<td>236.086</td>
<td>231.841</td>
<td></td>
</tr>
<tr>
<td>Estimated number of detected PLWH</td>
<td>170.158</td>
<td>181.081</td>
<td>191.595</td>
<td>200.673</td>
<td>208.657</td>
<td>According to 90-90-90 target</td>
</tr>
<tr>
<td>Coverage of ARV (%)</td>
<td>68%</td>
<td>74%</td>
<td>79%</td>
<td>85%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>National ARV target (90 x 90 x 90 target)</td>
<td>116.000</td>
<td>133.000</td>
<td>151.000</td>
<td>169.000</td>
<td>187.000</td>
<td></td>
</tr>
<tr>
<td>ARV sources from donors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEPFAR</td>
<td>55.000</td>
<td>51.000</td>
<td>38.000</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Global Fund</td>
<td>47.700</td>
<td>51.000</td>
<td>51.000</td>
<td>35.700</td>
<td>25.500</td>
<td></td>
</tr>
<tr>
<td><strong>First line</strong></td>
<td>42.150</td>
<td>44.680</td>
<td>44.270</td>
<td>30.000</td>
<td>20.000</td>
<td></td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>4.700</td>
<td>5.000</td>
<td>5.000</td>
<td>5.000</td>
<td>5.000</td>
<td></td>
</tr>
<tr>
<td><strong>Second line</strong></td>
<td>850</td>
<td>1.320</td>
<td>1.730</td>
<td>700</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Health Insurance source</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients will be received ARV via HI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patient will be supported HI by GF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Notes
- Estimated number of PLWH: According to 90-90-90 target.
Transition and Risk Mitigation
Clear Roadmap for Transition

2015 (5)
Binh Thuan, Dak Lak, Hai Duong, Khanh Hoa, Lang Son

2016 (7)
Ninh Binh, Quang Nam, Long An, Ba Ria Vung Tau, Vinh Long, Binh Duong, Bac Ninh

2017 (11)
Da Nang, Can Tho, An Giang, Thai Binh, Soc Trang, Cao Bang, Nam Dinh, Hoa Binh, Kien Giang, Tay Ninh, Thai Nguyen

2018 (10)
Ho Chi Minh City, Hanoi, Hai Phong, Quang Ninh, Lao Cai, Bac Giang, Nghe An, Dien Bien, Son La, Thanh Hoa

2016
- 7 provinces
- 12 OPCs; 18 VCTs
- 6,096 patients

2017
- 11 provinces
- 22 OPCs; 20 VCTs
- 13,191 patients

2018
- 10 provinces
- 84 OPCs; 82 VCTs
- 44,498 patients

DSD transition complete

HCMC & 4 Mountainous Provinces transitioned at end of calendar year 2018
PEPFAR TA Accelerates SHI Transition

March 2017 – VAAC source data
SHI Enrollment Exceeds Target

National average SHI enrollment: 64%

Feb 2017 – VAAC source data
Addressing Barriers to SHI Enrollment

**REASONS FOR NOT HAVING SHI CARD**

- **Insufficient money** 33%
- **Other** 38%
- **Fear disclosure and/or stigma** 1%
- **Do not know procedures to buy SHI** 6%
- **Do not know benefits of SHI** 7%
- **Lack required documents** 15%

**Action Plan to enroll 585 patients**

- PAC coordination with HCMC Public Security to issue documentation
- Partnership with CSO (VNP+) to address issues of fear, stigma and discrimination

Source: PAC HCMC surveyed data by Mar 2017 (3,902 would like to buy SHI)
On Track for ARV Procurement through SHI

Apr 2017 - QUANTIFICATION
First line adult ARVs for eligible SHI patients quantified & approved

Aug-Oct 2017 - BIDDING
Issue of Procurement Bidding Documents & Selection of Suppliers

Nov 2016- PM DECISION
Decision for centralized ARV procurement

Jul 2017- CIRCULAR
Guiding for ARV procurement & reimbursement through SHI

Nov-Dec 2017 - CONTRACTING
ARV Suppliers Approved
Joint Framework Signed
VSS Contract Signed

Jan 2018 - DISTRIBUTION
ARV from SHI allocated to OPCs for Distribution

Jan 2018 - PRESCRIPTION
ARV Treatment is available Through SHI
Monitoring Patient Retention and Adherence

**Monthly ARV drug dispensing data**
- Precise as long as site receives ARV drugs from VAAC
- Timely
- Only has Tx new and Tx curr

**Quarterly National M&E**
- Can provide # deaths, LTFU, Transfer in, Transfer out
- Often incomplete
- Late → Late intervention

**Monthly drug data from VSS**
- Precise
- Timely
- Produce all needed data
- Incomplete
- Will take time to get to this stage (2-5 years)

