



# COP 2017 Approval Meeting Out-brief Vietnam

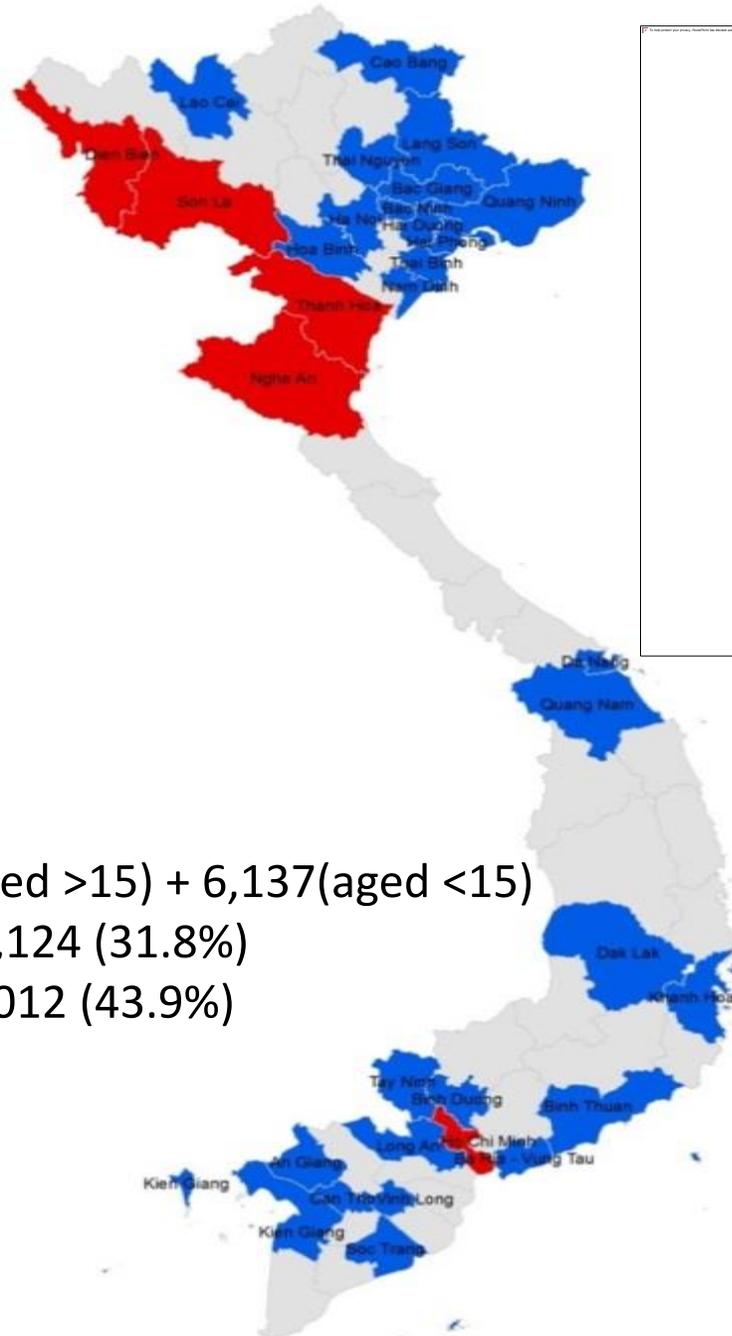
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April 29, 2017

# COP 17 Vietnam Review

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-  **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



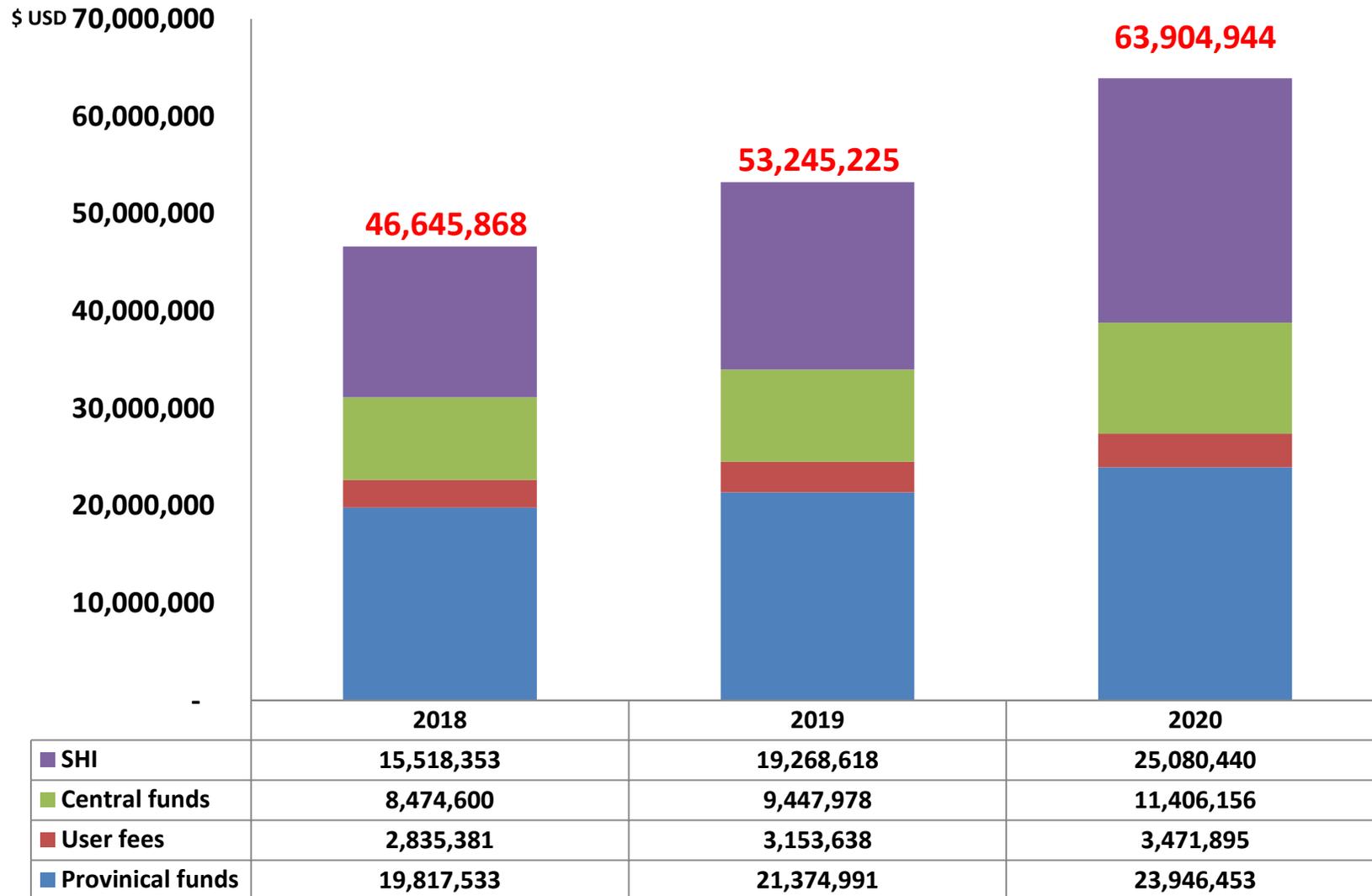
Shifting

from donor-based HIV/AIDS  
control and prevention to

Decentralization

Integration in the health system,  
using **mainly** domestic financing,  
especially social health insurance.

# Projection of Domestic Funds 2018-2020



**Domestic funds are expected to cover 50%  
of national AIDS expenditure in upcoming years**

# 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

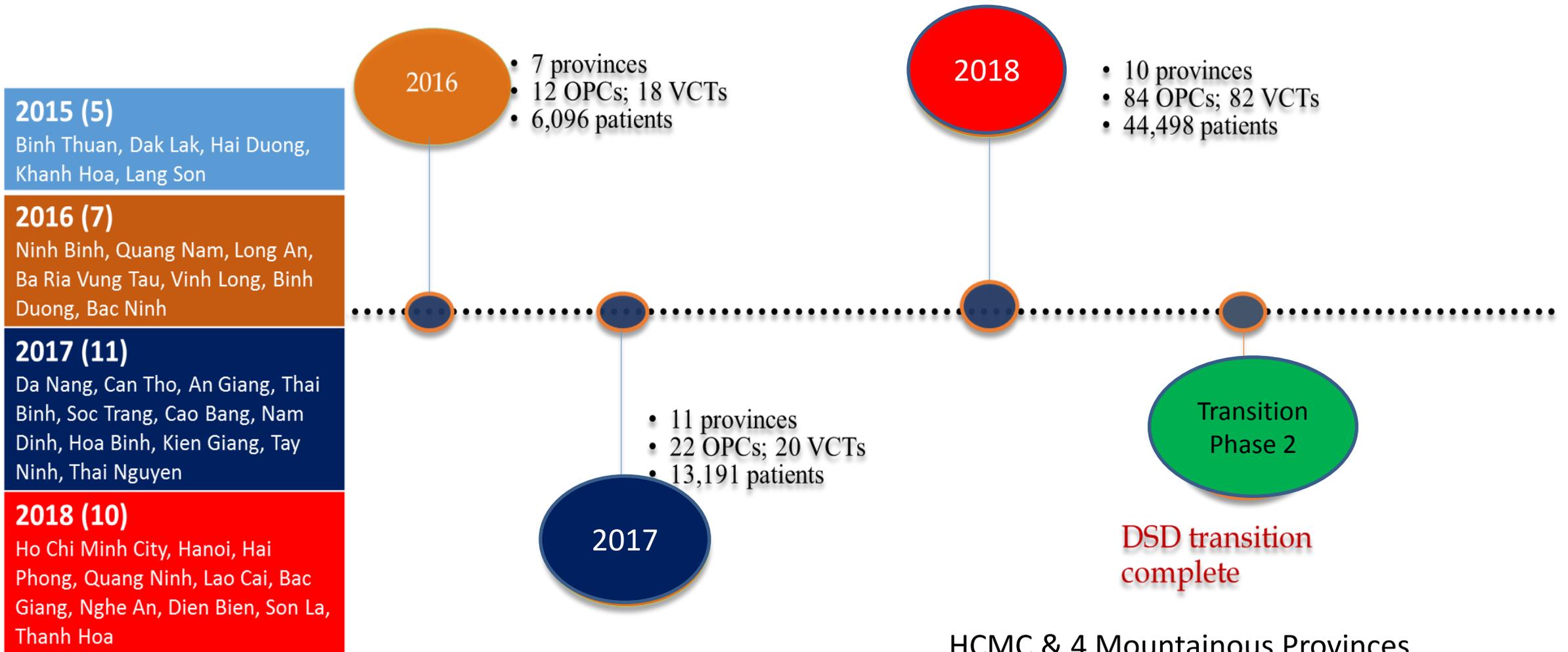
Contents	2016 (base line)	2017	2018	2019	2020	Note
Estimated number of PLWH	240.816	241.441	239.494	236.086	231.841	
Estimated number of detected PLWH	170.158	181.081	191.595	200.673	208.657	According to 90-90-90 target
Coverage of ARV (%)	68%	74%	79%	85%	90%	
<b>National ARV target (90 x 90 x 90 target)</b>	<b>116.000</b>	<b>133.000</b>	<b>151.000</b>	<b>169.000</b>	<b>187.000</b>	
<b>ARV sources from donors</b>						
PEPFAR	55.000	51.000	38.000	0	0	
<i>Global Fund</i>	47.700	51.000	51.000	35.700	25.500	
<i>First line</i>	42.150	44.680	44.270	30.000	20.000	
<i>Children</i>	4.700	5.000	5.000	5.000	5.000	
<i>Second line</i>	850	1.320	1.730	700	500	
<b>Health Insurance source</b>						
<i>Number of patients will be received ARV via HI</i>		26.600	60.400	118.000	150.000	
<i>Number of patient will be supported HI by GF</i>			13.000	13.000		



# Transition and Risk Mitigation

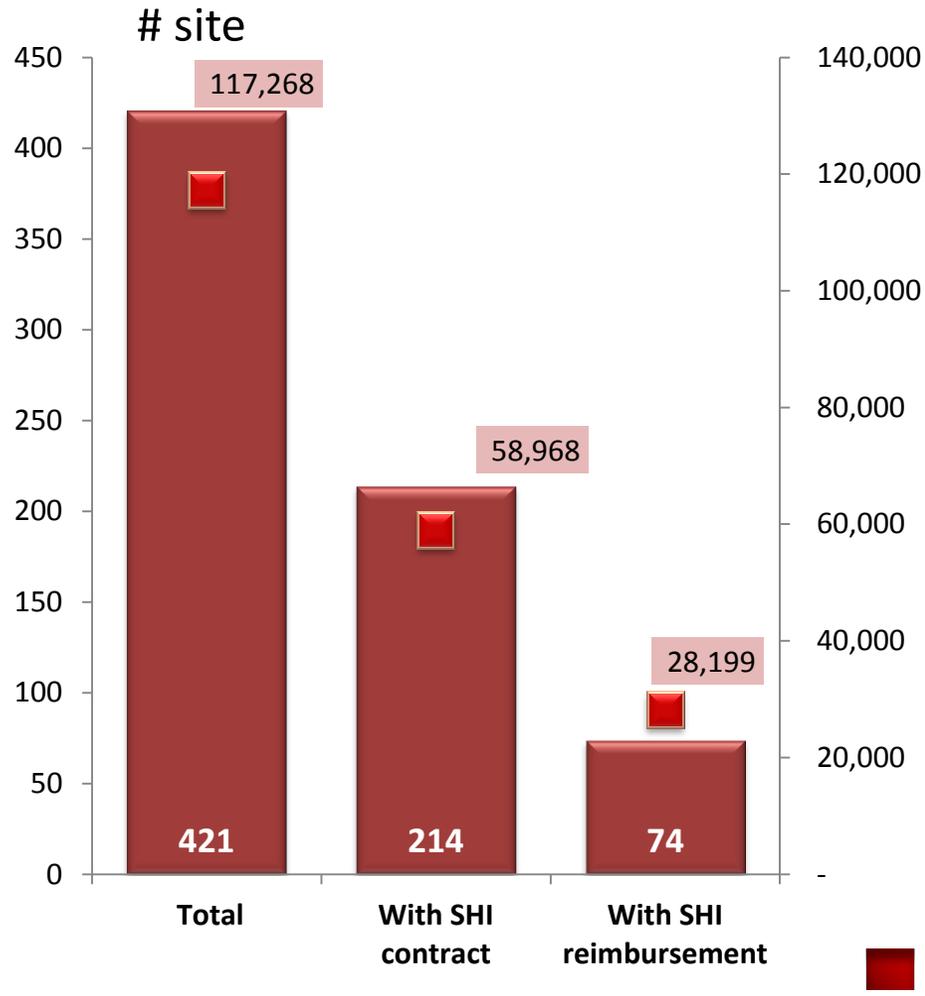
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