**Early Warning Indicator**
Current - retrospective

**Quarterly Attrition Indicator**

**Monthly Attrition Indicator**
Future – real time
## Snapshot of Additional Transition Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>• % of successful referral HIV+ to OPC</td>
</tr>
<tr>
<td></td>
<td>• KP (PWID, SW, MSM) testing coverage</td>
</tr>
<tr>
<td></td>
<td>• % of MMT/total PWID</td>
</tr>
<tr>
<td></td>
<td>• # of CBO/CSO able to provide outreach services without donor funding</td>
</tr>
<tr>
<td><strong>Health Systems</strong></td>
<td>• Domestic funding for HIV at central and provincial levels</td>
</tr>
<tr>
<td></td>
<td>• SHI consolidation and enrollment</td>
</tr>
<tr>
<td></td>
<td>• SHI use and reimbursement for ARVs</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>• Number of confirmatory labs at district &amp; commune levels</td>
</tr>
<tr>
<td></td>
<td>• Number of labs that perform VL testing (ILB tool/ meet national standards)</td>
</tr>
<tr>
<td></td>
<td>• Number of labs participate/pass in EQA, IQC programs</td>
</tr>
<tr>
<td><strong>Strategic Information</strong></td>
<td>• Key population estimation and prevalence</td>
</tr>
<tr>
<td></td>
<td>• Service mapping</td>
</tr>
<tr>
<td></td>
<td>• Major program indicators collected quarterly</td>
</tr>
</tbody>
</table>
Transitioned 2016

Chart 1: Current # PLHIV reported, # patients on ART

Chart 2: # new cases identified - new OPC registered - new ART initiated

Chart 3: # of patients on MMT

Chart 4: HIV/QUAL indicators - PKNTNL BVDK
ATTRITION DASHBOARD | QUANG NINH FY16

Transitioning 2018

TOTAL ART PATIENTS

ANNUAL ATTRITION

2.6%
BELOW 5.0% THRESHOLD

LTFU
2.0%
BELOW 3.33% THRESHOLD

MORTALITY
0.6%
BELOW 1.67% THRESHOLD

QUARTERLY ATTRITION

Tình
- An Giang
- Bắc Giang
- Cà Mau
- Cần Thơ
- Điện Biên
- Hà Nội
- Hải Phòng
- Hồ Chí Minh
- Lào Cai
- Nghệ An
- Ninh Bình
- Quảng Ninh
- Thái Bình

SITES OVER LTFU THRESHOLD

SITES OVER MORTALITY THRESHOLD

ATTENTION VOLUME BY SITE

# RETURNED FOR TREATMENT

Fiscal Year
- FY 2012
- FY 2013
- FY 2014
- FY 2015
- FY 2016
## 1st Quarter Post Transition Monitoring – Attrition Indicator

<table>
<thead>
<tr>
<th>Province</th>
<th># sites</th>
<th>TX_CURR Q2FY17</th>
<th>Dead OR LTFU - Dec 16 to Mar 17</th>
<th>#</th>
<th>rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ba Ria Vung Tau</td>
<td>2</td>
<td>1216</td>
<td>43</td>
<td>43</td>
<td>3.5%</td>
</tr>
<tr>
<td>Bac Ninh</td>
<td>2</td>
<td>467</td>
<td>4</td>
<td>4</td>
<td>0.9%</td>
</tr>
<tr>
<td>Binh Duong</td>
<td>1</td>
<td>1219</td>
<td>48</td>
<td>48</td>
<td>3.9%</td>
</tr>
<tr>
<td>Can Tho</td>
<td>2</td>
<td>649</td>
<td>7</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td>Long AN</td>
<td>1</td>
<td>576</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>QUang Nam</td>
<td>2</td>
<td>322</td>
<td>3</td>
<td>3</td>
<td>0.9%</td>
</tr>
<tr>
<td>Vinh Long</td>
<td>1</td>
<td>940</td>
<td>1</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>5389</td>
<td>106</td>
<td>106</td>
<td>2.8%</td>
</tr>
</tbody>
</table>
**Binh Duong Province Action Plan – March 2017**