# Clear Roadmap for Transition

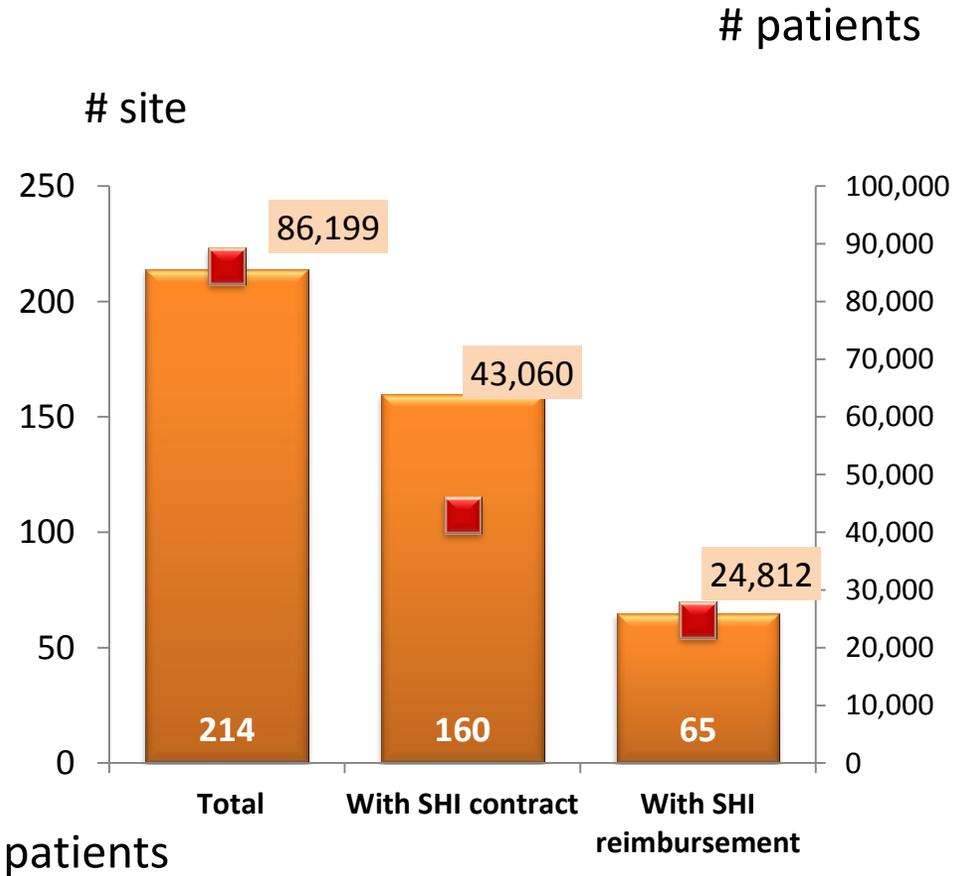


HCMC & 4 Mountainous Provinces transitioned at end of calendar year 2018

# PEPFAR TA Accelerates SHI Transition



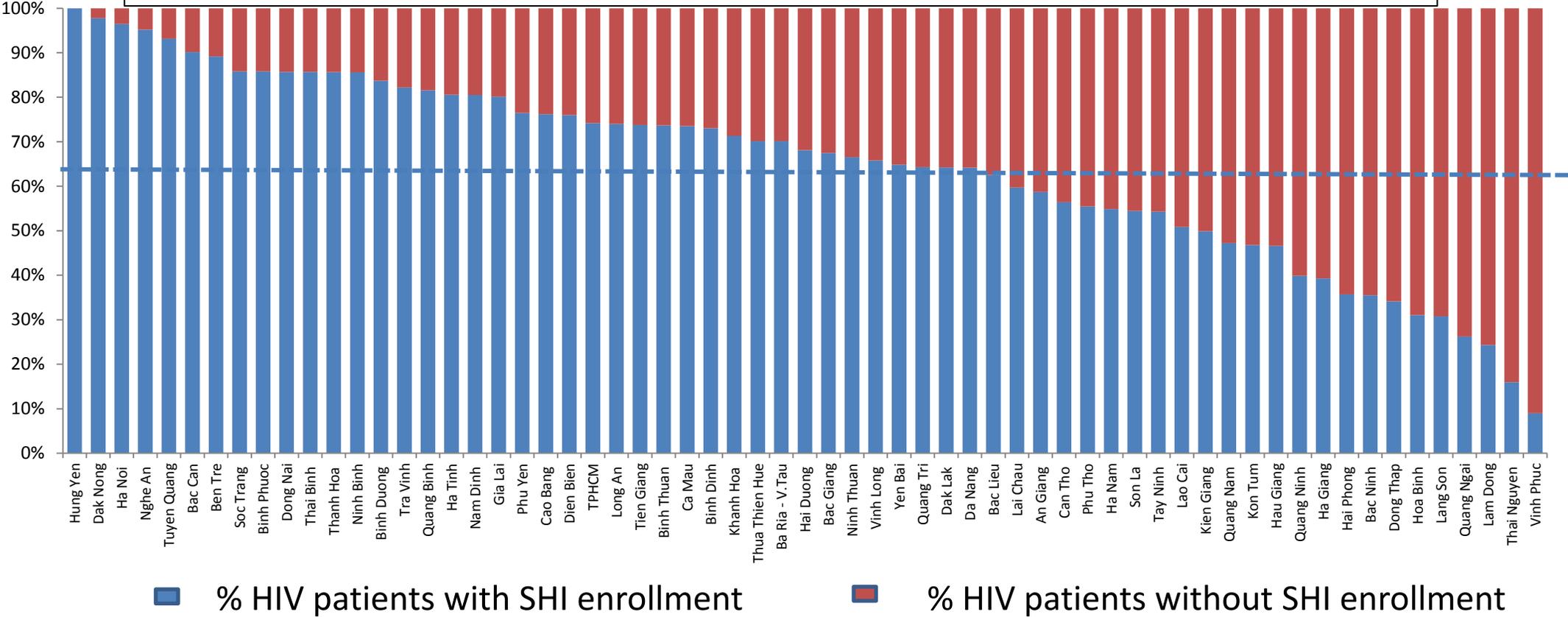
National progress



With PEPFAR TA

# SHI Enrollment Exceeds Target

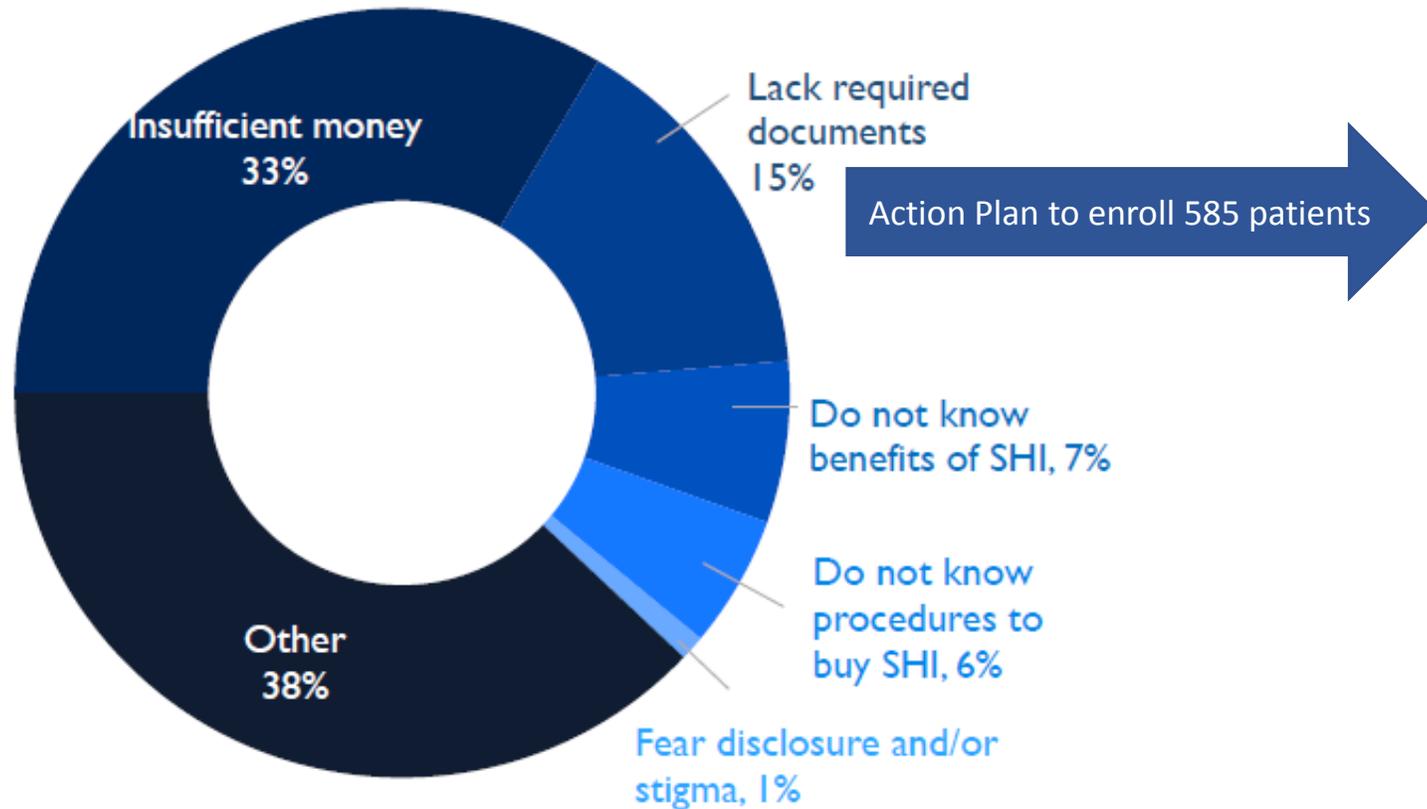
National average SHI enrollment: 64%



Feb 2017 – VAAC source data

# Addressing Barriers to SHI Enrollment

## REASONS FOR NOT HAVING SHI CARD



- 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



## Jan 2018 - DISTRIBUTION

ARV from SHI allocated to OPCs for Distribution



## 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

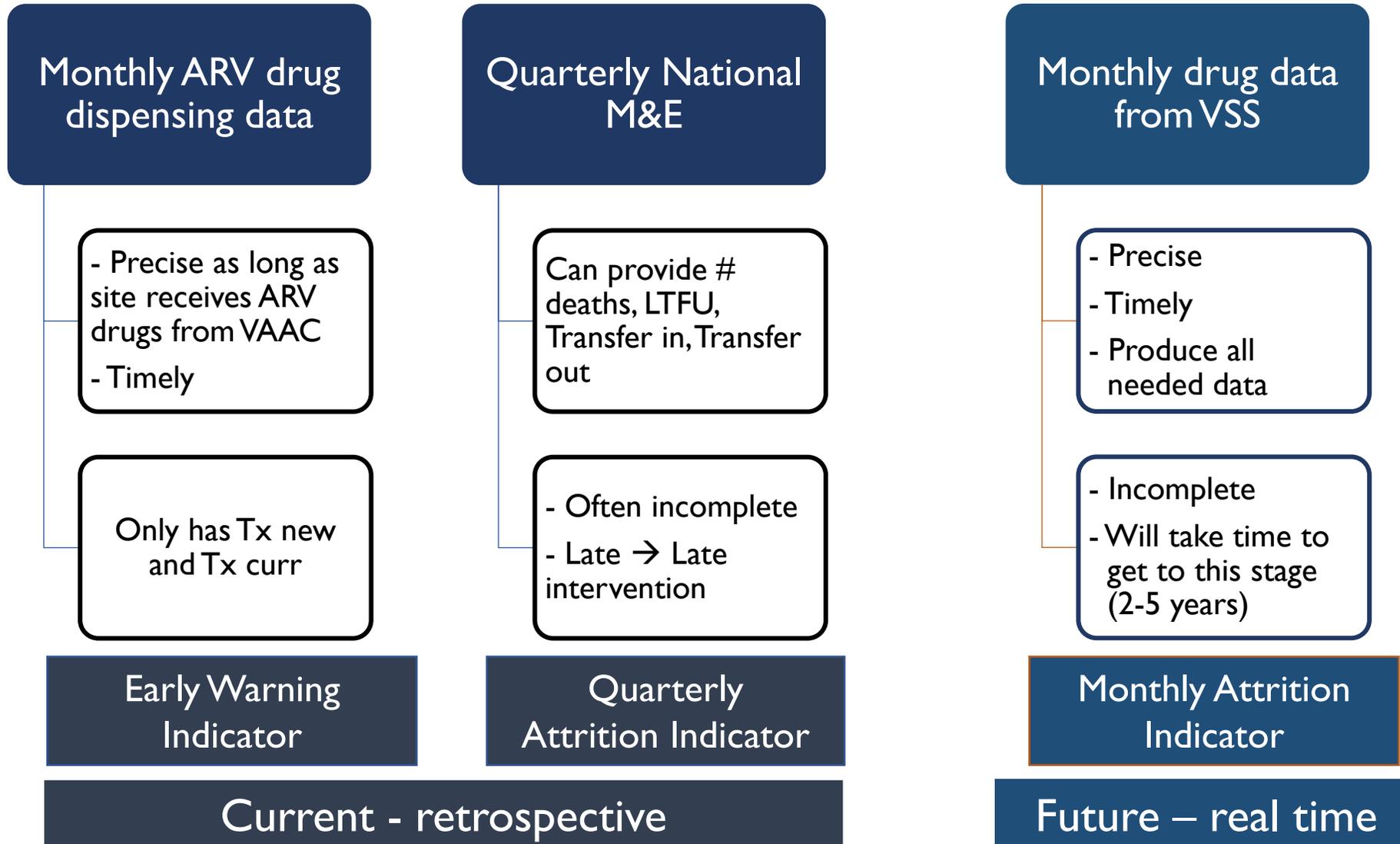


## Jan 2018 - PRESCRIPTION

ARV Treatment is available Through SHI



# Monitoring Patient Retention and Adherence



# Snapshot of Additional Transition Indicators

## Prevention

- % of successful referral HIV+ to OPC
- KP (PWID, SW, MSM) testing coverage
- % of MMT/total PWID
- # of CBO/CSO able to provide outreach services without donor funding

## Health Systems

- Domestic funding for HIV at central and provincial levels
- SHI consolidation and enrollment
- SHI use and reimbursement for ARVs

## Lab

- Number of confirmatory labs at district & commune levels
- Number of labs that perform VL testing (ILB tool/ meet national standards)
- Number of labs participate/pass in EQA, IQC programs

## Strategic Information

- Key population estimation and prevalence
- Service mapping
- Major program indicators collected quarterly

# TRANSITION MONITORING DASHBOARD - BINH DUONG

ATTENTION: Please click the Consolidate button everytime you input or edit data

Transitioned 2016

Version 2.0

LANGUAGE

TIẾNG VIỆT

ENGLISH

 Consolidate

REPORTING PERIODS

All Periods

QUARTERS

2015

2016

Q1

Q2

Q3

Q4

Q1

Q2

Q3

DISTRICT

Bắc Tân Uyên

Bàu Bàng

Bến Cát

Dầu Tiếng

Dĩ An

Không xác định

Ngoài tỉnh

Phú Giáo

FACILITY

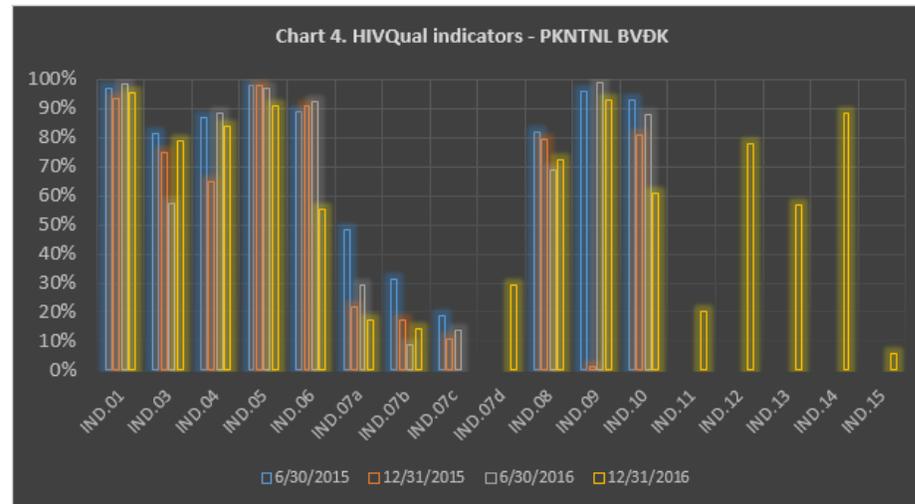
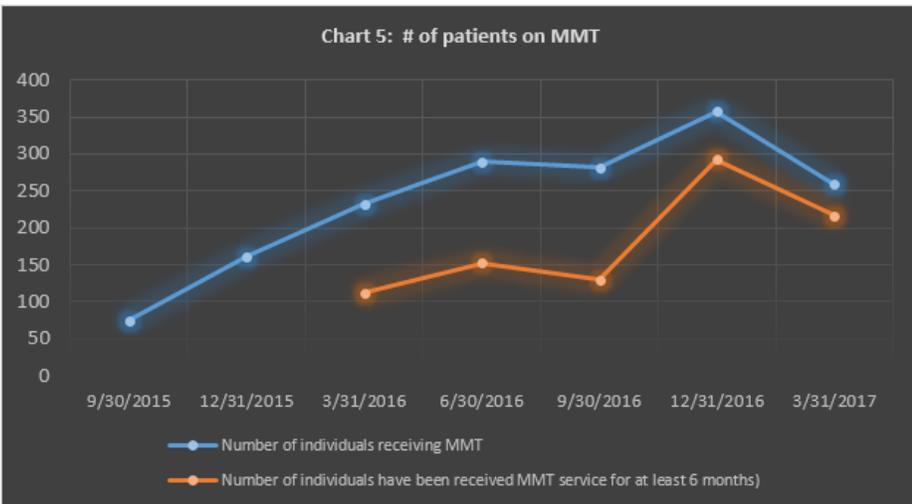
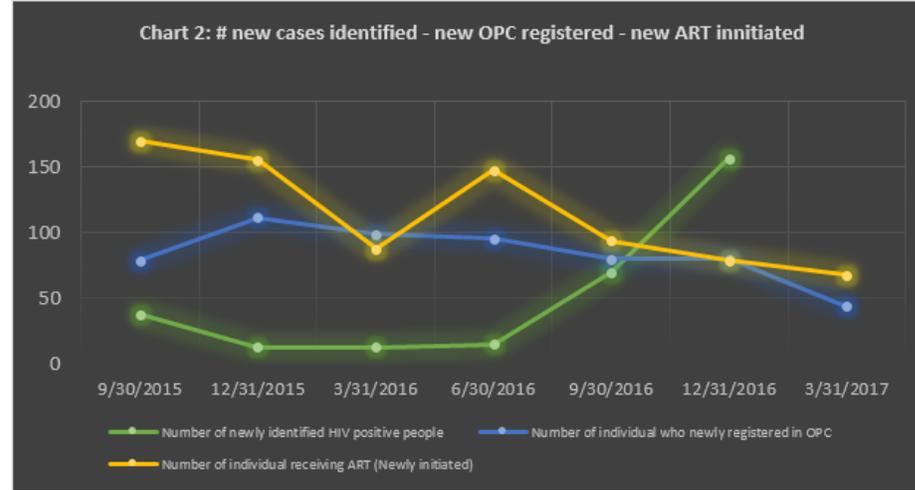
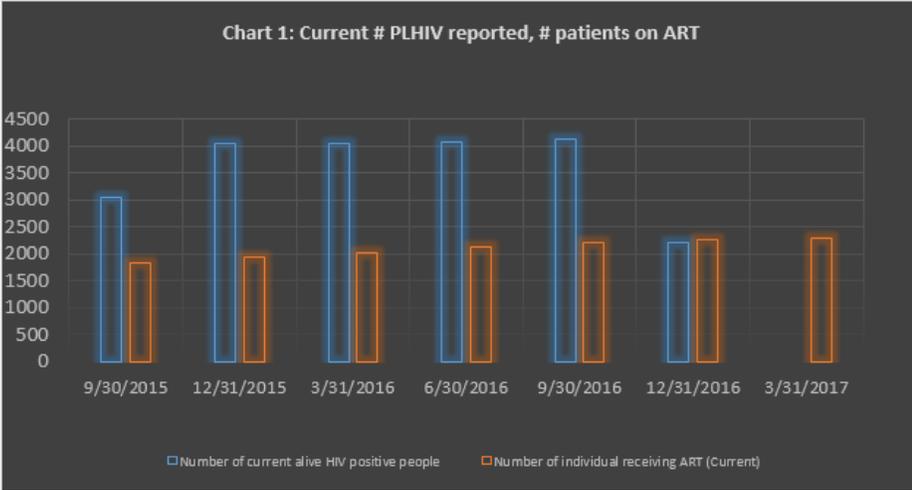
Bệnh viện đa khoa tỉnh

Dĩ An

PKNT AN PHÚ

PKNT BẾN CÁT

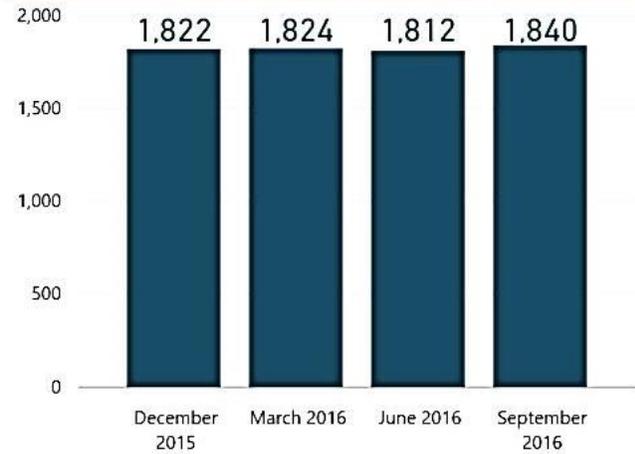
PKNT BẾN CÁT



# ATTRITION DASHBOARD | QUANG NINH FY16

Transitioning 2018

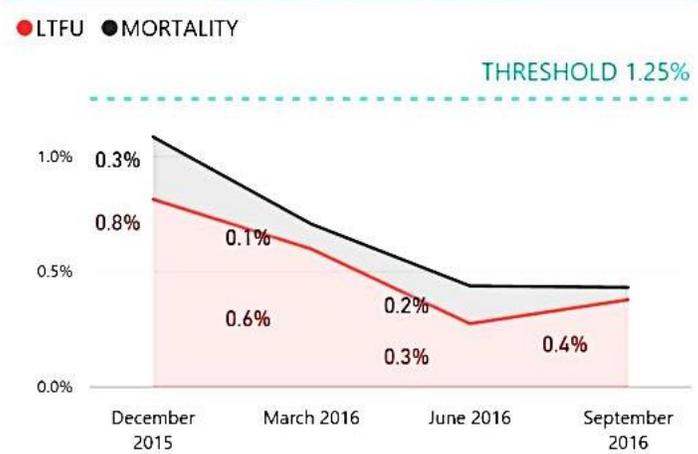
## TOTAL ART PATIENTS



## ANNUAL ATTRITION

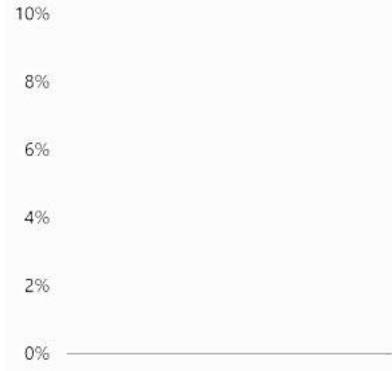


## QUARTERLY ATTRITION



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

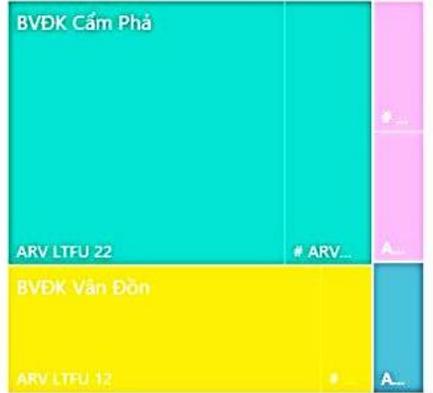
## SITES OVER LTFU THRESHOLD



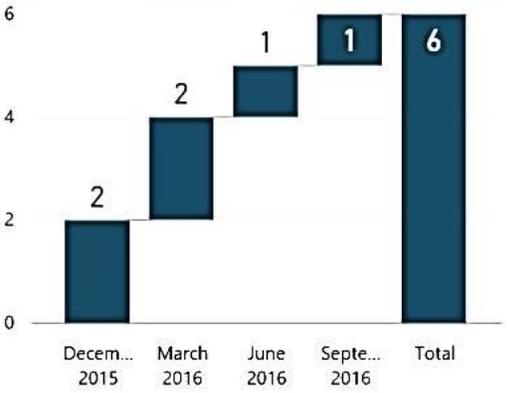
## SITES OVER MORTALITY THRESHOLD



## ATTRITION VOLUME BY SITE



## # RETURNED FOR TREATMENT



- PKNT
- Select All
  - BVĐK Cẩm Phả
  - BVĐK Hoàng Bồ
  - BVĐK Móng Cái
  - BVĐK Vân Đồn

- Fiscal Year
- FY 2012
  - FY 2013
  - FY 2014
  - FY 2015
  - FY 2016

# 1<sup>st</sup> Quarter Post Transition Monitoring – Attrition Indicator

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

# 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
1 Track HIV services reimbursed by SHI to ensure properly implemented.	Check 1 <sup>st</sup> 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)	18-Apr	Quarterly reimbursement reports from OPC and PSS, copy of contract	Need info for Joburg	
2 Address operational capacity of sites to bill and reimburse from SHI	TA to site on software for reimbursement and billing. Check that ICD code for HIV is being applied.	Dr. Phuong, M&E lead for province	Dr. Son	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.	
3 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	26-Apr	Transition monitoring data updated	Prepare for presentation at JoBurg Transition monitoring data submitted	
4 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 VSS to clarify policy interpretation	TDB ( discuss with VAAC-US CDC on their availability.)	Written provincial patient tracking strategy, tools at site level. ACIS software?	Refer to lessons learned from other provinces	
5 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	30-May	TA plan with clear roles for CDC, CDC-VAAC Co-Ag, VAAC, HAIVN, province, etc.		
6 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	5/15/2017 (early June at the latest)	Quarterly provincial report on SHI enrollments		
7 Ensure PEPFAR ARV patients maintain viral suppression	Clarify VL CDC Viral load testing support and roll-out plan in light of PF patients transferring from Provincial hospital to 4 new sites	Asia/Dr. Son	Ctx team, HAIVN	5/15/2017 (early June at latest)	CDC and VAAC guidance on providing VL testing to PF patients after transfer. # of patients who access VL testing in 2017	This strategy would be applied to all provinces where transfer of PEPFAR patients from provincial to district level occur	



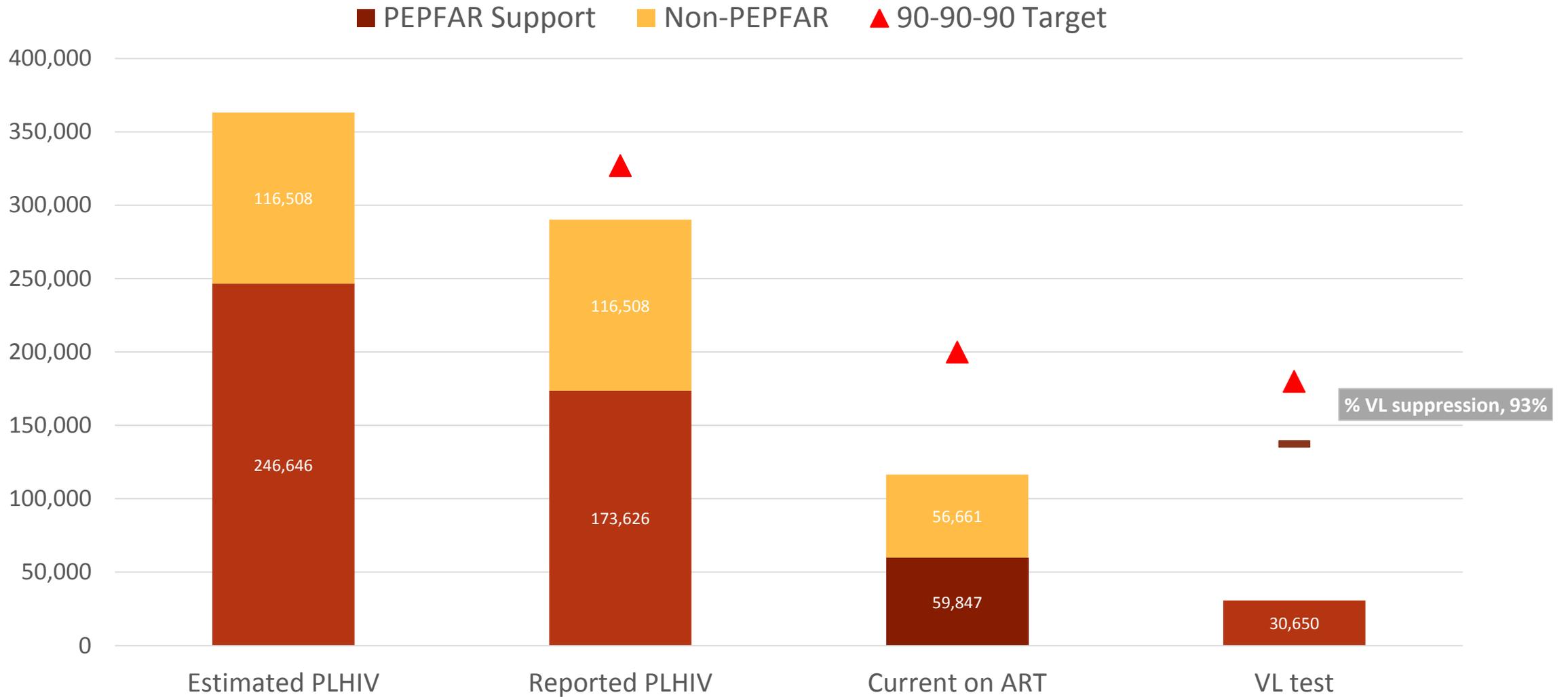
# Epidemic Control

Where we are (COP 16)