| Objective                                                                 | Action                                                                 | Responsible (to coordinate with other teams) | Need input and engagement | Timeframe   | Measurement/Tools and Documentation | Note                                                                 | Status                                                                 |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------|---------------------------|-------------|-------------------------------------|----------------------------------------------------------------------|                                                                      |
| Track HIV services reimbursed by SHI to ensure proper implementation.     | Check 1st quarter 2017 reimbursements for HIV services by site. Review site contracts with SHI and Q1 FY 17 Data. Double-check that SOP/patient flow is integrated with SHI procedures. | Dr. Son, Provincial POC, SI and CTx teams (CDC and VAAC Co-Ag, all below as well) | SI and CTx teams (CDC and VAAC Co-Ag, all below as well) | 18-Apr      | Quarterly reimbursement reports from OPC and PSS, copy of contract | Need info for Joburg.                                               |                                                                      |
| Address operational capacity of sites to bill and reimburse from SHI.     | TA to site on software for reimbursement and billing. Check that CD code for HIV is being applied. | Dr. Phuong, M&E lead for province, Dr. Son | SI team, Provincial POC | 28-Apr      | Hospital system monitoring assessment | Include in sub-contracts at provincial level? Additional HR? Tuan Anh lead on overall plan for support for all provinces. |                                                                      |
| Monitor program after transition and identify potential issues.          | Collect and provide TA on transition monitoring indicators. Q2 data report and review when data is available (PEPFAR only, based on MER definitions) | Dr. Phuong, M&E lead for province, SI team, Provincial POC | Transition monitoring data updated | 26-Apr      | Transition monitoring data updated | Prepare for presentation at Joburg. Transition monitoring data submitted |                                                                      |
| Monitor movement of patients to ensure retention in treatment.           | Review Binh Duong PAC and DOH strategy and guidelines on patient transfers. Clarify Binh Duong strategy for supporting non-resident patients. Identify necessary tools for patient tracking, such as ACIS? | TBC, CTx team, SI team, DHI and MS to clarify policy interpretation | Written provincial patient tracking strategy, tools at site level. ACIS software? | TDB (discuss with VAAC-US CDC on their availability.) |                                                                      | Refer to lessons learned from other provinces.                      |                                                                      |
| Maintain quality of HIV services, ensuring that they are patient-friendly | Assess TA needs for 4 new OPCs planned to open in Q2 2017. Develop TA workplan specifically for these four OPCs | CTx team, HSS and SI teams | TA plan with clear roles for CDC, CDC-VAAC Co-Ag, VAAC, HAIVN, province, etc. | 30-May       |                                                                      |                                                                      |                                                                      |
| Monitor patient enrollments and reimbursement by SHI.                    | Develop plan with SHI/financing provincial focal point to increase SHI enrollments among non-residents; as well as maintaining overall high enrollment of PLHIV in SHI in the province | Dr. Son, HSS, CTx teams | Quarterly provincial report on SHI enrollments | 5/15/2017 (early June at the latest) |                                                                      |                                                                      |                                                                      |
| Ensure PEPFAR ARV patients maintain viral suppression.                   | Clarify VI. CDC Viral load testing support and roll-out plan in light of PF patients transferring from Provincial hospital to 4 new sites | Dr. Son, Ctx team, HAIVN | CDC and VAAC guidance on providing VL testing to PF patients after transfer of patients who access VL testing in 2017 | 5/15/2017 (early June at latest) |                                                                      | This strategy would be applied to all provinces where transfer of PEPFAR patients from provincial to district level occur |                                                                      |
Epidemic Control
Where we are (COP 16)
Where we are going (COP 17)
Treatment Cascades
PEPFAR-Vietnam Scale-up Provinces – March 2017

Ho Chi Minh City

- Estimated PLHIV: 49,244
- Reported PLHIV: 38,166
- Current on ART: 15,049
- VL test: 9,013
- % VL suppression: 94%

Thanh Hoa

- Estimated PLHIV: 7,462
- Reported PLHIV: 4,965
- Current on ART: 2,577
- VL test: 349
- % VL suppression: 89%

Son La

- Estimated PLHIV: 8,690
- Reported PLHIV: 5,694
- Current on ART: 1,215
- VL test: 1,847
- % VL suppression: 92%

Dien Bien

- Estimated PLHIV: 7,337
- Reported PLHIV: 5,651
- Current on ART: 3,861
- VL test: 1,590
- % VL suppression: 95%

Nghe An

- Estimated PLHIV: 7,337
- Reported PLHIV: 5,651
- Current on ART: 3,861
- VL test: 1,590
- % VL suppression: 94%
<table>
<thead>
<tr>
<th>Program and Policy Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test and Start</strong></td>
</tr>
<tr>
<td>Current National Treatment guidelines endorse Test &amp; Start for seven specific groups which cover 75% of HIV positive cases in Vietnam; full ARV guidelines revision, July 2017</td>
</tr>
<tr>
<td><strong>Self and Lay Testing</strong></td>
</tr>
<tr>
<td>Finalization of national guidelines on HIV community-based testing, incl. self-testing, in FY17</td>
</tr>
<tr>
<td><strong>PrEP/PEP</strong></td>
</tr>
<tr>
<td>March 2, 2017 PrEP launched in Ho Chi Minh City; 60 clients currently on PrEP</td>
</tr>
<tr>
<td><strong>Multi-Month Scripting</strong></td>
</tr>
<tr>
<td>National Operational Protocol for HIV Patient Management and Monitoring - Circular #32; pilots approved in 5 provinces/11 districts starting May 2017</td>
</tr>
<tr>
<td><strong>Same Day ART Initiation</strong></td>
</tr>
<tr>
<td>Expecting Test &amp; Start for all by July 2017; PEPFAR continues to support decentralization of confirmatory labs for same-day confirmation</td>
</tr>
<tr>
<td><strong>Social Health Insurance</strong></td>
</tr>
<tr>
<td>PM Decision: Social Health Insurance used for ARV procurement, provincial budgets for SHI premiums and co-payments for PLHIV (2016); First SHI ARV procurement Jan 2018</td>
</tr>
</tbody>
</table>
Identifying PLHIV, Quarterly Trends, PEPFAR Provinces

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Identifying PLHIV, Quarterly Trends, PEPFAR Provinces

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Partner VCT/HTS sites-only Achievements  
(Positives Identified and Positivity Rates by Province)  