Where we are going (COP 17)

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

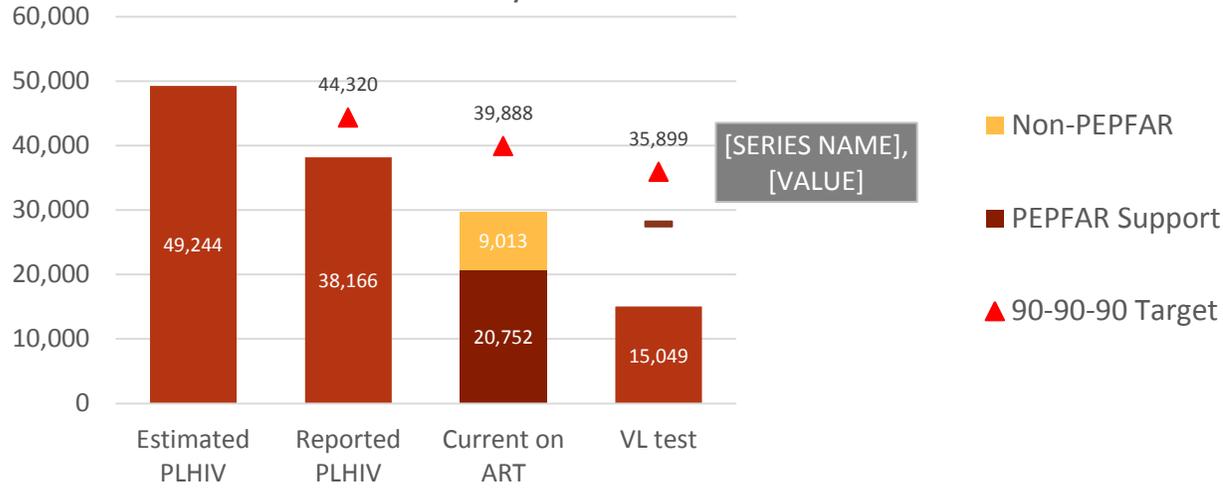
# National Treatment Cascade in Vietnam Dec 2016



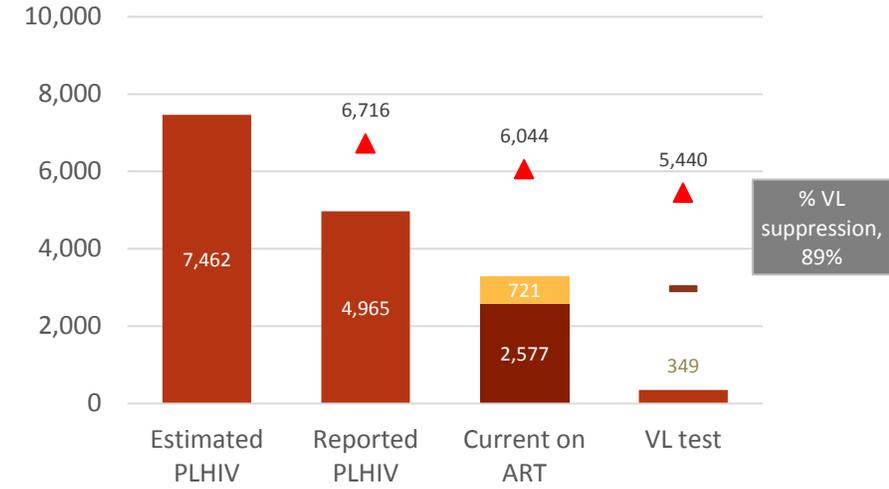
# Treatment Cascades

## PEPFAR-Vietnam Scale-up Provinces – March 2017

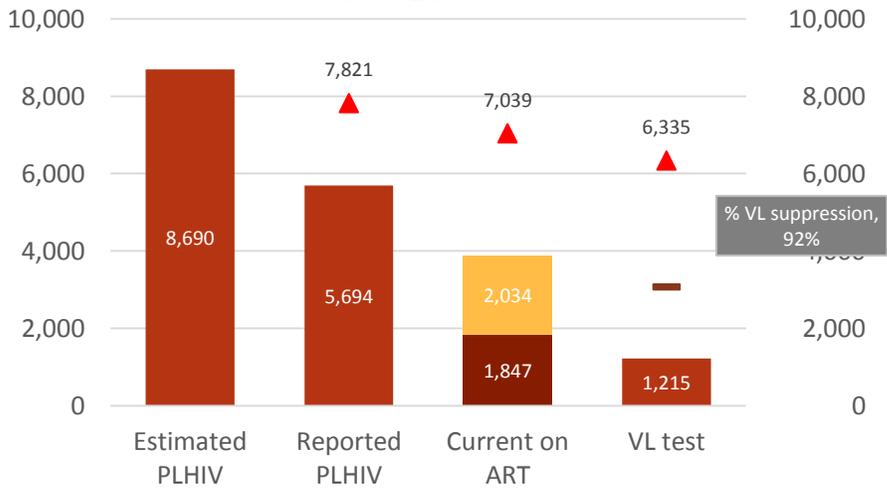
### Ho Chi Minh City



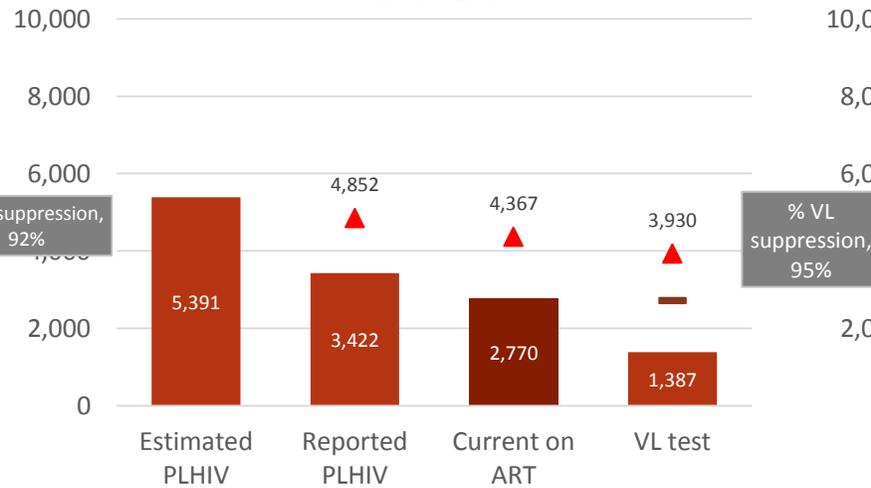
### Thanh Hoa



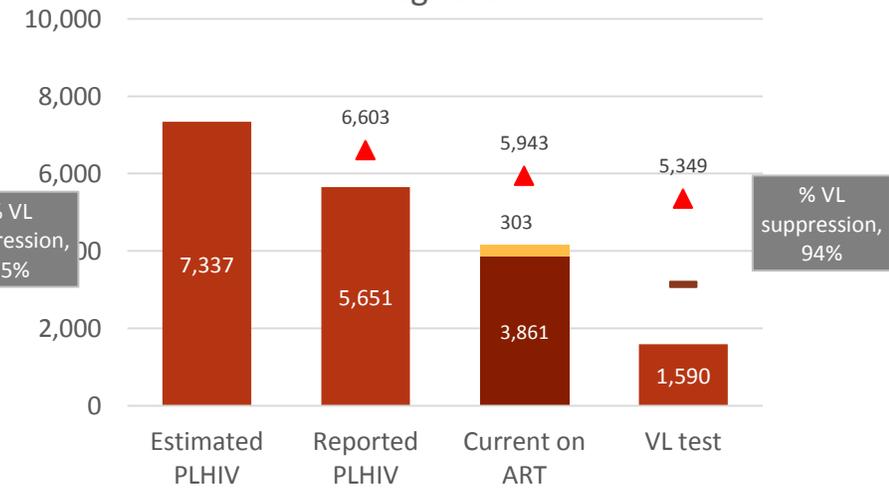
### Son La



### Dien Bien



### Nghe An



# Program and Policy Priorities



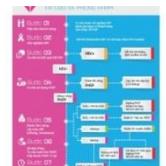
## Test and Start

Current National Treatment guidelines endorse Test & Start for seven specific groups which cover 75% of HIV positive cases in Vietnam; full ARV guidelines revision, July 2017

## Self and Lay Testing



Finalization of national guidelines on HIV community-based testing, incl. self-testing, in FY17



## PrEP/PEP

March 2, 2017 PrEP launched in Ho Chi Minh City; 60 clients currently on PrEP

## Multi-Month Scripting



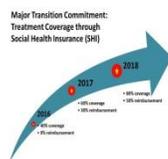
National Operational Protocol for HIV Patient Management and Monitoring - Circular #32; pilots approved in 5 provinces/11 districts starting May 2017



## Same Day ART Initiation

Expecting Test & Start for all by July 2017; PEPFAR continues to support decentralization of confirmatory labs for same-day confirmation

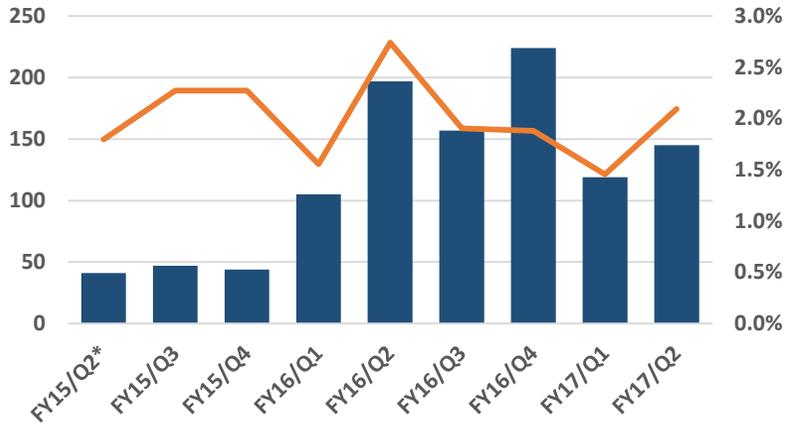
## Social Health Insurance



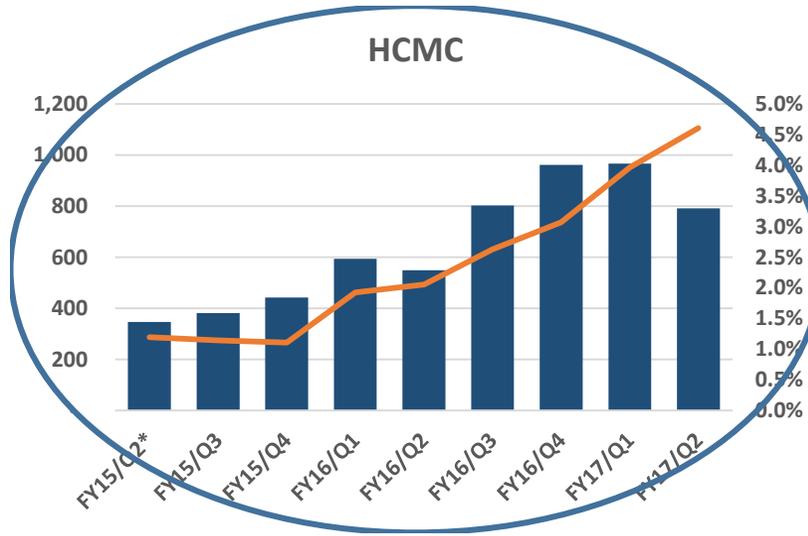
PM Decision: Social Health Insurance used for ARV procurement, provincial budgets for SHI premiums and co-payments for PLHIV (2016); First SHI ARV procurement Jan 2018

# Identifying PLHIV, Quarterly Trends, PEPFAR Provinces

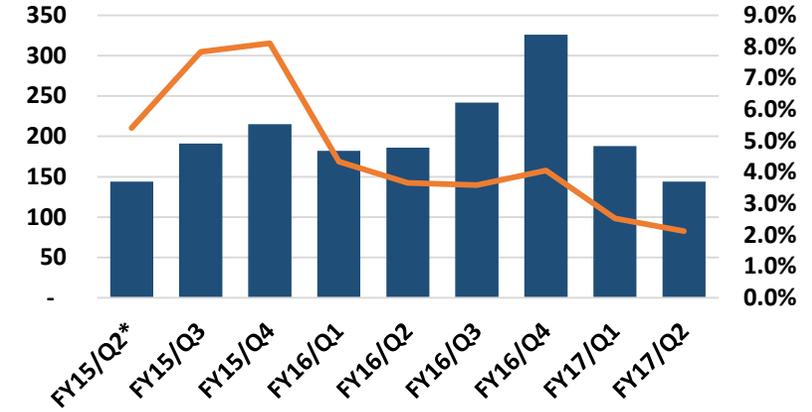
### Dien Bien



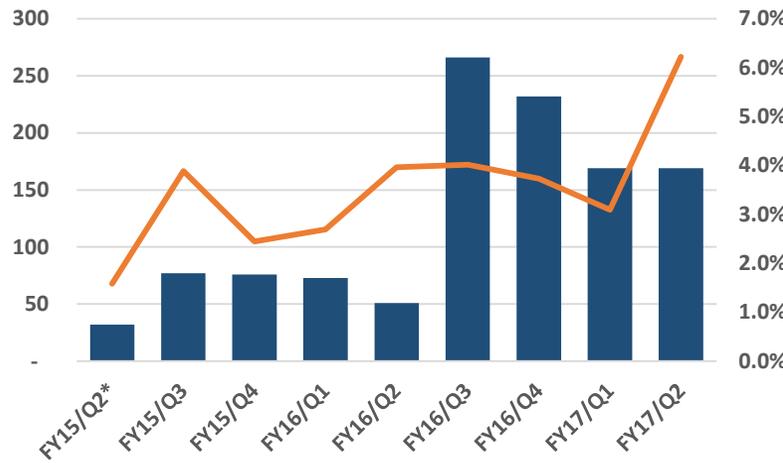
### HCMC



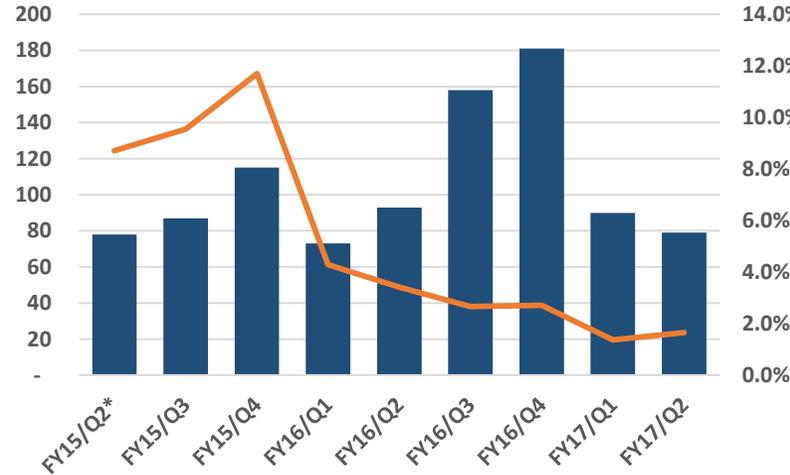
### Nghe An



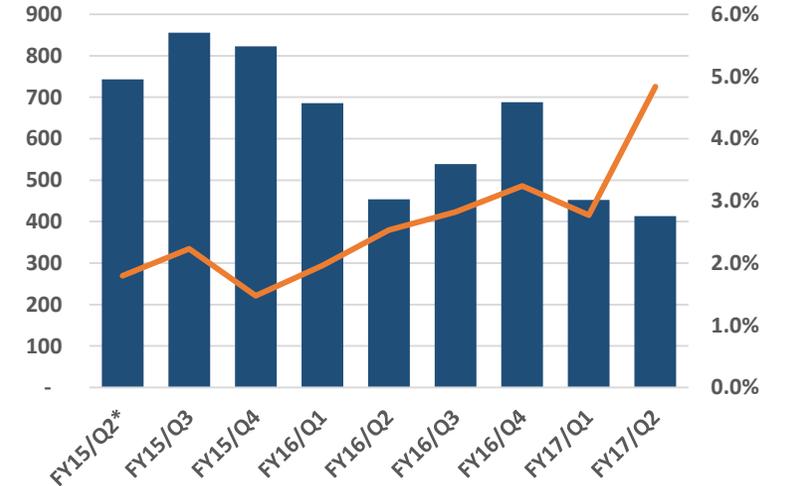
### Son La



### Thanh Hoa



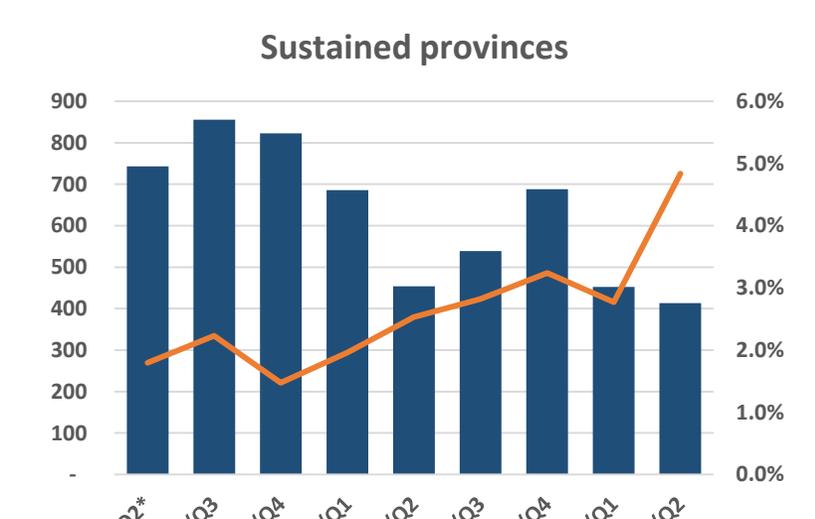
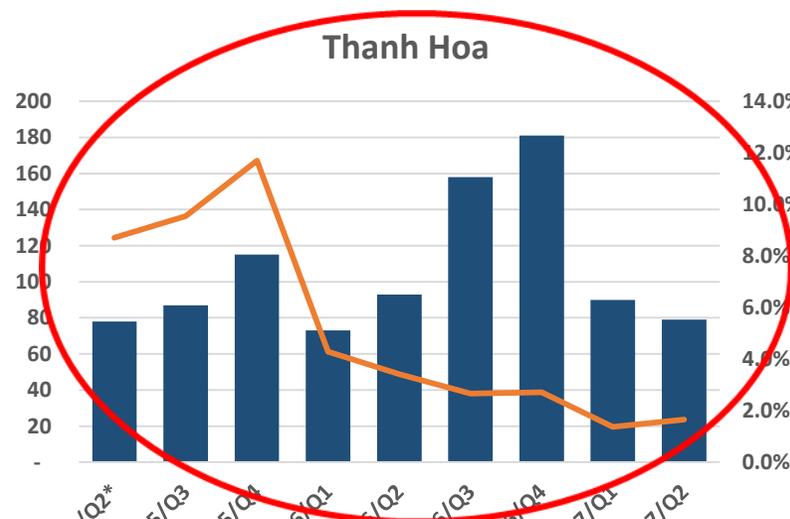
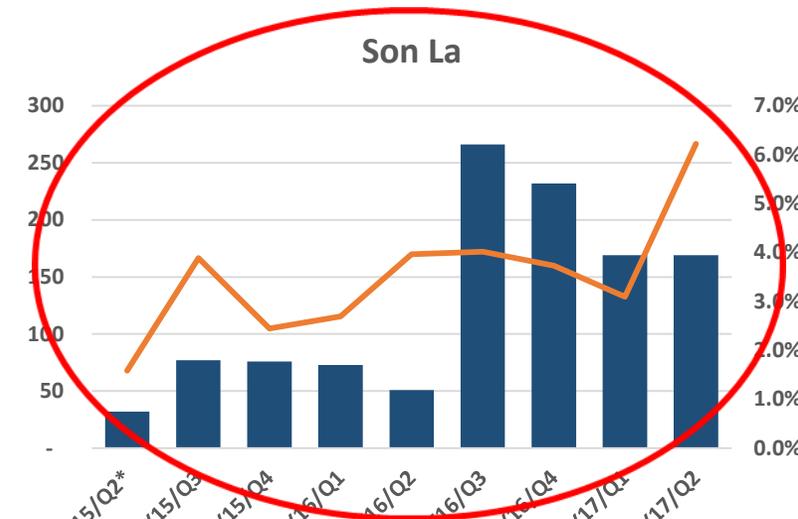
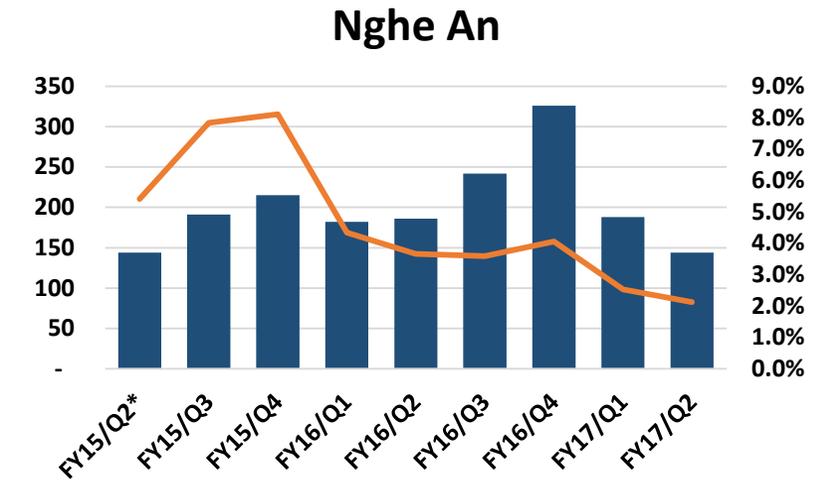
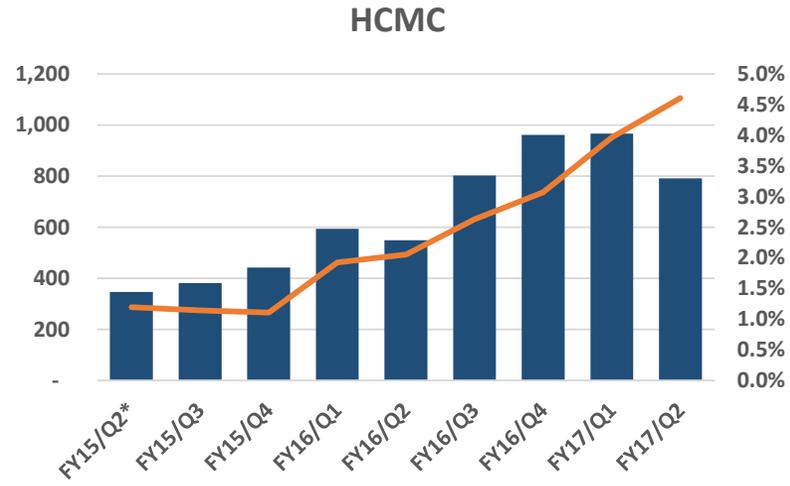
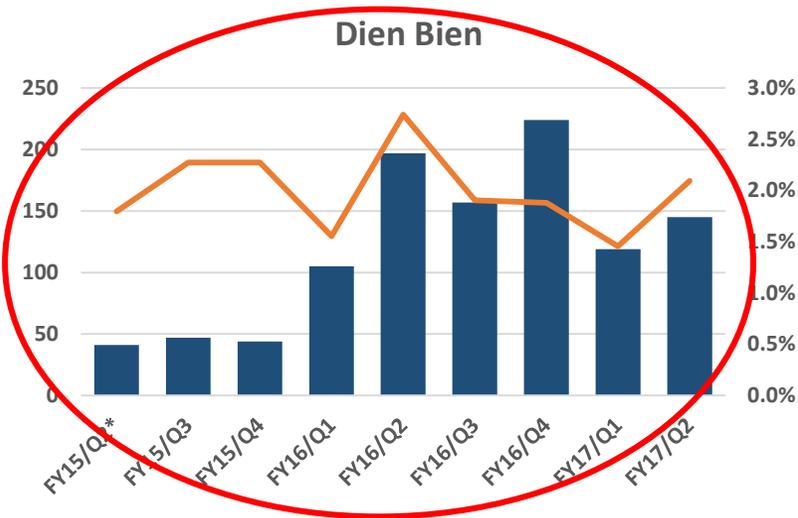
### Sustained provinces



■ Positives (number)

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>

# Identifying PLHIV, Quarterly Trends, PEPFAR Provinces



■ Positives (number)

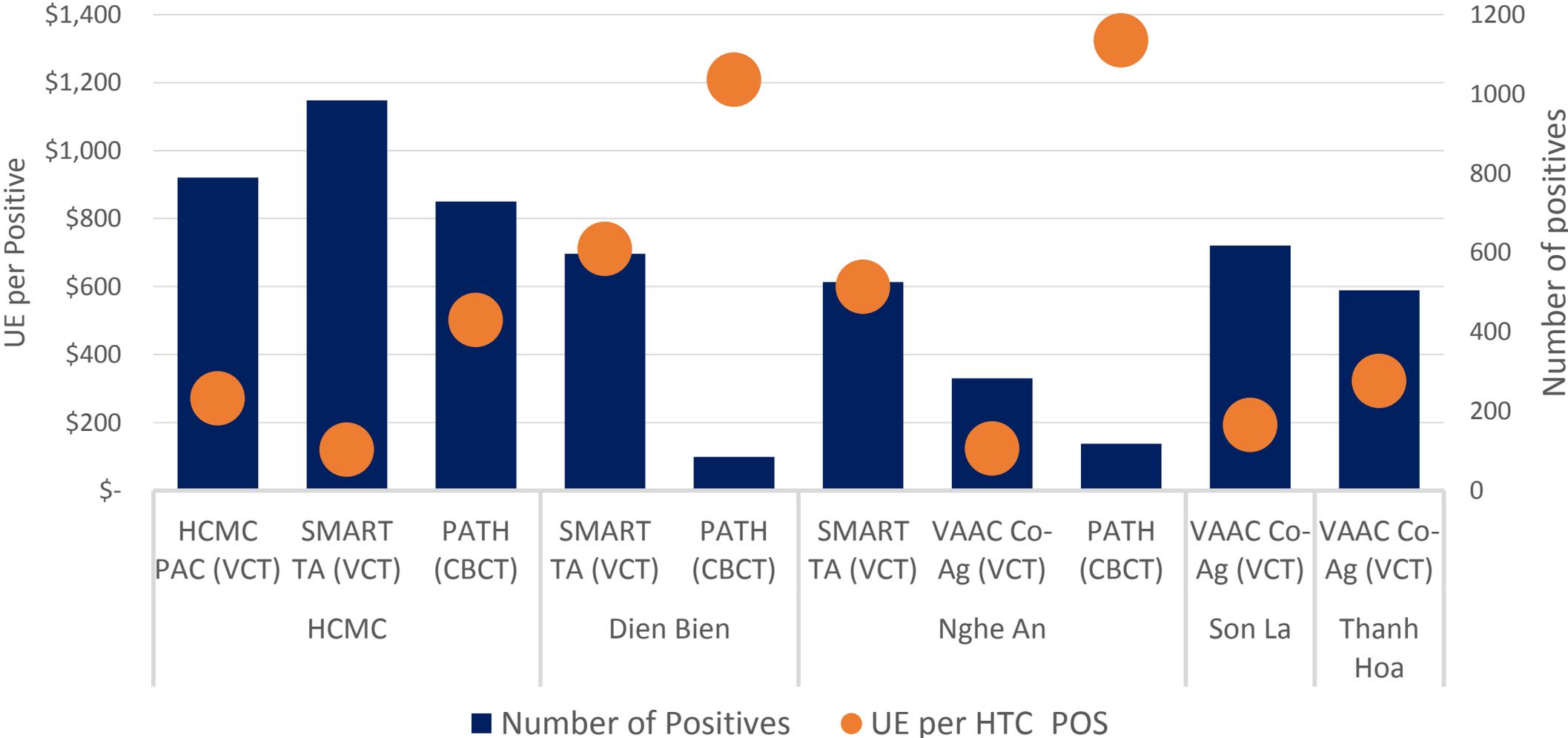
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## Partner VCT/HTS sites-only Achievements (Positives Identified and Positivity Rates by Province)

VIETNAM												
HTC_TST_POS, VCT Sites Only												
	FY16 Q1 Results	FY16 Q2 Results	FY16 Q3 Results	FY16 Q4 Results	Results as % of Target	FY16 Positivity Rate	FY 17 Q1 Results	FY 17 Q2 Results	FY17 Targets	FY17 Q1+Q2 Results as % of Target	FY17 Q1 Positivity Rate	FY17 Q2 Positivity Rate
<b>Scale-Up Provinces</b>												
<i><b>Dien Bien/mountainous</b></i>												
Healthy Markets	15	21	13	36	<b>76.6%</b>	<b>1.9%</b>	34	27	581	<b>10.5%</b>	<b>1.5%</b>	<b>1.1%</b>
SMART TA/SHIFT	90	176	143	188	<b>78.2%</b>	<b>2.0%</b>	81	115	752	<b>26.1%</b>	<b>1.4%</b>	<b>2.6%</b>
<i><b>Ho Chi Minh City/large urban</b></i>												
Healthy Markets	14	75	257	383	<b>265.1%</b>	<b>6.2%</b>	342	290	570	<b>110.9%</b>	<b>6.5%</b>	<b>5.0%</b>
HCMC PAC	219	154	177	239	<b>88.2%</b>	<b>7.2%</b>	209	228	1,280	<b>34.1%</b>	<b>7.1%</b>	<b>6.8%</b>
SMART TA/SHIFT	250	248	299	187	<b>99.0%</b>	<b>8.4%</b>	362	228	510	<b>115.7%</b>	<b>11.7%</b>	<b>12.6%</b>
<i><b>Nghe An/rural &amp; mountainous</b></i>												
Healthy Markets	3	22	33	60	<b>85.5%</b>	<b>2.6%</b>	117	93	354	<b>59.3%</b>	<b>3.3%</b>	<b>3.0%</b>
SMART TA/SHIFT	87	94	186	159	<b>52.2%</b>	<b>3.5%</b>	25	15	455	<b>8.8%</b>	<b>1.0%</b>	<b>0.6%</b>
VAAC CoAg	92	69	23	99	<b>81.3%</b>	<b>9.7%</b>	41	34	371	<b>20.2%</b>	<b>6.2%</b>	<b>4.9%</b>
<i><b>Son La/mountainous</b></i>												
VAAC CoAg	71	51	265	231	<b>40.8%</b>	<b>3.9%</b>	169	169	1,705	<b>19.8%</b>	<b>3.1%</b>	<b>6.2%</b>
<i><b>Thanh Hoa/rural &amp; mountainous</b></i>												
VAAC CoAg	73	93	158	181	<b>43.6%</b>	<b>3.0%</b>	90	79	1,122	<b>15.1%</b>	<b>1.4%</b>	<b>1.7%</b>
<b>Sustained Provinces</b>												
CHP	10	27	21	24	<b>87.5%</b>	<b>0.2%</b>	22	3	66	<b>37.9%</b>	<b>0.2%</b>	<b>0.5%</b>
Healthy Markets	-	-	19	48	<b>23.8%</b>	<b>5.1%</b>	15	24	-	-	<b>2.2%</b>	<b>3.9%</b>
SMART TA/SHIFT	111	78	81	104	<b>76.3%</b>	<b>2.6%</b>	32	23	258	<b>21.3%</b>	<b>3.5%</b>	<b>2.0%</b>
VAAC CoAg	517	343	413	484	<b>100.4%</b>	<b>5.3%</b>	370	362	1,534	<b>47.7%</b>	<b>5.4%</b>	<b>7.3%</b>

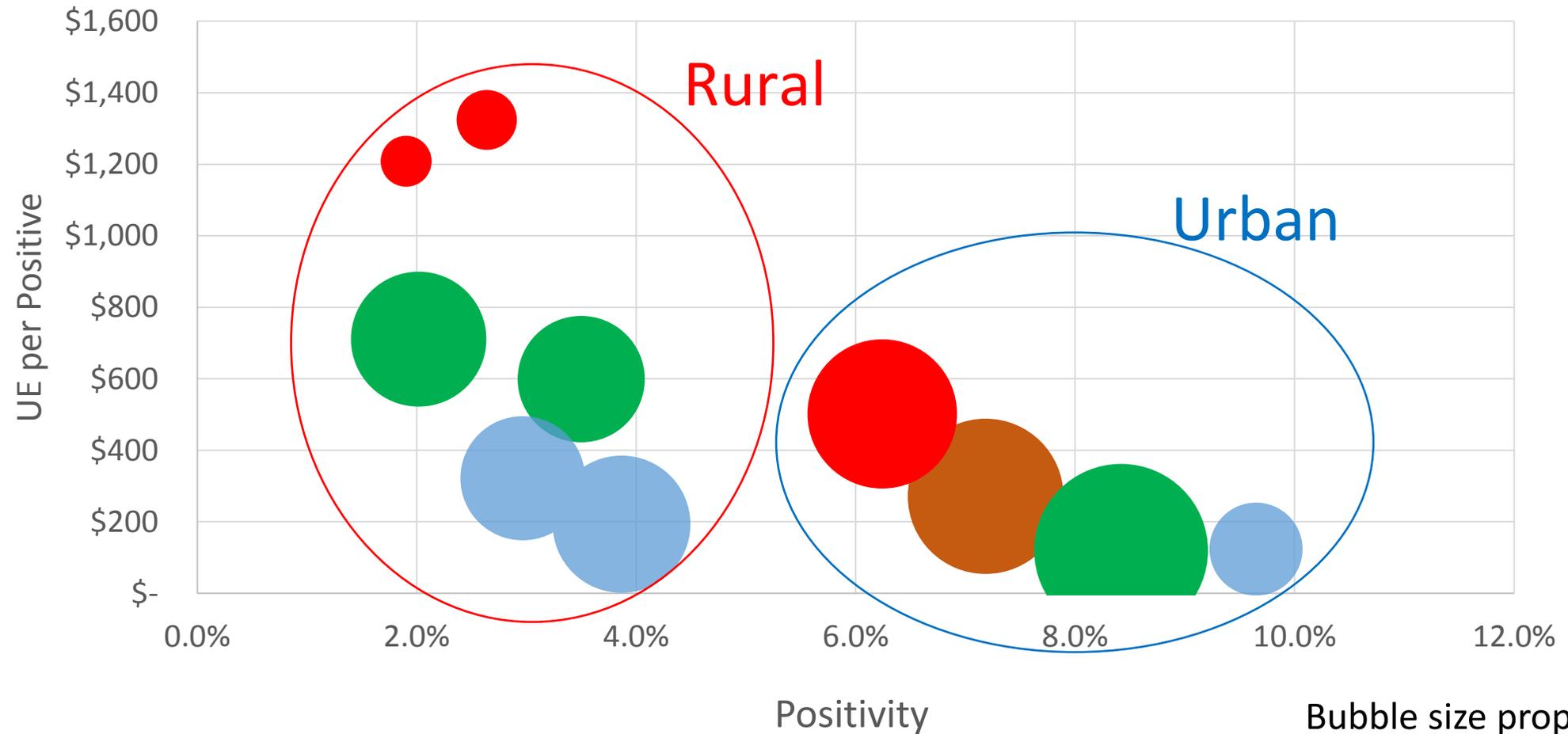
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# Monitoring and Improving Testing Efficiency



# Optimizing Testing:

*The Right Strategy, In the Right Place, For the Right Cost*



VAAC CoAg

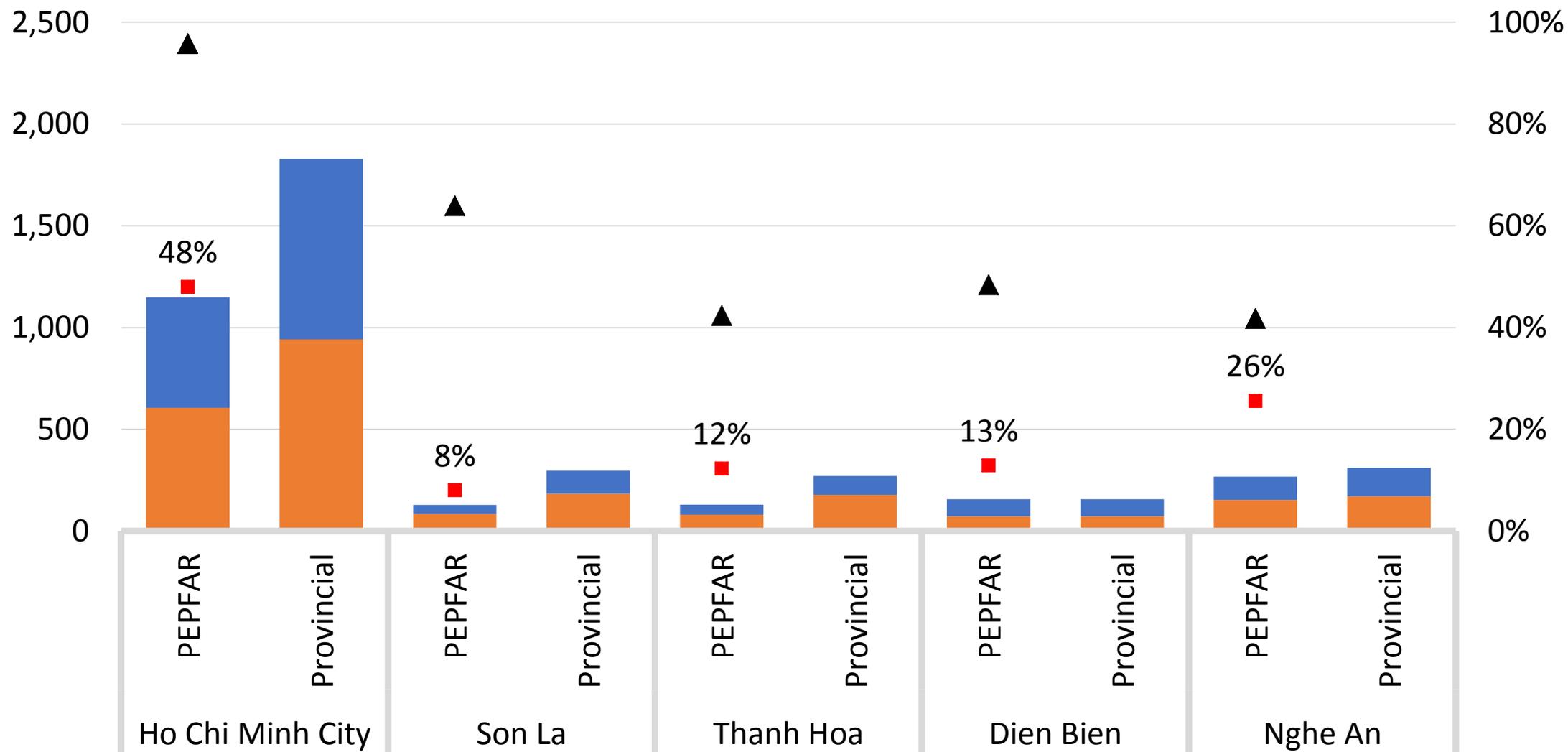
HCMC PAC

Healthy Markets

SMART TA

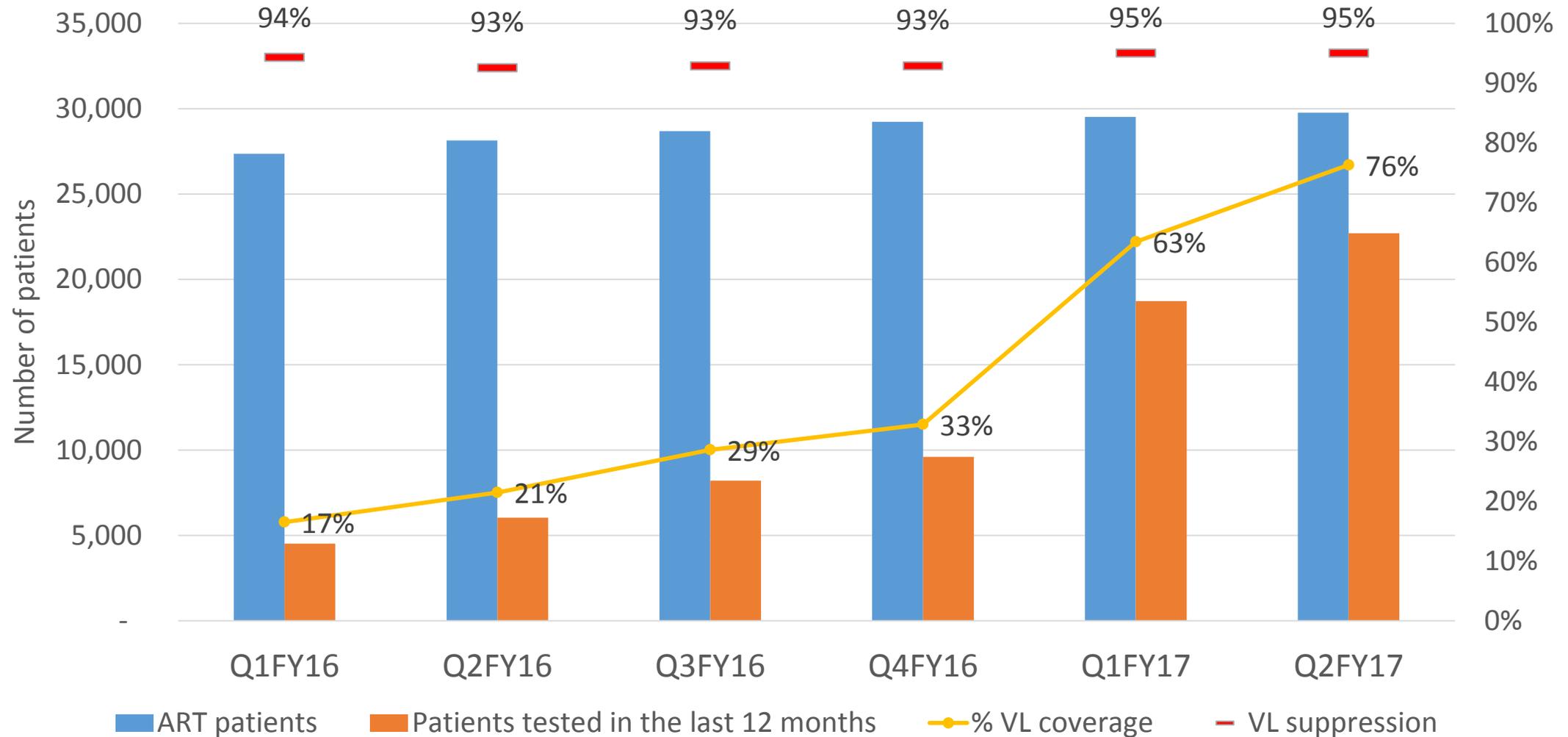
Bubble size proportional to HIV positive identified