<table>
<thead>
<tr>
<th>Scale-Up Provinces</th>
<th>Healthy Markets</th>
<th>SMART TA/SHIFT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dien Bien/mountainous</strong></td>
<td>FY16 Q1: 15</td>
<td>FY16 Q2: 21</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 34</td>
<td>FY17 Q2: 27</td>
</tr>
<tr>
<td><strong>Ho Chi Minh City/large urban</strong></td>
<td>FY16 Q1: 14</td>
<td>FY16 Q2: 75</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 342</td>
<td>FY17 Q2: 290</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 342</td>
<td>FY17 Q2: 290</td>
</tr>
<tr>
<td><strong>Nghe An/rural &amp; mountainous</strong></td>
<td>FY16 Q1: 3</td>
<td>FY16 Q2: 22</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 117</td>
<td>FY17 Q2: 93</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 117</td>
<td>FY17 Q2: 93</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 117</td>
<td>FY17 Q2: 93</td>
</tr>
<tr>
<td><strong>Son La/mountainous</strong></td>
<td>FY16 Q1: 7</td>
<td>FY16 Q2: 51</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 169</td>
<td>FY17 Q2: 169</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 169</td>
<td>FY17 Q2: 169</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 169</td>
<td>FY17 Q2: 169</td>
</tr>
<tr>
<td><strong>Thanh Hoa/rural &amp; mountainous</strong></td>
<td>FY16 Q1: 73</td>
<td>FY16 Q2: 93</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 90</td>
<td>FY17 Q2: 79</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 90</td>
<td>FY17 Q2: 79</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 90</td>
<td>FY17 Q2: 79</td>
</tr>
<tr>
<td><strong>Sustained Provinces</strong></td>
<td>FY16 Q1: 10</td>
<td>FY16 Q2: 27</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 22</td>
<td>FY17 Q2: 3</td>
</tr>
<tr>
<td></td>
<td>FY17 Q1: 22</td>
<td>FY17 Q2: 3</td>
</tr>
</tbody>
</table>

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Monitoring and Improving Testing Efficiency

- HCMC PAC (VCT)
- SMART TA (VCT)
- PATH (CBCT)
- SMART TA (VCT)
- PATH (CBCT)
- SMART TA (VCT)
- VAAC Co-Ag (VCT)
- PATH (CBCT)
- VAAC Co-Ag (VCT)
- VAAC Co-Ag (VCT)

Number of positives

UE per Positive

Number of Positives

UE per HTC_POS

- HCMC
- Dien Bien
- Nghe An
- Thanh Hoa
- Son La
Optimizing Testing:
The Right Strategy, In the Right Place, For the Right Cost

Data: Vietnam EA 2016, APR 2016
## Quarterly Progress in Treatment, Scale-Up Provinces, PEPFAR and Provincial Results

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### Ho Chi Minh City
- **Q1 FY17:** 48%
- **Q2 FY17:** 8%
- **FY17 Target:** 12%
- **FY17 % Achievement:** 13%

### Son La
- **Q1 FY17:** 26%
- **Q2 FY17:** 8%
- **FY17 Target:** 12%
- **FY17 % Achievement:** 13%

### Thanh Hoa
- **Q1 FY17:** 48%
- **Q2 FY17:** 8%
- **FY17 Target:** 12%
- **FY17 % Achievement:** 13%

### Dien Bien
- **Q1 FY17:** 26%
- **Q2 FY17:** 8%
- **FY17 Target:** 12%
- **FY17 % Achievement:** 13%

### Nghe An
- **Q1 FY17:** 48%
- **Q2 FY17:** 8%
- **FY17 Target:** 12%
- **FY17 % Achievement:** 13%
Rapid Acceleration of Viral Load Access, HCMC Province

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Rapid Acceleration of Viral Load Access, 7 Transitioned Provinces

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Addressing Challenges
Dien Bien Since COP15 Pivot

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A health information system approach to identify, then reach and recover diagnosed PLHIV not on treatment.
## Managing Partner Performance

### Partner VCT/HTS sites-only Achievements

(Positives Identified and Positivity Rates by Province)

<table>
<thead>
<tr>
<th>Province</th>
<th>FY16 Q1 Results</th>
<th>FY16 Q2 Results</th>
<th>FY16 Q3 Results</th>
<th>FY16 Q4 Results</th>
<th>FY16 Results as % of Target</th>
<th>Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HTC_TST_POS, VCT Sites Only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIETNAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dien Bien/mountainous</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Markets</td>
<td>15</td>
<td>21</td>
<td>13</td>
<td>36</td>
<td>76.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>SMART TA/SHIFT</td>
<td>90</td>
<td>176</td>
<td>143</td>
<td>188</td>
<td>78.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>FY17</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q1+Q2</strong> Results as % of Target</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positivity Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>27</td>
<td>581</td>
<td>10.5%</td>
<td>1.5%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>115</td>
<td>752</td>
<td>26.1%</td>
<td>1.4%</td>
<td>2.6%</td>
<td></td>
</tr>
</tbody>
</table>

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net)
## COP16 – Q1/Q2 Learning and Adapting for Q3/Q4

### Action FY17Q3: Refocus targets in 5 highest burden and yielding sites

### Epi & Program data in Dien Bien for 2016

<table>
<thead>
<tr>
<th>Districts</th>
<th>Est. # of PLHIV in 2016</th>
<th>HIV newly identified in 2016</th>
<th>Tx_New in 2016 (DSD/TA) - both Old and New cases</th>
<th>HTC_POS 2016 (DSD/TA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dien Bien</td>
<td>1,341</td>
<td>117</td>
<td>130</td>
<td>147</td>
</tr>
<tr>
<td>2 Tuần Giáo</td>
<td>1,063</td>
<td>56</td>
<td>82</td>
<td>166</td>
</tr>
<tr>
<td>3 Dien Bien Đông</td>
<td>934</td>
<td>95</td>
<td>78</td>
<td>96</td>
</tr>
<tr>
<td>4 Mường Âng</td>
<td>786</td>
<td>32</td>
<td>65</td>
<td>44</td>
</tr>
<tr>
<td>5 Dien Bien Phú</td>
<td>340</td>
<td>12</td>
<td>103</td>
<td>150</td>
</tr>
<tr>
<td>6 Mường Lay</td>
<td>266</td>
<td>15</td>
<td>35</td>
<td>17</td>
</tr>
<tr>
<td>7 Mường Chà</td>
<td>237</td>
<td>14</td>
<td>27</td>
<td>7</td>
</tr>
<tr>
<td>8 Tủa Chùa</td>
<td>150</td>
<td>17</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>9 Mường Nhé</td>
<td>109</td>
<td>13</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>10 Nậm Pồ</td>
<td>52</td>
<td>24</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