# Quarterly Progress in Treatment, Scale-Up Provinces, PEPFAR and Provincial Results



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>

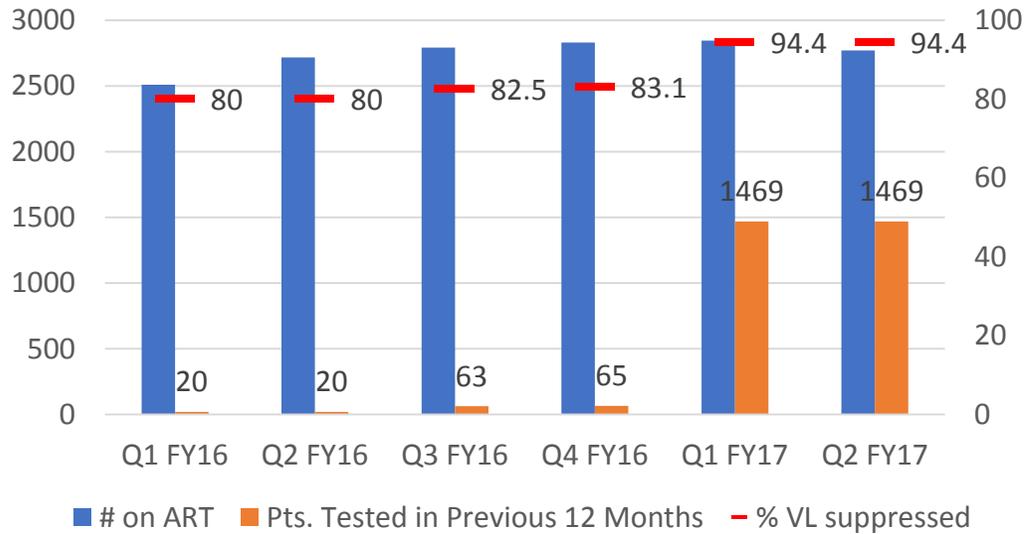
# Rapid Acceleration of Viral Load Access, HCMC Province



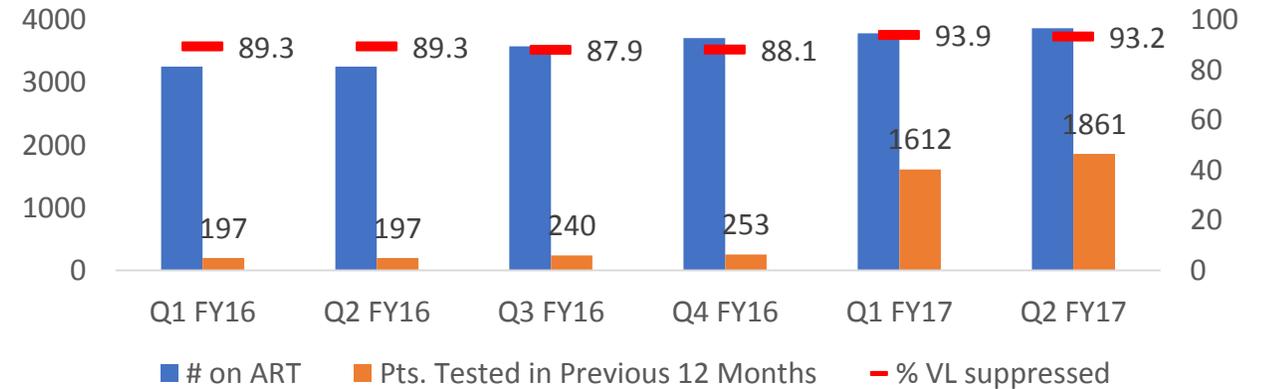
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# Rapid Acceleration of Viral Load Access, Mountainous Provinces

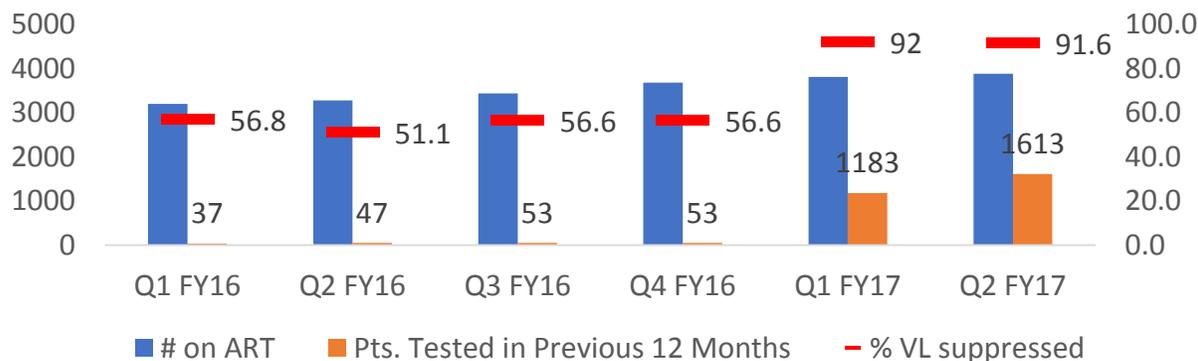
## Dien Bien



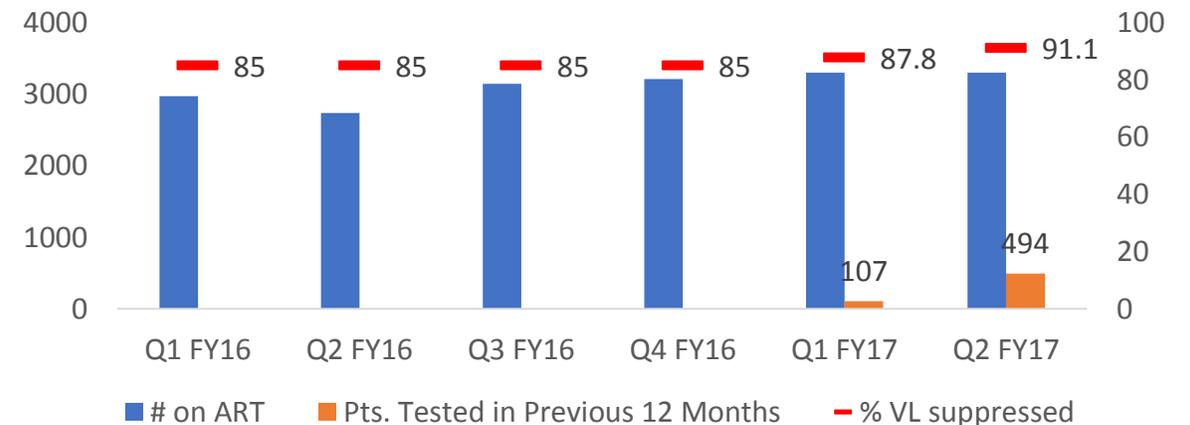
## Nghe An



## Son La

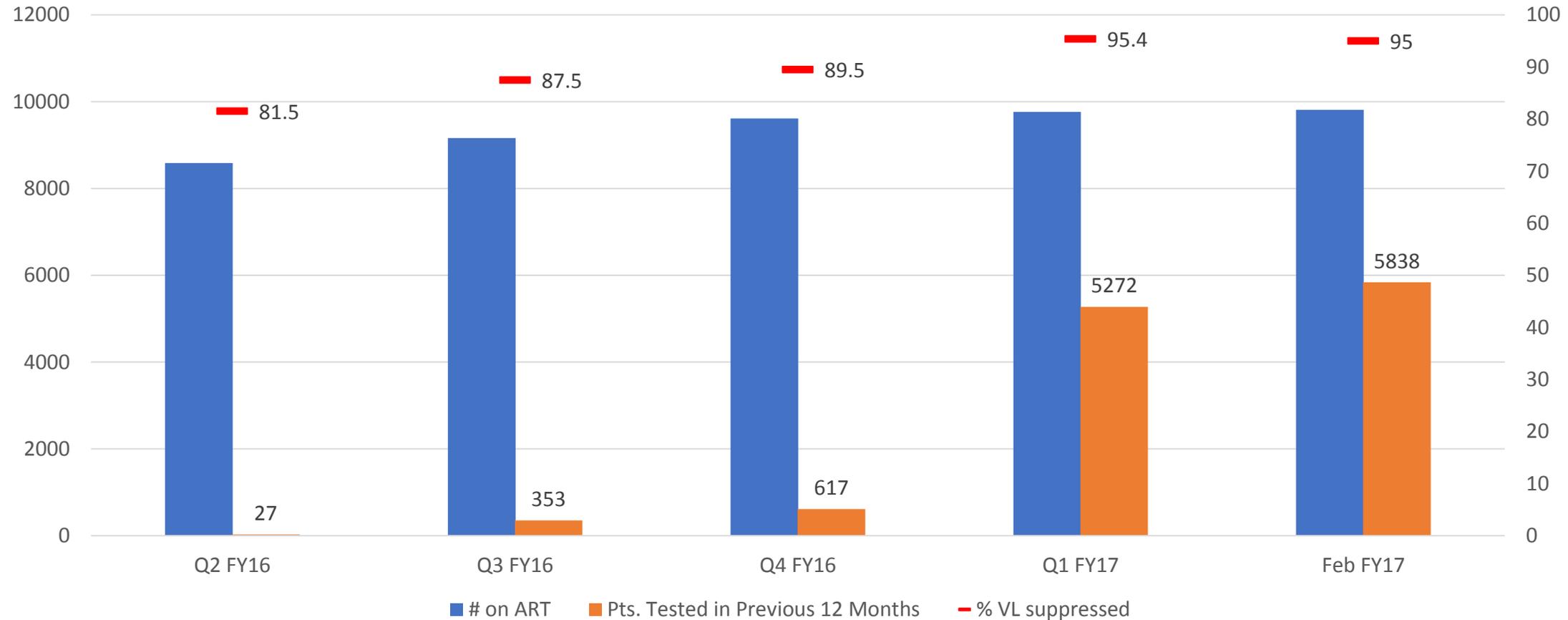


## Than Hoa



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# Rapid Acceleration of Viral Load Access, 7 Transitioned Provinces



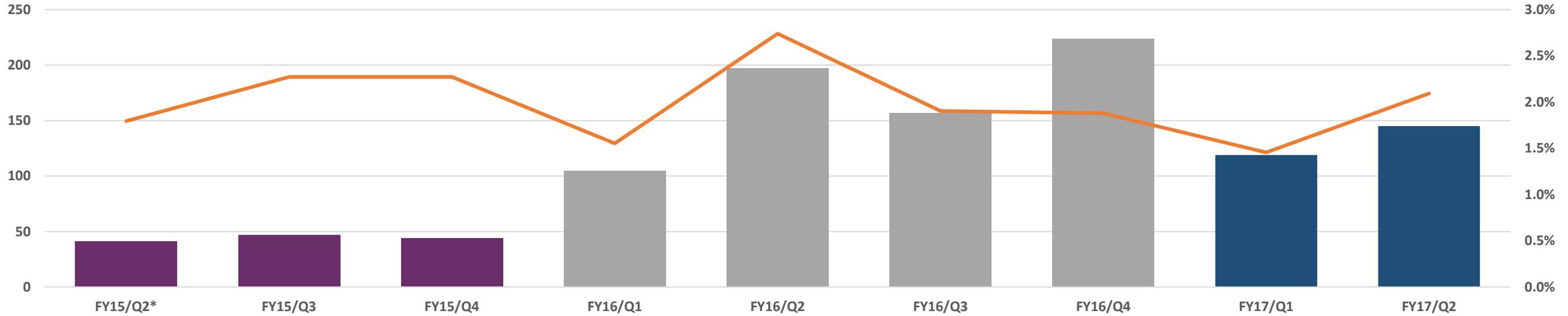
All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR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



# Addressing Challenges

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

# Dien Bien Since COP15 Pivot



**FY2015**

**FY2016**

**FY2017**



Test and Start

**COP15 Pivot – Scale up activities**

52 commune health station dispensing sites

- ▶ Lay testing full scale up
- ▶ Case verification
- ▶ Mobile testing and ART enrollment
- ▶ Same day confirmation testing

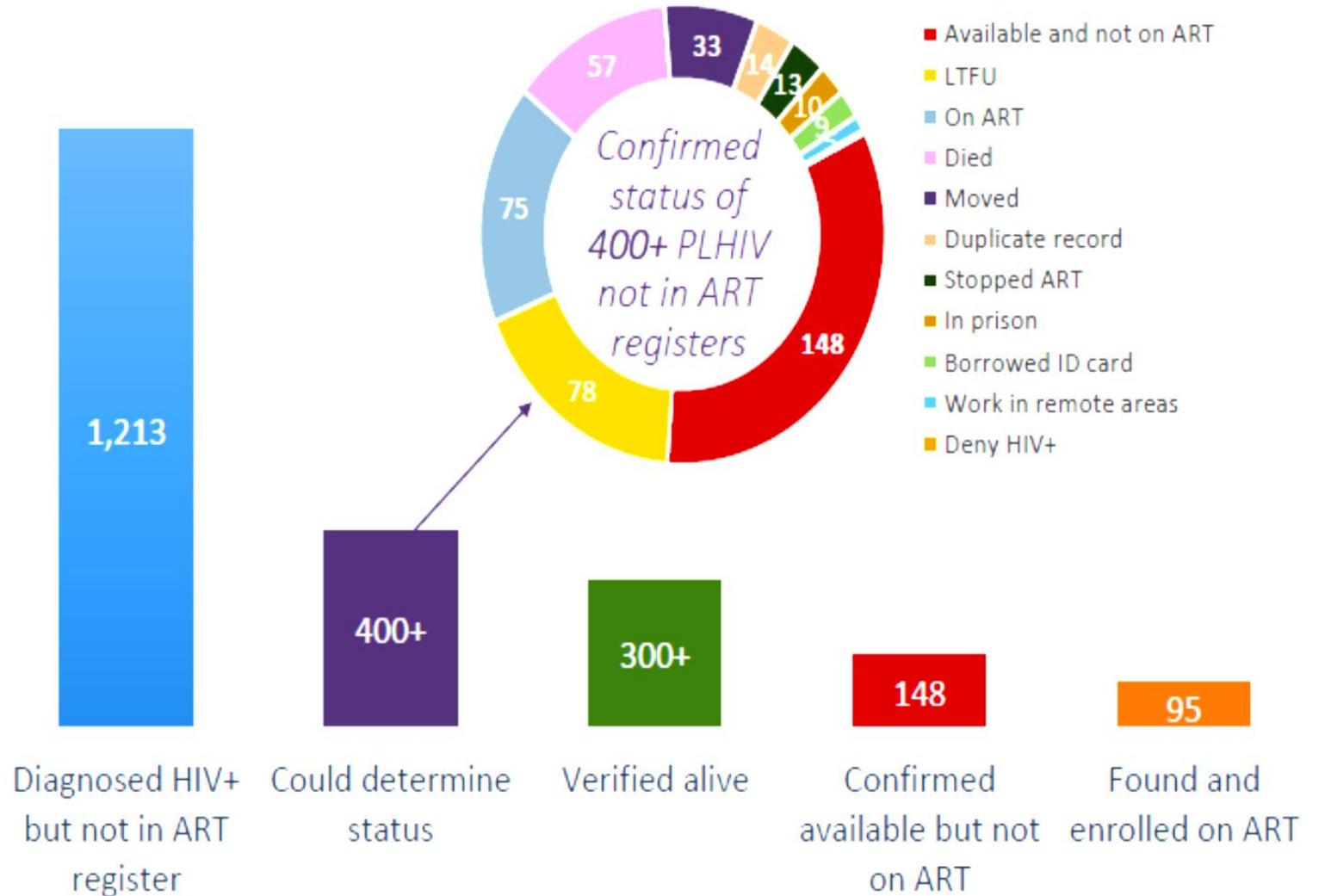
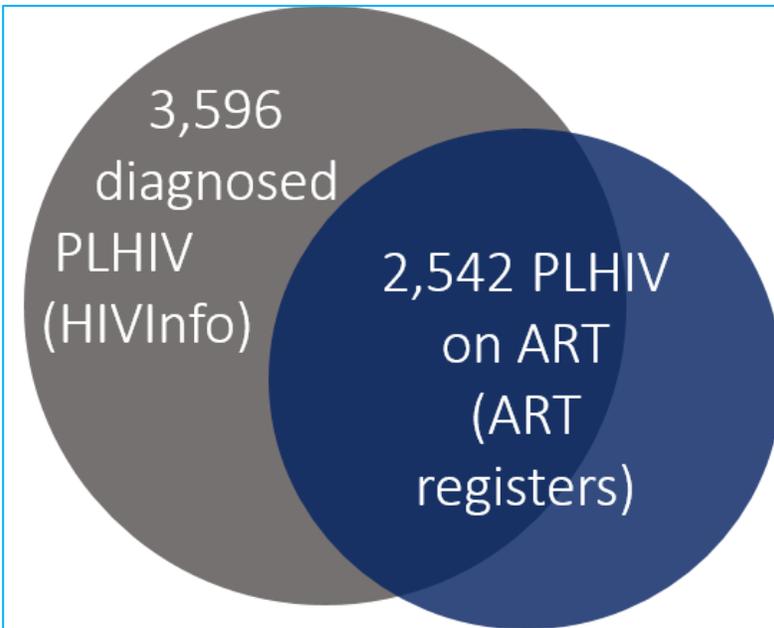
Tet campaign

All PEPFAR FY 2017 Q2 program results and achievements included within 52 commune health station were 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>

# Linkages

A health information system approach to identify, then reach and recover diagnosed PLHIV not on treatment

## Dien Bien “old case” finding



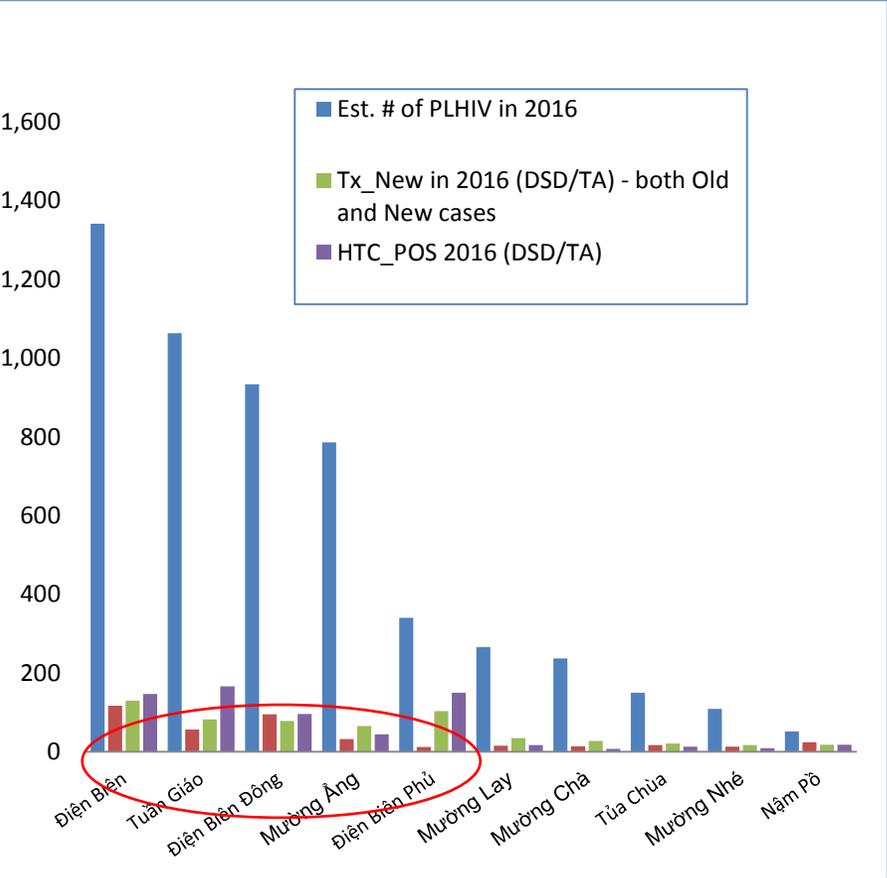
# Managing Partner Performance

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

VIETNAM													
HTC_TST_POS, VCT Sites Only													
	FY16	FY16	FY16	FY16			FY 17	FY 17		FY17		FY17	
	Q1	Q2	Q3	Q4	Results	FY16	Q1	Q2	FY17	Q1+Q2	FY17	Q1	Q2
	Result	Result	Result	Result	as % of	Positivity	Result	Result	Target	Results as %	Positivity	Positivity	Positivity
	s	s	s	s	Target	Rate	s	s	s	of Target	Rate	Rate	Rate
<b>Scale-Up Provinces</b>													
<i>Dien Bien/mountainous</i>													
Healthy Markets	15	21	13	36	<b>76.6%</b>	<b>1.9%</b>	34	27	581	<b>10.5%</b>	<b>1.5%</b>	<b>1.1%</b>	
SMART TA/SHIFT	90	176	143	188	<b>78.2%</b>	<b>2.0%</b>	81	115	752	<b>26.1%</b>	<b>1.4%</b>	<b>2.6%</b>	

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



Epi & Program data in Dien Bien for 2016

Ranking of district using combined/triangulated data from both epi and program in 2016	Districts	Est. # of PLHIV in 2016	HIV newly identified in 2016	Tx_New in 2016 (DSD/TA) - both Old and New cases	HTC_POS 2016 (DSD/TA)
1	Điện Biên	1,341	117	130	147
2	Tuần Giáo	1,063	56	82	166
3	Điện Biên Đông	934	95	78	96
4	Mường Ảng	786	32	65	44
5	Điện Biên Phủ	340	12	103	150
6	Mường Lay	266	15	35	17
7	Mường Chà	237	14	27	7
8	Tủa Chùa	150	17	21	13
9	Mường Nhé	109	13	17	9
10	Nậm Pồ	52	24	18	18

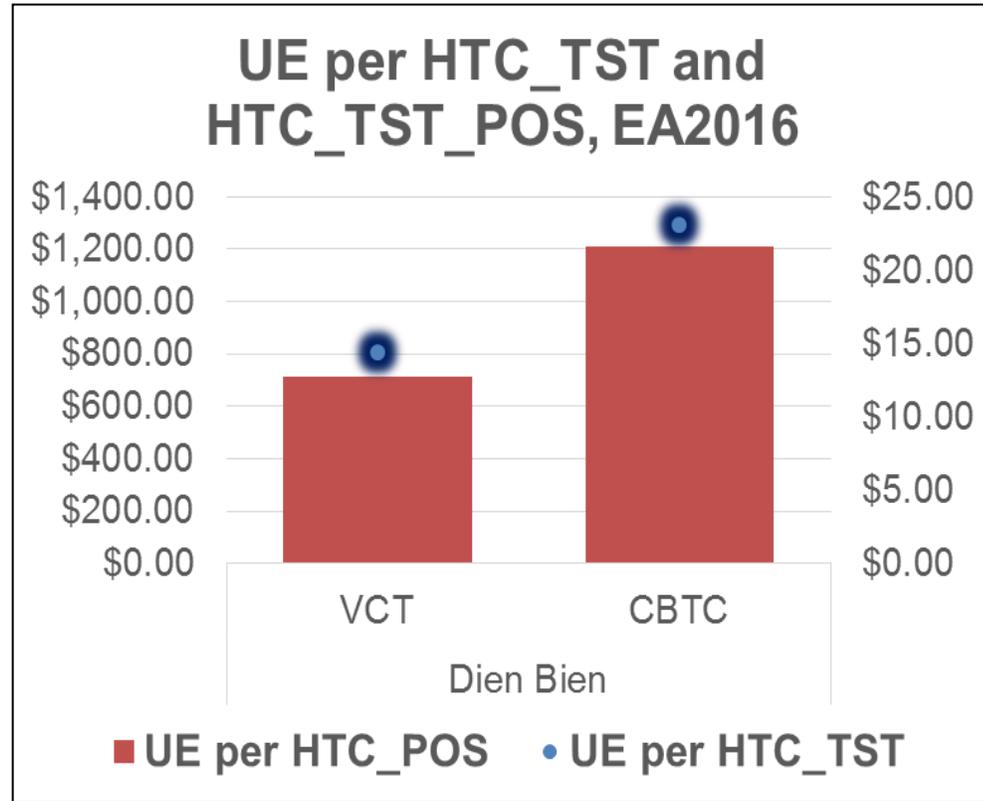
**Action FY17Q3: Refocus targets in 5 highest burden and yielding sites**

85% of estimated PLHIV

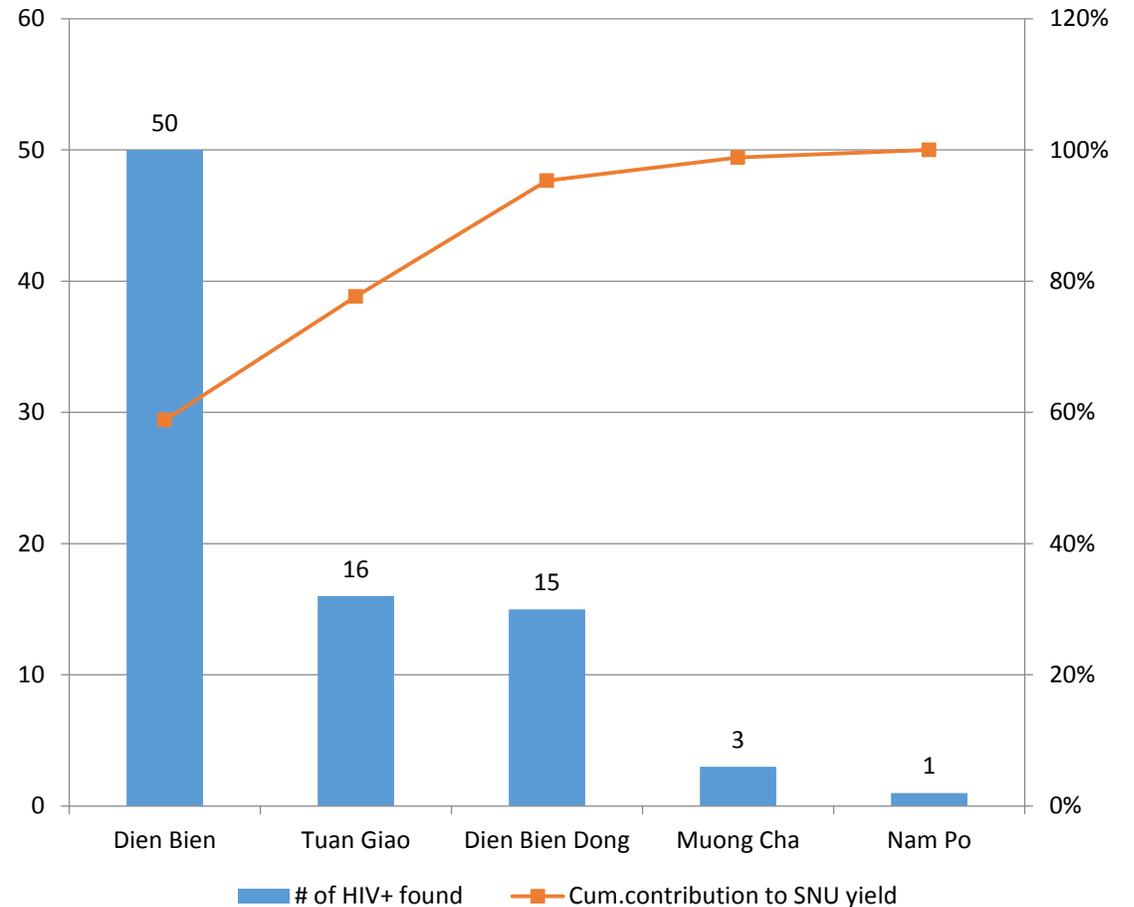
81% of Tx-New

Accounted for 90% of HTS\_POS

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



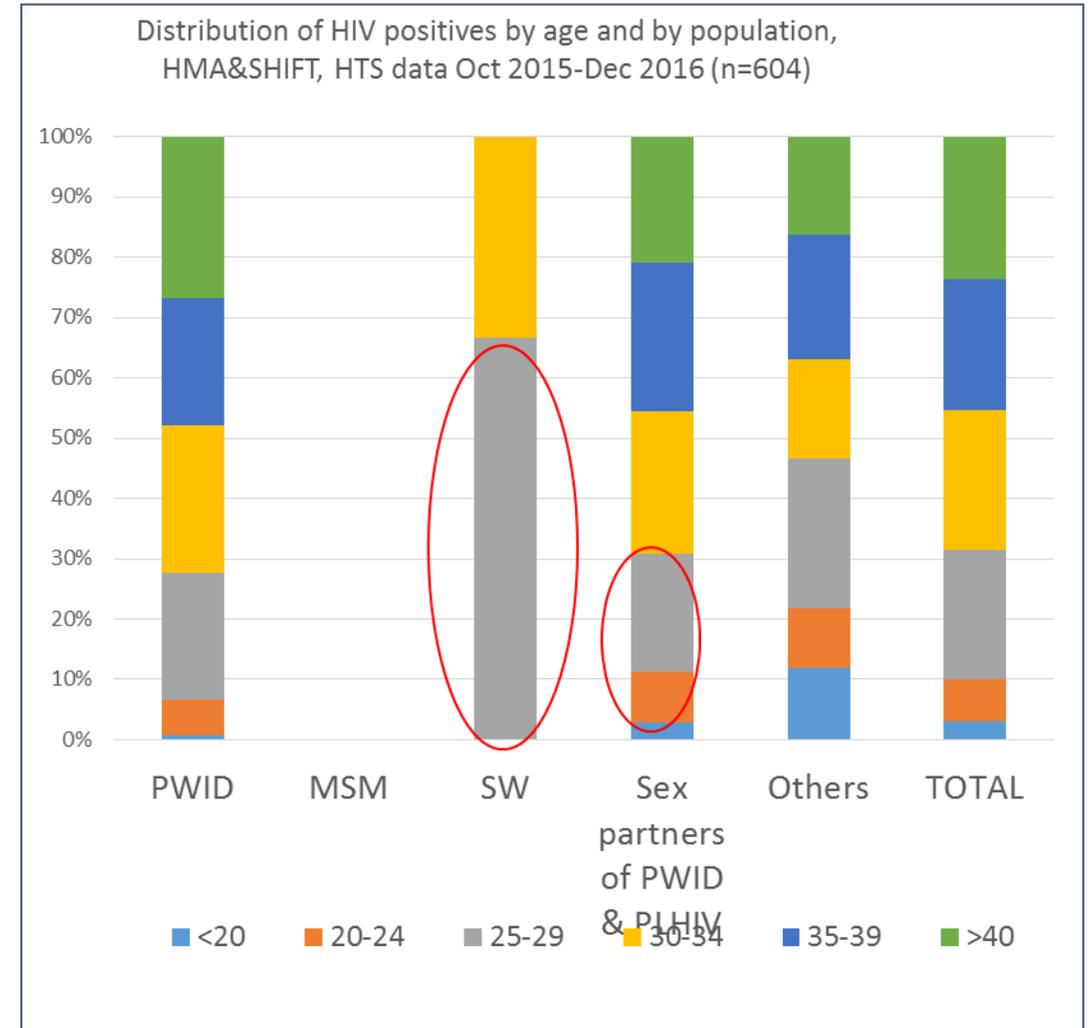
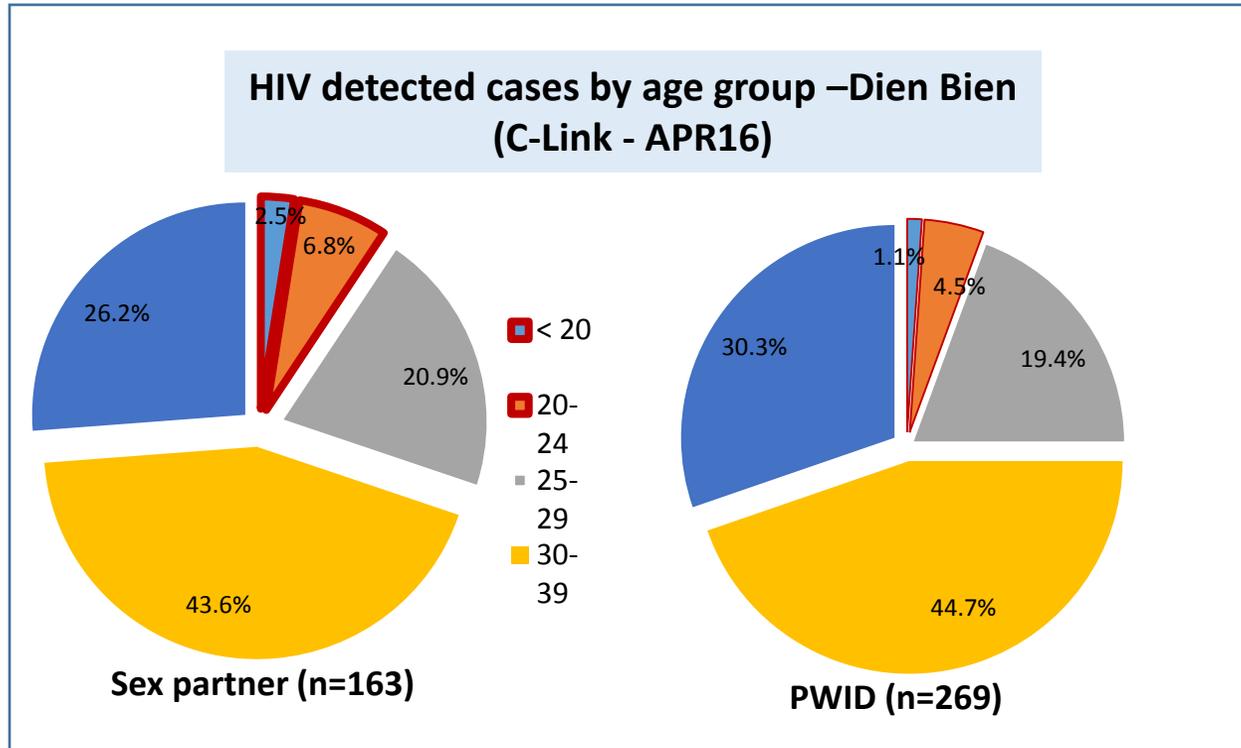
## Community Lay Testing Site Analysis



**Action FY17Q3: Discontinue lay testing in 2 low performing districts**

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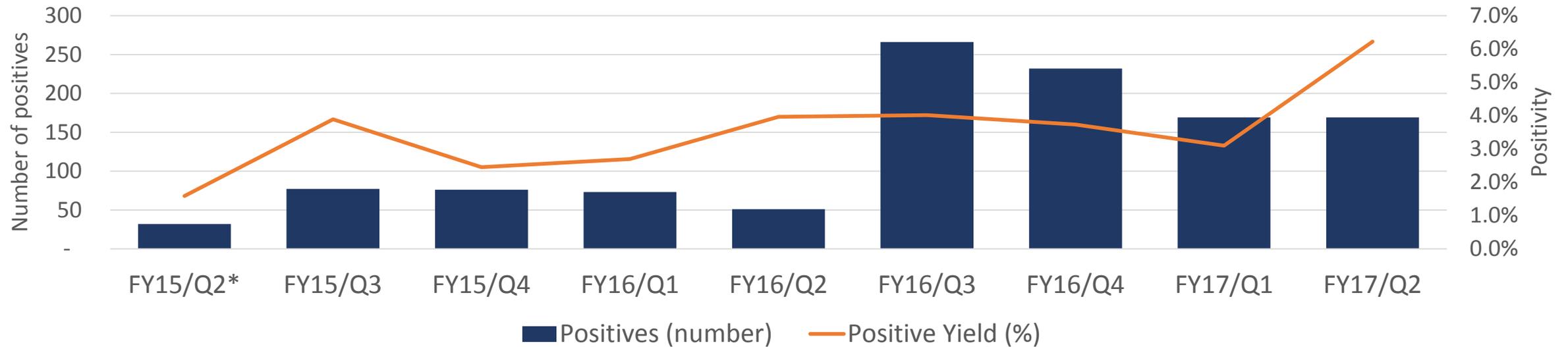
# COP16 – Q1/Q2 Learning and Adapting for Q3/Q4



## Action FY17Q3:

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

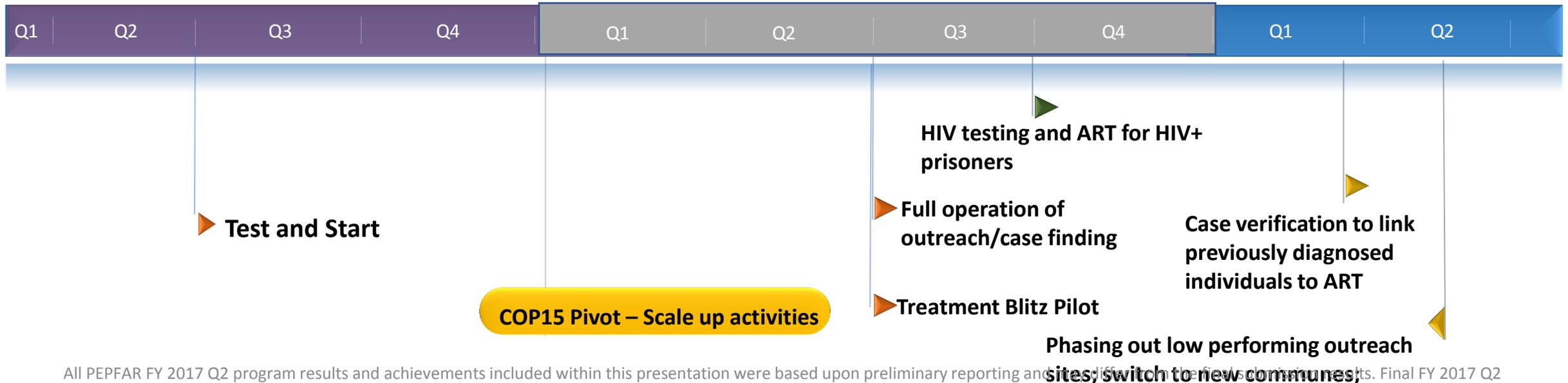
# Son La Province



2015

2016

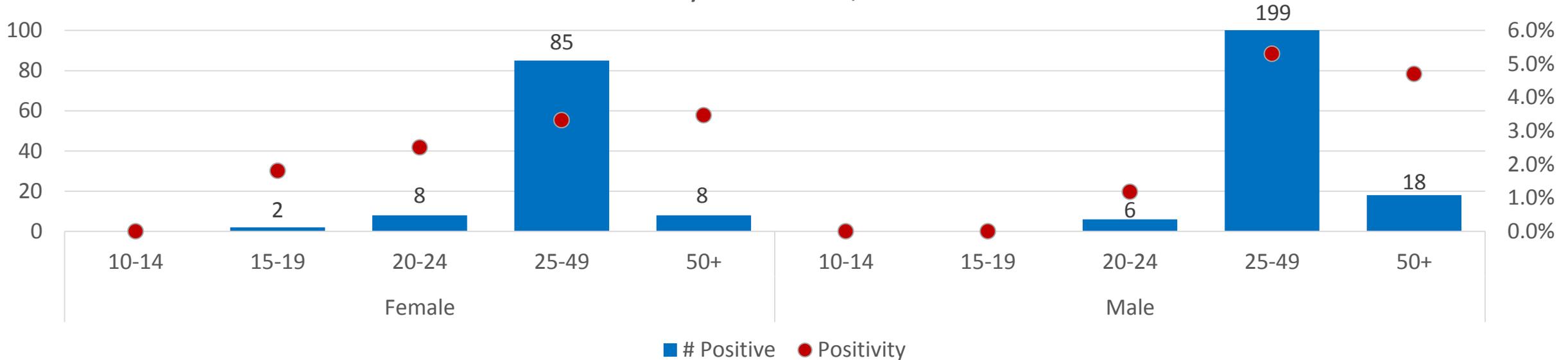
2017



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# High Yield Gender Based Approaches

Son La: Facility Based VCT, Q1 & Q2 FY17



FY17 Q2 ART Coverage

15+ Male	15+ Female	TOTAL
37%	58%	44%

Province	Result	VCT			PED	TB	Grand Total
		Facility	Mobile	Lay-testing			
Son La	Total	3486	4207	478	4	4	8179
	Positive	237	88	3	0	0	328
	Positivity	6.8%	2.1%	0.6%	0.0%	0.0%	4.0%

**ACTION FY 17 Q3:**

- Index-partner testing
- KP networks Testing & CSO
- Provincial Scale up of MMT

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## Overcoming the Key System Barrier to reach, test and treat PWID

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

### ACTION FY 17 Q2/Q3:

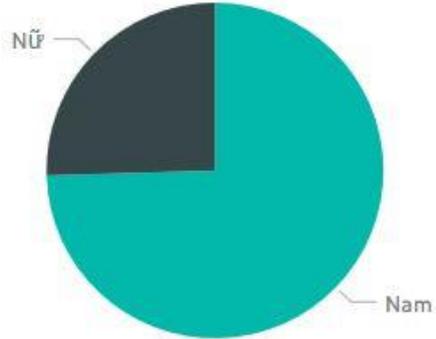
Accelerating MMT uptake = increasing uptake of HIV testing

- PC allocated budget for 13 district, 51 commune new MMT sites
- PC Decision: Incentivizing referrals to MMT

(Dec 2016 VAAC and MOLISA data source)

# 938 PLHIV in need of ARV treatment: Son La

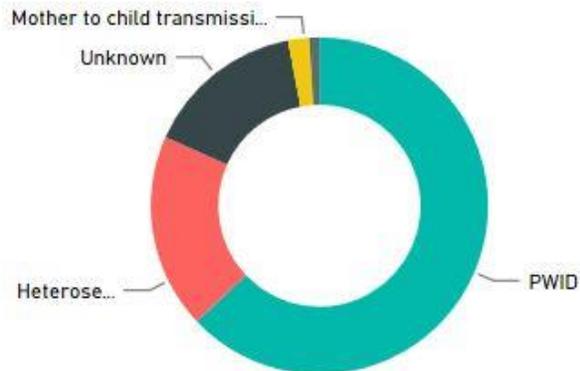
# cases by Gender



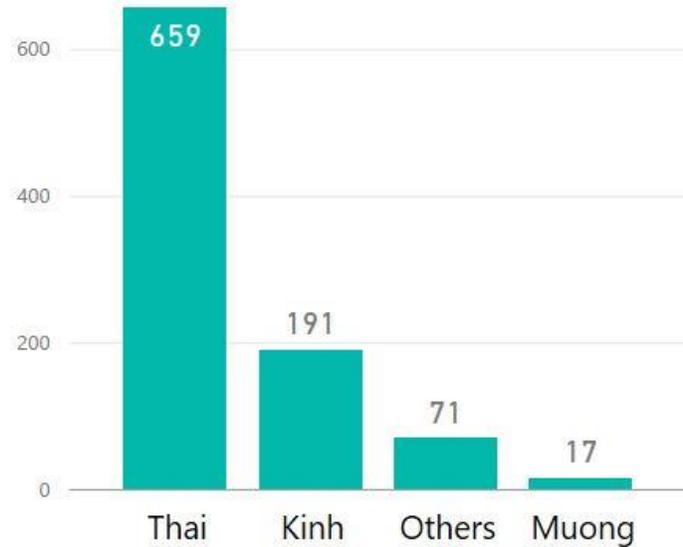
Average of Age (in years)