- **85% of estimated PLHIV**
- **81% of Tx-New**
- **Accounted for 90% of HTS_POS**
COP16 – Q1/Q2 Learning and Adapting for Q3/Q4

Action FY17Q3: Discontinue lay testing in 2 low performing districts

Community Lay Testing Site Analysis

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COP16 – Q1/Q2 Learning and Adapting for Q3/Q4

HIV detected cases by age group – Dien Bien (C-Link - APR16)

Sex partner (n=163)
- < 20: 1.1%
- 20-24: 4.5%
- 25-29: 19.4%
- 30-39: 44.7%
- 40+: 26.2%

PWID (n=269)
- < 20: 1.5%
- 20-24: 4.5%
- 25-29: 11.1%
- 30-39: 19.4%
- 40+: 44.7%

Action FY17Q3:
- Target young KP with tailored BCC messages to promote uptake of HIV testing and ART services
- Begin partner notification and testing

Distribution of HIV positives by age and by population, HMA&SHIFT, HTS data Oct 2015-Dec 2016 (n=604)

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at http://data.pepfar.net
Son La Province

2015

Test and Start

2016

COP15 Pivot – Scale up activities

2017

HIV testing and ART for HIV+ prisoners

Full operation of outreach/case finding

Case verification to link previously diagnosed individuals to ART

Phasing out low performing outreach sites, switch to new communes.

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at http://data.pepfar.net
# High Yield Gender Based Approaches

## Son La: Facility Based VCT, Q1 & Q2 FY17

<table>
<thead>
<tr>
<th>Province</th>
<th>Result</th>
<th>VCT</th>
<th>Lay-testing</th>
<th>PED</th>
<th>TB</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facility</td>
<td>Mobile</td>
<td></td>
<td></td>
<td></td>
<td>8179</td>
</tr>
<tr>
<td>Total</td>
<td>3486</td>
<td>4207</td>
<td>478</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Son La</td>
<td>237</td>
<td>88</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>328</td>
</tr>
</tbody>
</table>

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net)*

## FY17 Q2 ART Coverage

<table>
<thead>
<tr>
<th>Province</th>
<th>15+ Male</th>
<th>15+ Female</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Son La</td>
<td>37%</td>
<td>58%</td>
<td>44%</td>
</tr>
</tbody>
</table>

**ACTION FY 17 Q3:**
- Index-partner testing
- KP networks Testing & CSO
- Provincial Scale up of MMT
Overcoming the Key System Barrier to reach, test and treat PWID

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Son La</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target for MMT by the end of Dec 2016</td>
<td>6,000</td>
</tr>
<tr>
<td>Number of MMT patients by the end of Dec 2016</td>
<td>1,328</td>
</tr>
<tr>
<td>Achievement rate over the assigned target</td>
<td>22.1%</td>
</tr>
<tr>
<td>Number of MMT patients living with HIV</td>
<td>328</td>
</tr>
<tr>
<td>HIV positive rate among MMT patients</td>
<td>24.7%</td>
</tr>
<tr>
<td>Number of MMT patients on ART</td>
<td>269</td>
</tr>
<tr>
<td>Coverage of ART among MMT/HIV+ patients</td>
<td>82.0%</td>
</tr>
<tr>
<td>Number of PWID detained in 06 centers</td>
<td>1,212</td>
</tr>
<tr>
<td>Number of PWID HIV+ in 06 centers</td>
<td>115 (ART 90)</td>
</tr>
<tr>
<td>HIV positive rate among PWID in 06 centers</td>
<td>9.5%</td>
</tr>
<tr>
<td>PEPFAR number of PWID tested, APR2016</td>
<td>6807</td>
</tr>
<tr>
<td>PEPFAR number of PWID identified HIV+</td>
<td>364</td>
</tr>
<tr>
<td>HIV positive rate at PEPFAR-supported HTC sites</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

(Dec 2016 VAAC and MOLISA data source)

ACTION FY 17 Q2/Q3:
Accelerating MMT uptake = increasing uptake of HIV testing
- PC allocated budget for 13 district, 51 commune new MMT sites
- PC Decision: Incentivizing referrals to MMT
PLHIV in need of ARV treatment: Son La

# cases by Gender

- Nam
- Nữ

Average of Age (in years) 35.37

# cases by Risk Group

- Heterosexual
- Mother to child transmission
- Unknown
- PWID

Year of testing among in need of ARV cases

Current Residence Status

<table>
<thead>
<tr>
<th>Current Residence Status</th>
<th>1.NumOfCases</th>
<th>%GT 1.NumOfCases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently living at the address</td>
<td>539</td>
<td>59.59%</td>
</tr>
<tr>
<td>Used to live at the address but currently at prisons</td>
<td>166</td>
<td>17.70%</td>
</tr>
<tr>
<td>Lived at the address but moved to other place in Son La</td>
<td>133</td>
<td>14.18%</td>
</tr>
<tr>
<td>Lived at the address but moved out of Son La</td>
<td>47</td>
<td>5.01%</td>
</tr>
<tr>
<td>Used to live at the address but do not know where they are</td>
<td>38</td>
<td>3.32%</td>
</tr>
<tr>
<td>Total</td>
<td>938</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Distribution of in need ARV cases
Optimizing HIV Case Finding

ACTION FY 17 Q3:
- High Yield Sites
  - Phasing out support to low performing sites. Focusing on sites representing 83% of positives identified *

ACTION FY 18 Q1:
- Innovation: Rapid Recency Testing: KP network testing

HIV(+): identified by HTC site in Son La, FY17/Q1+Q2
Son La summary

Total estimate: 8,690 PLHIV

- 4,278 not yet diagnosed
- 938 not on ART
- 3,474 (40.0%) on ART

Dec 2016

Linkage to TX

- 3,308
- 482
- 4,900 (56.4%) on ART

Sep 2018

- 4,900
- 56.4%

VCT in high yield sites
Index partner testing
KP network driven
COP 17 Program Priorities
REACHING THE FIRST 90

Increased role of CSOs/CBOs in HIV response
Capacity building & engagement of CSOs/CBOs in service delivery

Enhanced KP outreach/active case finding
Social and sexual network based interventions & CBO-led services along the clinical cascade

Innovation development & scale up
Rapid recency assay
Partner services/index case testing
Pre-Exposure Prophylaxis (PrEP)
Lay/self-testing

Improved program linkages
HTS-ART linkage/referral systems
Community-based active case management
Inter-province linkage systems

Testing yield & Linkage to ART

A mix of HIV testing approaches/modalities
For specific KP in specific setting/geo areas:
Facility- & community-based testing
partner index case testing
TB presumptive patients testing

Evidence-based programming
Analysis of partner/site performance and costs analysis of modalities
Improved M&E systems, data linkages and data use

Optimizing resources for case finding
Phasing out low-yield sites and models
Scaling up high-yield/cost-effective models

HIV testing/treatment demand generation
Targeted BCC around KP uptake of HIV testing, ART, and other HIV services
Lay & self-testing: Evidence-based Programming

- Urban vs. rural mountainous setting
- Lay & self-test works best with CBOs in urban setting
- High cost in rural areas: Start-up + Reach + test

Cascade of HIV self-testing services (May 2016-Mar 2017)

- 3,155
- 5.8%
- 95.6%

UE per HTC_POS by Testing Modality

- Cost in $:
  - 0.0%
  - 1.0%
  - 2.0%
  - 3.0%
  - 4.0%
  - 5.0%
  - 6.0%
  - 7.0%
  - 8.0%
  - 9.0%

- Positivity rate:
  - 0.0%
  - 1.0%
  - 2.0%
  - 3.0%
  - 4.0%
  - 5.0%
  - 6.0%
  - 7.0%
  - 8.0%

- HIV self-tested
- Confirmed HIV+
- Enrolled in ART

- VCT
- CBTC
**COP 2017 Direction for PrEP**

**PILOT SITES IN HCMC**  
4 HIV Outpatient Clinics (SHI reimbursement model), 2 private clinics and 9 CSOs (fee-based model) trained and prepared for service provision

**REVISION OF NATIONAL ART GUIDELINES**  
PEPFAR VN Team and partners providing TA to MOH/VAAC/VAMS to integrate PrEP/PEP for Key Population

**PROGRAM IMPLEMENTATION**  
Expansion to PWID and sex partners  
Expansion to Hanoi and other select provinces  
Beginning advocacy for SHI to cover PrEP/PEP for Key Populations

**ADVOCACY**  
First Technical workshop to introduce WHO guidelines and international best practices on PrEP

**SERVICE BEGAN**  
60 clients (MSM/TG and discordant couples) enrolled

**STRATEGIES**  
Committed access to lower price for PrEP drugs  
Committed access to lower price for 4th generation rapid diagnostic tests (eg, Alere HIV Combo)  
HIV/syphilis duo tests piloted

**BEYOND 2018**  
SHI advocacy & Fee-based scale up
HIV Rapid Recency Test

Laboratory
- Validation as diagnostic test
- Validation as incidence test
- Establish methods for geo-coding and rapid communication of recent infections

Surveillance and Epidemiology
- Retrospective analysis of stored samples to assess where recent infections are occurring and estimate HIV incidence in key populations
- Integration of recency testing into the national HSS/HSS+ system
- Utilization in HIV case-based surveillance

Prevention programs and services
- Prioritize prevention interventions based on geographic, population and risk-factor characteristics
- Provide enhanced index-case management, ART enrollment and partner services at HTS sites
- Establish metric for prevention program effectiveness (e.g., UE per incident case identified)
• Newly identified
• Previously identified
• Re-engagement of LTFU

Linkages

Rapid ART Initiation

• Test and Start
• Same day initiation
• Support for SHI enrollment

SECOND 90 STRATEGY

• Support patients’ treatment continuation options
• Cross-site and cross-province patient tracking