35.37

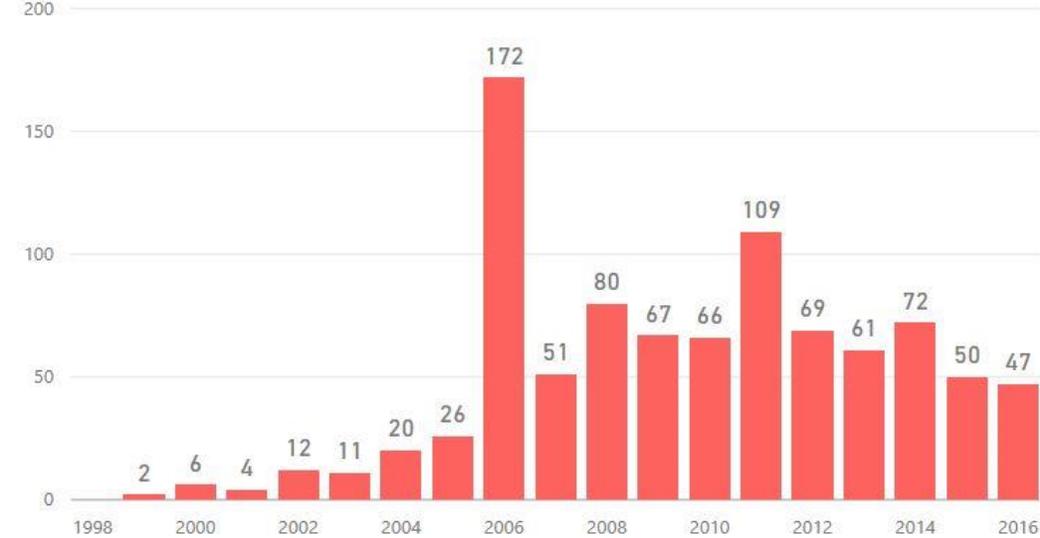
# cases by Risk Group



# cases by Ethnicity



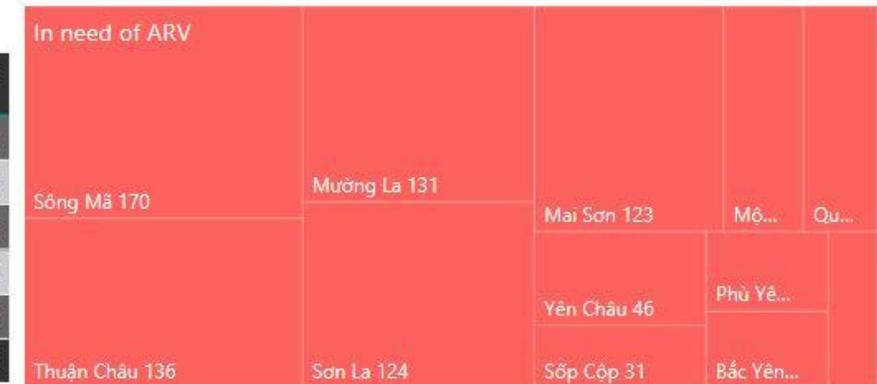
Year of testing among in need of ARV cases



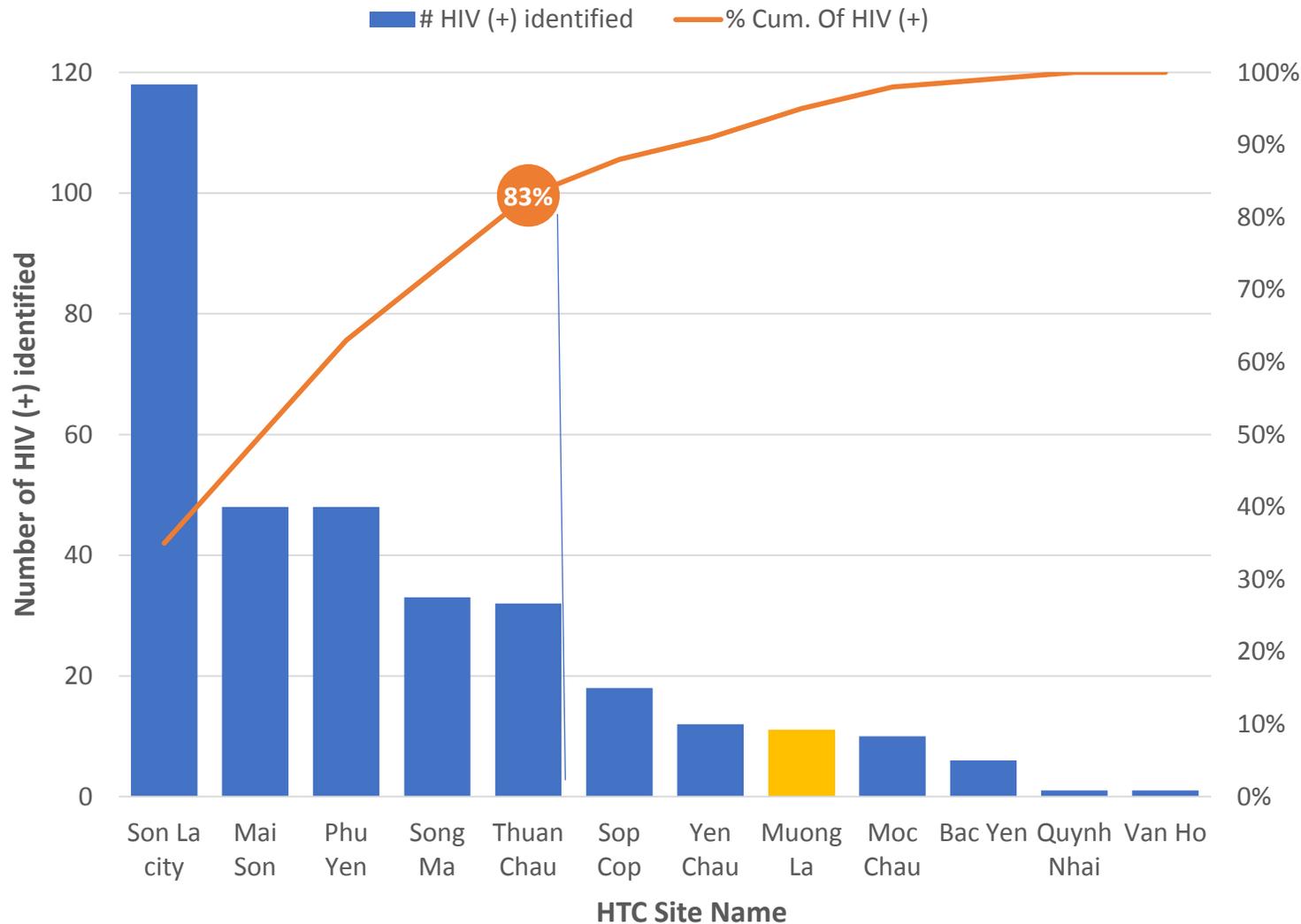
Current Residence Status

Current Residence Status	1.NumOfCases	%GT 1.NumOfCases
Currently living at the address	559	59.59%
Used to live at the address but currently at prisons	166	17.70%
Lived at the address but moved to other place in Son La	133	14.18%
Lived at the address but moved out of Son La	47	5.01%
Used to live at the address but do not know where they are	33	3.52%
<b>Total</b>	<b>938</b>	<b>100.00%</b>

Distribution of in need ARV cases



# Optimizing HIV Case Finding



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

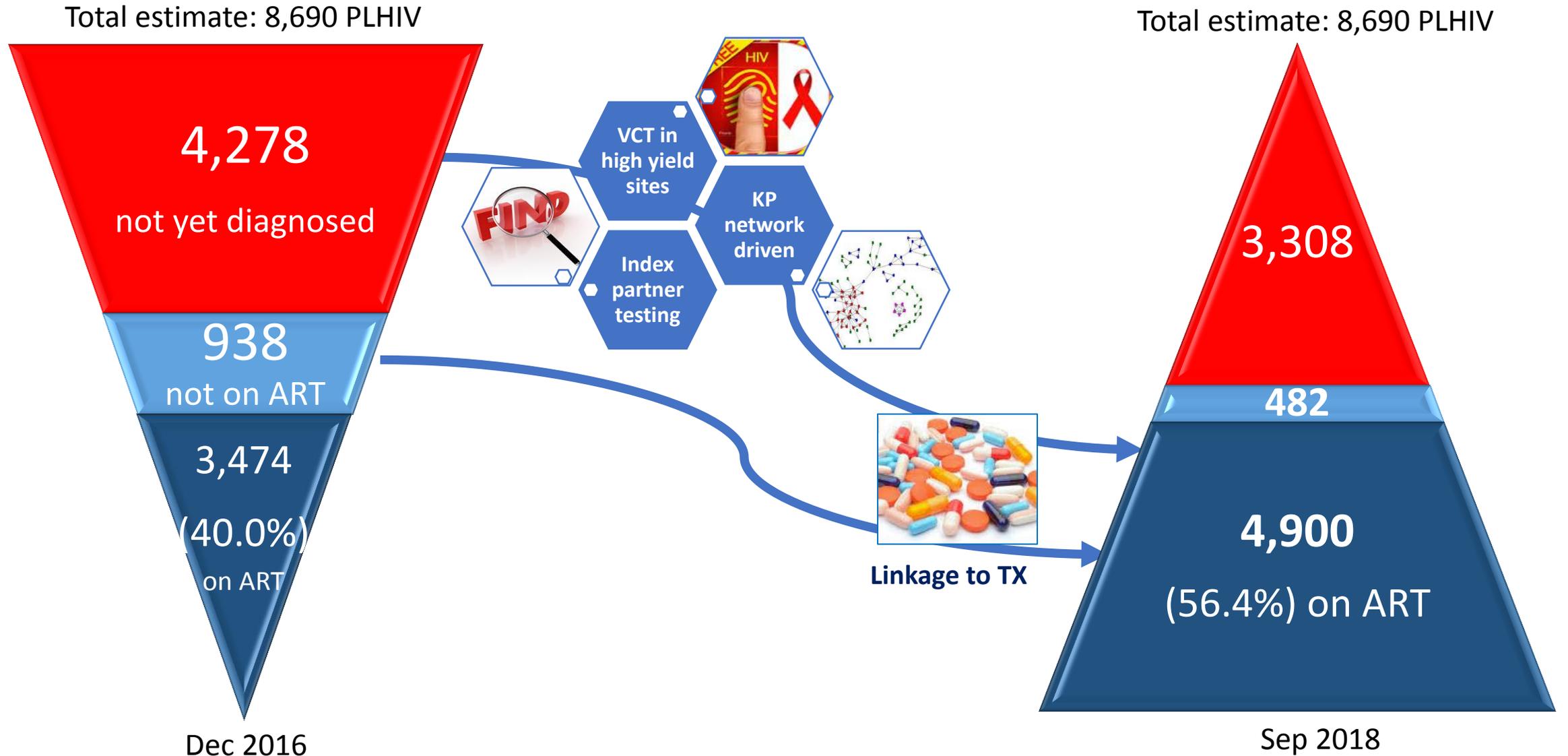
## ACTION FY 17 Q3:

- 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

# Son La summary

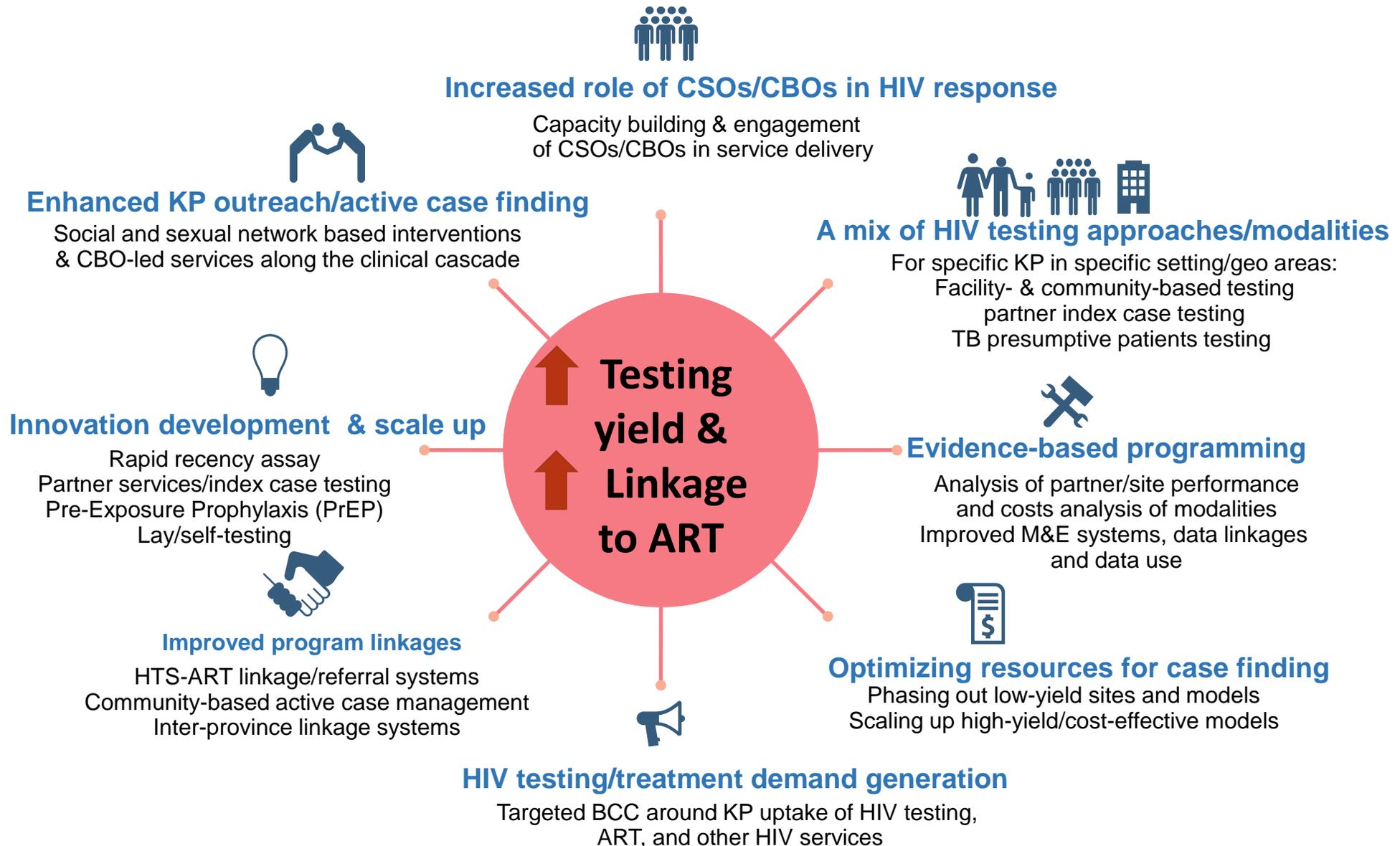




# COP 17 Program Priorities

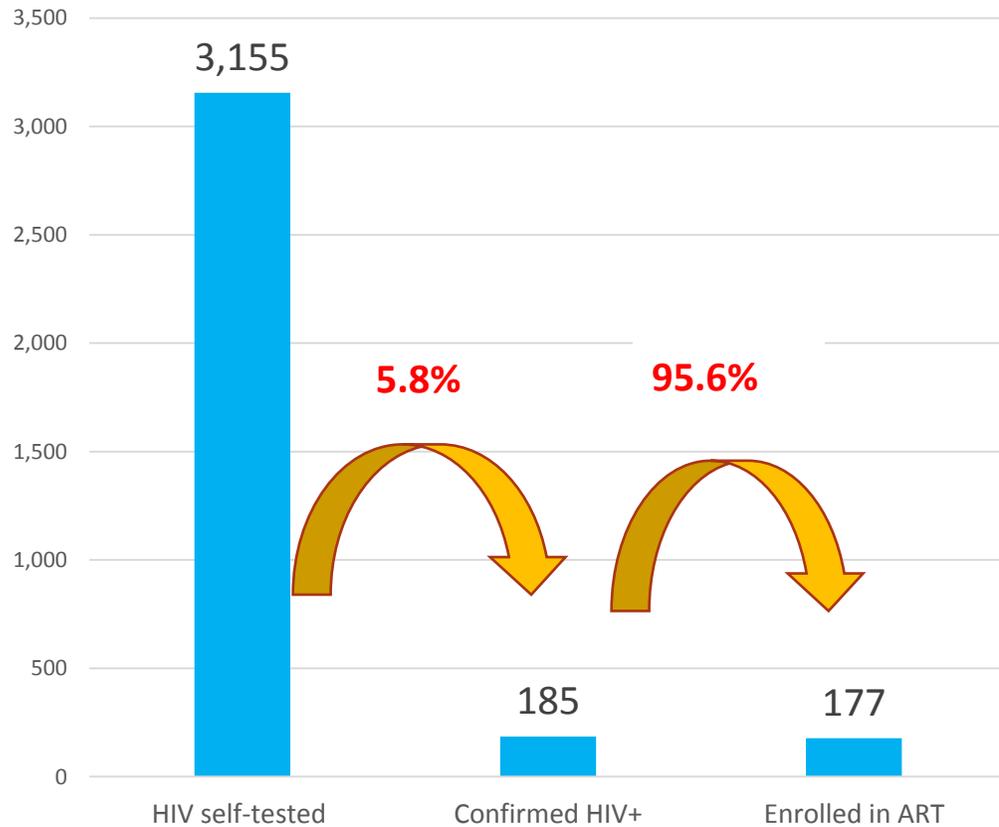
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

# REACHING THE FIRST 90

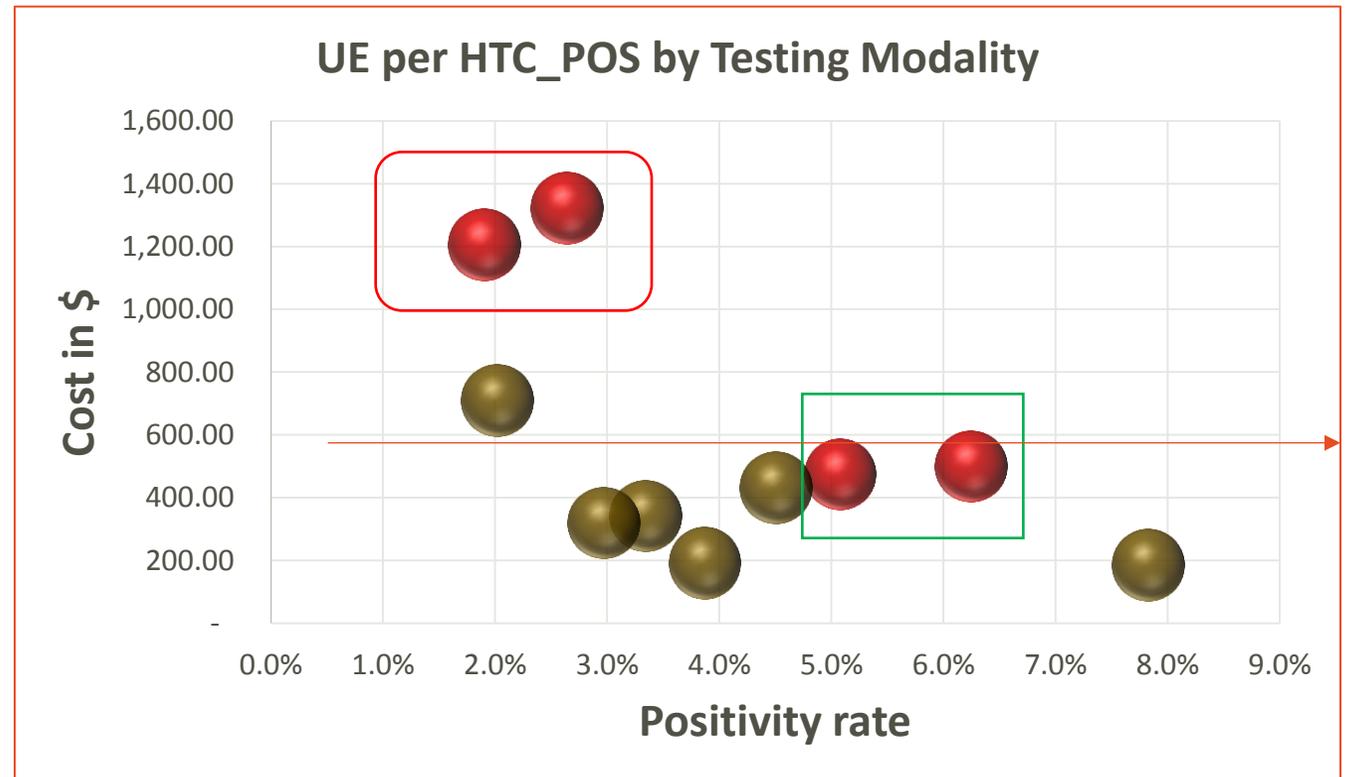


# Lay & self-testing: Evidence-based Programming

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



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



● 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

Nov 2016

Sep 2017

2018

Mar – Sep 2016

Mar 2017

2018

BEYOND 2018

## ADVOCACY

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

GVN officials and CSOs study tour to Bangkok

## 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 4<sup>th</sup> generation rapid diagnostic tests (eg, Alere HIV Combo)