• Coordination and Planning
• SHI eligibility, coverage and reimbursement
• Risk mitigation

Responsible transition

ART Adherence and Retention
Ensuring Treatment Continuation

- On-going support to existing patients with their desired options to ensure treatment continuation
- Working with provincial government and other stakeholders to reserve budget for 100% SHI coverage and ARV co-payment

Source: PAC HCMC surveyed data by Mar 2017

- Can not afford for ARV treatment, 3360, 16%
- Find other solutions, 370, 2%
- Self pay at public HTFs, 2069, 10%

Want to use HI cards, 14620, 72%

[Category Name], [Value], <1%
Improving SHI ART cascade
20,453 surveyed HCMC patients

- Increase HI card coverage to fill gap
- Support hospital/facility SHI eligibility & sign contract
- Encourage patients to use HI cards
- Support hospitals and centers to follow central ARV procurement and reimbursement guidance

- Total patients surveyed: 20,453
- Have HI cards: 15,042 (73.5%)
- Use HI cards for health examination: 5,571 (37%)
- Registered for ARV reimbursement: 987 (17.7%)

20453
15042
15042
5571
987
0
5000
10000
15000
20000
25000

Improving SHI ART cascade
- 20,453 surveyed HCMC patients
- Have HI cards: 15,042 (73.5%)
- Use HI cards for health examination: 5,571 (37%)
- Registered for ARV reimbursement: 987 (17.7%)
Access to Viral Load to test all persons on ART once a year

Increase demand and routine use of VL

Decentralize VL lab capacity

Retaining clients on ART and care to achieve viral suppression
HSS TECHNICAL ASSISTANCE STRATEGY

FINANCE
- Financial tool, initiatives
- Resource tracking
- Economical and financial analysis

GOVERNANCE
- Policies, guidelines
- Monitoring tool
- Evidence based advocacy

SUPPLY CHAIN
- Product Selection
- Forecasting & Quantification
- Procurement
- Inventory Management
- Distribution
- Usage

System-centric, multi-level approach from central to provincial and site levels
<table>
<thead>
<tr>
<th>COP17 Table 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1</strong></td>
</tr>
<tr>
<td>Investments and Innovations for Epidemic Control</td>
</tr>
<tr>
<td>• Insufficient case reporting and KP size estimation data</td>
</tr>
<tr>
<td>• Poor case finding and poor linkage to care</td>
</tr>
<tr>
<td>• Lost to follow up and challenges with treatment adherence</td>
</tr>
<tr>
<td>• Low capacity and coverage of HIV VL testing labs</td>
</tr>
<tr>
<td>• Weak interoperability of lab and clinical information systems</td>
</tr>
<tr>
<td>• Limited use of routine VL</td>
</tr>
<tr>
<td>• Stigma and discrimination</td>
</tr>
</tbody>
</table>
Hanoi
Transferring Best Practices to Hanoi for Scale up by the Provincial Government

<table>
<thead>
<tr>
<th>Community-based Self/Lay Testing</th>
<th>Provincial Coaching Teams</th>
<th>SHI Consolidation and Enrollment</th>
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</thead>
<tbody>
<tr>
<td>Recency Testing</td>
<td>Civil Society Capacity Building</td>
<td>KP Size Estimation</td>
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<tr>
<td>Confirmatory Testing</td>
<td>PrEP/PEP</td>
<td>MSM Cohort Study</td>
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<tr>
<td>Partner Notification/Index Testing</td>
<td>Multi-Month Scripting</td>
<td>ATS Tx Innovation</td>
</tr>
<tr>
<td>Targeted Acute-Care HTC</td>
<td>Same Day ART Initiation</td>
<td>HIVInfo Case Verification</td>
</tr>
</tbody>
</table>
GVN Commitments to Working Together in Hanoi

MINISTRY OF HEALTH
Vietnam Authority for HIV/AIDS Control

SoCIALIST REPUBLIC OF VIET NAM
Independence - Freedom - Happiness

To: Stephanie Joseph de Goes

From: Assoc. Prof. Nguyen Huan Long

Subject: Request for Continued Support for the HIV/AIDS Program in Vietnam in general and Hanoi in particular

Dear Ms. Stephanie Joseph de Goes,

On behalf of the Vietnam Authority for HIV/AIDS Control (VAAC), we would like to express our sincere appreciation for PEPFAR support to the national HIV/AIDS program in Vietnam over the last decade. Your support has contributed largely to controlling the HIV/AIDS epidemic in the country.

However, the HIV/AIDS epidemic in Vietnam still faces complicated challenges and needs collaboration and assistance from international organizations. In 2015, Vietnam reported 4,932 new HIV/AIDS cases, bringing the total number of HIV/AIDS cases since 1985 to 235,421 people, including 13,584 AIDS patients.

The rate on the second of the number of HIV/AIDS cases alive nationwide, and the proactive experience required for tackling is the 90-90-90 goal: the number of HIV/AIDS cases alive at the moment is 18,186, 90% cases through blood transmission, and 30% through sexual transmission, 82.5% people living with HIV are aware of their status.

The Vietnamese government has adopted the latest guidelines to the national HIV/AIDS program in general and for Hanoi in particular in 2017, with intensive technical assistance activities including case finding, linkage to treatment, and increased coverage of social health insurance among HIV patients.