HIV/syphilis duo tests piloted

SHI advocacy & Fee-based scale up

# HIV Rapid Recency Test

## Laboratory

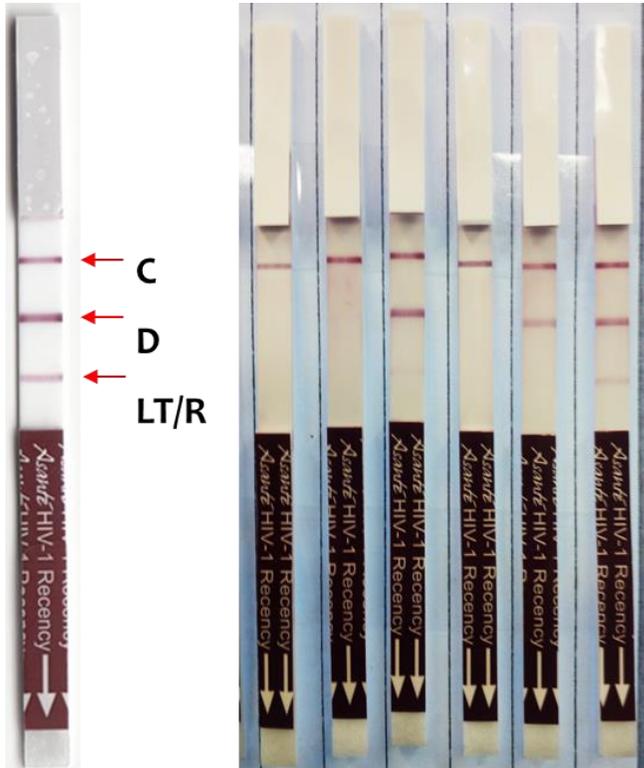
- Validation as diagnostic test
- Validation as incidence test
- Establish methods for geo-coding and rapid communication of recent infections

## 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**

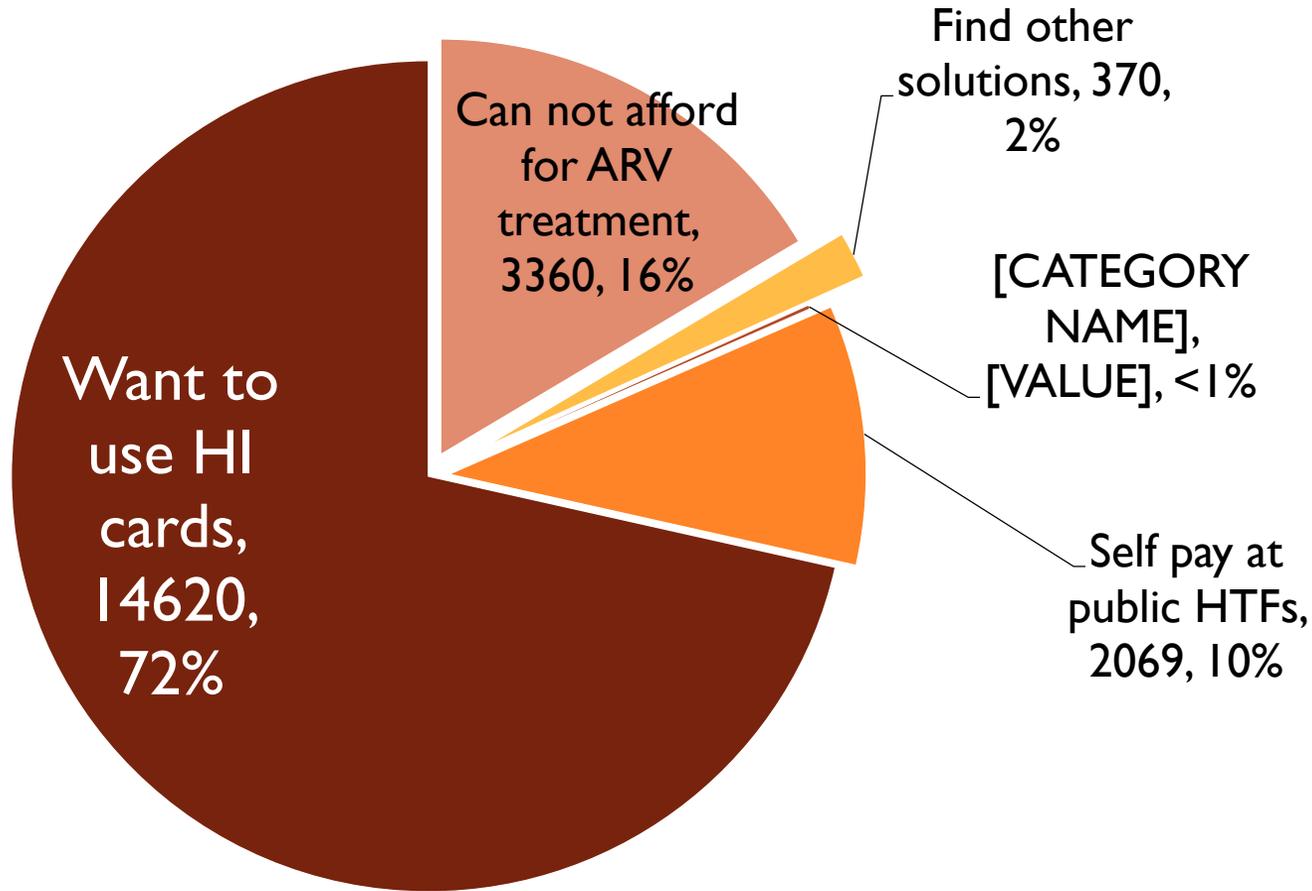
Responsible  
transition

ART  
Adherence  
and Retention

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

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

# 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

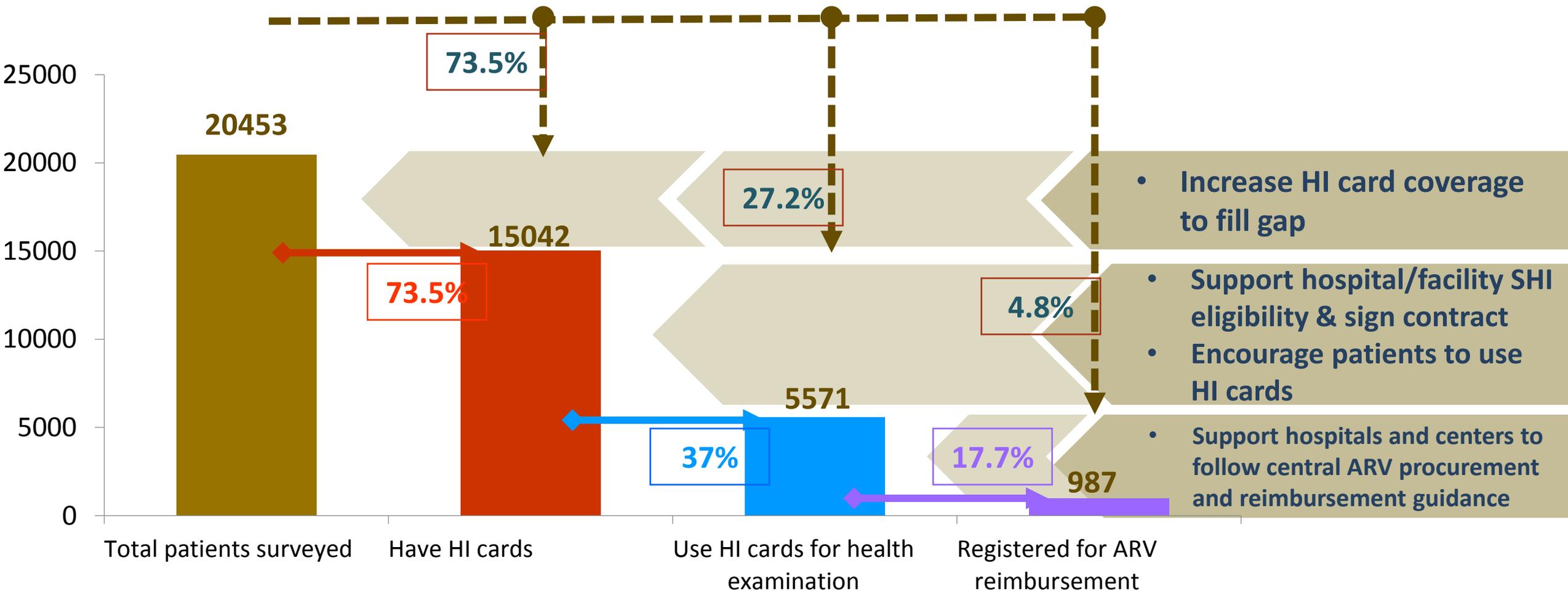
**HI CARDS**

**SHI REIMBURSEMENT**

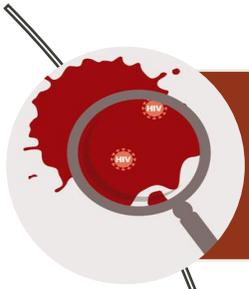
**CO-PAYMENT SUPPORT**

# Improving SHI ART cascade

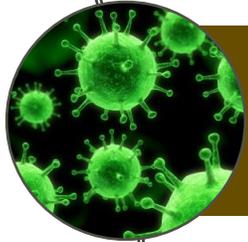
## 20,453 surveyed HCMC patients



# 3rd 90 Strategy Frame



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

System-centric, multi-level approach from central to provincial and site levels



## SUPPLY CHAIN

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

COP17 Table 6

6.1	6.2	6.3
<b>Investments and Innovations for Epidemic Control</b>	<b>Transition of PEPFAR program to GVN</b>	<b>Sustainable HIV systems</b>
<ul style="list-style-type: none"> <li>Insufficient case reporting and KP size estimation data</li> </ul>	<ul style="list-style-type: none"> <li>OPC not accredited for SHI</li> </ul>	<ul style="list-style-type: none"> <li>Limited capacity to deliver and monitor HIV services affect quality and retention</li> </ul>
<ul style="list-style-type: none"> <li>Poor case finding and poor linkage to care</li> </ul>	<ul style="list-style-type: none"> <li>PLHIV not enrolled in SHI</li> </ul>	<ul style="list-style-type: none"> <li>Data quality issues and limited use of data hinder program performance</li> </ul>
<ul style="list-style-type: none"> <li>Lost to follow up and challenges with treatment adherence</li> </ul>	<ul style="list-style-type: none"> <li>Lack of financial mechanisms and sustainability for HIV services</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented information systems result in inaccurate reporting and lost patients</li> </ul>
<ul style="list-style-type: none"> <li>Low capacity and coverage of HIV VL testing labs</li> </ul>	<ul style="list-style-type: none"> <li>HIV commodity insecurity and fragmented supply chains</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient funding and resources for critical HIV services</li> </ul>
<ul style="list-style-type: none"> <li>Weak interoperability of lab and clinical information systems</li> </ul>	<ul style="list-style-type: none"> <li>Limited capacity to manage and monitor services to ensure quality retention</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient funding and resources for CSO capacity building and operation</li> </ul>
<ul style="list-style-type: none"> <li>Limited use of routine VL</li> </ul>		
<ul style="list-style-type: none"> <li>Stigma and discrimination</li> </ul>		



Hanoi

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

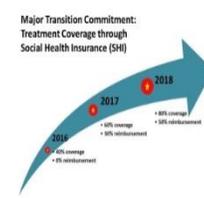
# Transferring Best Practices to Hanoi for Scale up by the Provincial Government



**Community-based Self/Lay Testing**



**Provincial Coaching Teams**



**SHI Consolidation and Enrollment**

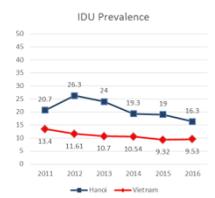
**Recency Testing**



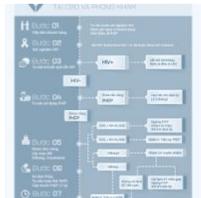
**Civil Society Capacity Building**



**KP Size Estimation**



**Confirmatory Testing**



**PrEP/PEP**



**MSM Cohort Study**

**Partner Notification/Index Testing**



**Multi-Month Scripting**



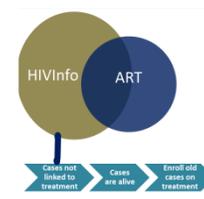
**ATS Tx Innovation**



**Targeted Acute-Care HTC**



**Same Day ART Initiation**



**HIVInfo Case Verification**

# 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**  
PEPFAR Coordinator  
61, Tung Shing Square, #2 Ngo Quyen  
Hanoi, Vietnam

Hanoi, March 1<sup>st</sup>, 2017  
From: Assoc. Prof. Nguyen Hoang Long  
Director General, MD., PhD  
Vietnam Authority of HIV/AIDS Control (VAAC)  
Ministry of Health

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

Dear Ms. Stephanie Joseph de Goes,

On behalf of Viet Nam Authority of 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 response in Vietnam still faces complicated challenges and needs collaboration and assistance from international stakeholders. In 2016, Vietnam reported 9,912 new HIV/AIDS cases, bringing the total number of HIV/AIDS cases alive to 215,621 people, including 88,668 AIDS patients.

Hanoi ranks the second in the number of HIV/AIDS cases alive nationwide, and the province encounters numeral challenges toward attaining the 90-90-90 goals: the number of HIV/AIDS cases alive at the moment is 19,139; 60% cases through blood transmission, and 38% through sexual transmission; 82.5% people living with HIV are aged between 25-49; many cases are not on treatment; local capacities to respond to HIV/AIDS need improving; and there is a strong need for new and efficient models in addressing HIV/AIDS.

With the above statement, VAAC strongly recommends PEPFAR's continued support to the national HIV/AIDS program in general and for Hanoi in particular in COP 17, with intensive technical assistance activities including case finding, linkage to treatment, and increased coverage of social health insurance among HIV patients, etc.

As you may know, with support from international organizations, especially PEPFAR, the Government of Vietnam has made strong commitments and efforts toward addressing HIV/AIDS. In 2016, Vietnam made advanced steps in issuing national policies on responding to HIV/AIDS to ensure efficiency and sustainability. The Government of Vietnam has issued Decision No. 2188/QĐ-TTg, providing guidance on using of the social health insurance funding to pay for HIV antiretroviral treatment services; other legislation to make sure 100% HIV patients are covered with social health insurance; 100% patients get access to HIV drugs and services that are reimbursed by the social health insurance funding; consolidation of outpatient clinics to get them eligible and ready for social health insurance reimbursement for ART services.

The Government of Vietnam has also been planning for less support from foreign donors (including the Global Fund and PEPFAR) for supply of ARV drugs; instead the social health insurance funding is being mobilized as alternate 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; and making sure all HIV patients 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 donors to make sure all resources are well and efficiently coordinated and avoid any overlapping and mitigate risks.

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

Thank you very much.

Yours sincerely,



**Assoc. Prof. Nguyen Hoang Long, MD,**  
**Director General**  
**Viet Nam Authority for HIV/AIDS Control**  
**Ministry of Health, Vietnam**

**HANOI PEOPLE'S COMMITTEE**  
**DEPARTMENT OF HEALTH**

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence - Freedom - Happiness**

No: 666 /SYT-KH

Hanoi, 9 March 2017

To: Ms. Stephanie Joseph de Goes, PEPFAR Country Coordinator

On behalf of the Hanoi Department of Health, we would like to express our sincere appreciation for PEPFAR support to the HIV/AIDS program in Hanoi over the last years. Your support has contributed largely to controlling the epidemic in the city.

Apart from enormous support from international organizations, including the Global Fund, DFID, WB, and particularly PEPFAR, the People's Committee and the Department of Health have made strong commitments and efforts in addressing HIV/AIDS. In 2015, the local budget that Hanoi invested in the HIV/AIDS program increased 5 to 7 times more compared to previous years. In 2016, the Department of Health consolidated all the outpatient clinics in the city to make them eligible and ready for social health insurance reimbursement for ART services. Starting in 2017, the city will mobilize local government funding to pay for social health insurance premiums for 100% people infected with HIV. However all these responses are not enough to ensure the achievement of the 90-90-90 goals. The Financial Security Proposal for HIV/AIDS to 2020 has not been approved.

On the other hand, the local HIV/AIDS epidemic in Hanoi is challenging and complicated to address. Hanoi is the capital city, with a large number of migrants and large geographic area, which cause difficulties to HIV/AIDS activities. HIV/AIDS remains a burden on the city (ranking the second in the number of people infected nationwide). The total number of HIV/AIDS cases alive is 19,139; New cases 60% through blood transmission, and 38% through sexual transmission; 82.5% people infected are aged between 25-49; approximately 10,000 cases are to be identified and another 13,000 identified cases need to initiate treatment; local capacities need improving and there is a strong need for new and efficient models in addressing HIV/AIDS for Hanoi.

We are aware that with PEPFAR support, the HIV/AIDS programs in the provinces of Nghe An, Dien Bien, Son La, Thanh Hoa and Ho Chi Minh City have attained numeral successes over the last couple of years. We therefore hereby would like to request that PEPFAR provides focused and intensive technical assistance to the province of Hanoi to jointly achieve the 90-90-90 goals by 2020. Under the guidance of the People's Committee, the Department of Health is committed to work closely with the Vietnam Authority for HIV/AIDS Control/Ministry of Health and PEPFAR to ensure effective and efficient implementation of case finding activities, linkage to treatment, and treatment services. We have the confidence that your support to Hanoi will benefit the national HIV/AIDS response as a whole.

Thank you very much!

**Recipients:**  
- As in Att.;  
- VAAC (for info.)  
- Planning and Finance Division,  
- Preventive Medicine Center;  
- For file.



**Nguyễn Khắc Hiền**

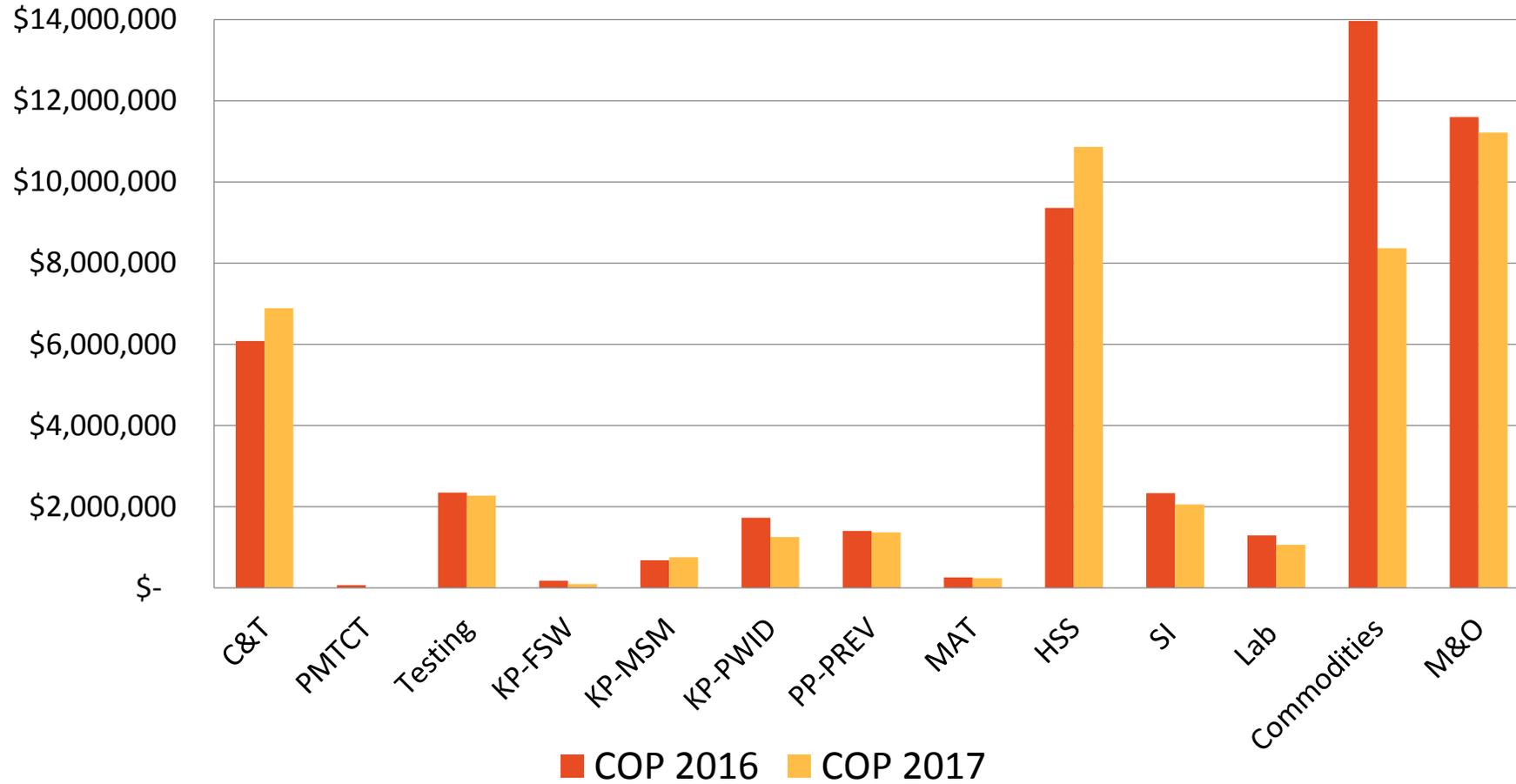


# OU Budget and Targets

# VN COP 17 PBAC: Summary

PEPFAR Budget Code	Budget Code Description	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	New
CIRC	Male Circumcision	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
HBHC	Adult Care and Support	\$273,147	\$0	\$383,000	\$0	\$228,929	\$399,202	\$1,284,277	\$503,885	\$780,393
HKID	Orphans and Vulnerable Children	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
HLAB	Lab	\$0	\$0	\$830,000	\$0	\$232,656	\$144,490	\$1,207,146	\$420,031	\$787,116
HTXS	Adult Treatment	\$4,643,491	\$0	\$4,201,558	\$0	\$1,326,379	\$1,041,013	\$11,212,442	\$2,730,275	\$8,482,167
HTXD	ARV Drugs	\$0	\$7,554,319	\$38,000	\$0	\$20,090	\$44,447	\$7,656,856	\$58,090	\$7,598,766
HVCT	Counseling and Testing	\$1,947,398	\$183,199	\$1,110,000	\$0	\$327,558	\$290,149	\$3,858,303	\$686,005	\$3,172,298
HVMS	Management & Operations	\$0	\$0	\$0	\$0	\$0	\$8,047,613	\$8