As you may know, support from international organizations, especially PEPFAR, is critical in reducing new infections and improve the lives of people living with HIV/AIDS. In Vietnam, we need further steps in having national policies on targeting to HIV/AIDS to ensure efficiency and sustainability. The Government of Vietnam has issued the Decree No 21/2010/ND-CP, providing guidance on the social health insurance and funding to treat people affected by HIV/AIDS.

The Government of Vietnam also focuses on law support for foreign doctors (including the Global Fund and PEPFAR) for supply of ARV drugs, instead the social health insurance funding is being mobilized as alternative resources.

All of what mentioned above show strong commitments by the Government of Vietnam for addressing HIV/AIDS, and these commitments bring about an enabling environment toward efficiency and sustainability of the national response.

Once again, we are committed to action and collaboration toward controlling the HIV/AIDS epidemic in the country. All HIV patients will get access to treatment. The Ministry of Health/Vietnam Authority for HIV/AIDS Control (VAAC) is committed to play a leadership and coordination role over the national HIV/AIDS program. We will closely work with local governments and doctors to make sure all resources are well and efficiently coordinated and avoid any overlapping and mitigating risks.

On behalf of VAAC, hereby officially requests for PEPFAR to continue support to the national HIV/AIDS program in general and activities in Hanoi in particular is COP 17.

Thank you very much.

Sincerely yours,

Anh, Assoc. Prof. Nguyen Huan Long, MD. Director General
Viet Nam Authority for HIV/AIDS Control
Ministry of Health, Vietnam
OU Budget and Targets
<table>
<thead>
<tr>
<th>PEPFAR Budget Code</th>
<th>Budget Code Description</th>
<th>TBB</th>
<th>Commodities</th>
<th>Above</th>
<th>Site</th>
<th>PM,SI</th>
<th>M&amp;O</th>
<th>Total</th>
<th>Applied Pipeline</th>
<th>New</th>
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<tbody>
<tr>
<td>CIRC</td>
<td>Male Circumcision</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>HBHC</td>
<td>Adult Care and Support</td>
<td>$273,147</td>
<td>$0</td>
<td>$383,000</td>
<td>$0</td>
<td>$228,929</td>
<td>$399,202</td>
<td>$1,284,277</td>
<td>$503,885</td>
<td>$780,393</td>
</tr>
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<td>HKID</td>
<td>Orphans and Vulnerable Children</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>HLAB</td>
<td>Lab</td>
<td>$0</td>
<td>$0</td>
<td>$830,000</td>
<td>$0</td>
<td>$232,656</td>
<td>$144,490</td>
<td>$1,207,146</td>
<td>$420,031</td>
<td>$787,116</td>
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<td>HTXS</td>
<td>Adult Treatment</td>
<td>$4,643,491</td>
<td>$0</td>
<td>$4,201,558</td>
<td>$0</td>
<td>$1,326,379</td>
<td>$1,041,013</td>
<td>$11,212,442</td>
<td>$2,730,275</td>
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<td>HTXD</td>
<td>ARV Drugs</td>
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<td>$7,554,319</td>
<td>$38,000</td>
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<td><strong>$46,446,750</strong></td>
<td><strong>$15,674,688</strong></td>
<td><strong>$30,772,063</strong></td>
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</table>
COP 2016 vs. COP 2017 by Program Area

Planning Level/totals:
COP 2016 = $51,300,000
COP 2017 = $46,446,750
## COP 2017 Agency Allocations and Pipeline

<table>
<thead>
<tr>
<th></th>
<th>New FY 2017 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
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<td><strong>Total</strong></td>
<td><strong>$30,772,063</strong></td>
<td><strong>15,674,688</strong></td>
<td><strong>$ 46,446,750</strong></td>
</tr>
</tbody>
</table>

- COP17 Minimum Pipeline Requirement (Based on OGAC Funding Letter): **$12,279,681**
- COP 17 OU Actual Applied Pipeline Amount: **$15,674,688**
Earmark Allocations

New FY 2017 funds allocated to care and treatment:

• COP 2017 requirement: 53% of New Funding
• COP 2017 New Funding Amount: $30,772,063.00
• Required Earmark Allocations: $16,309,193.39
• Actual OU Earmark Allocations: $18,995,074.84

➔ Difference: $2,685,881.41

Care & Treatment for PLHIV = HBHC+HTXS+HTXD+PDCS+PDTX+HVTB+ 0.3*MTCT+0.3*HVCT
Stakeholder Engagement
Strategic Stakeholder Collaboration is Key for Sustainable Epidemic Control

Government of Vietnam
Provincial AIDS Committees
MOLISA
MOD
GFATM
CSO (PEPFAR & Non)
LGBTQI Community
UN Family

Overview of Stakeholder Engagement for COP 17

Ongoing throughout the year esp. for transition - POART
COP 2017 Development
Jan – April:
Guidelines
Data Sharing,
Challenges, Gaps & Solutions
DCMM Feedback

Engagement & Coordination Results

Inclusive COP 17 Strategy
Transition of 11 provinces in progress with monitoring
Social Health Insurance at 64% (50% target)
GVN to procure ARVs by Jan 2018
Test and Start, PrEP Pilots, Size Estimations, Recency Testing
Policy Development
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT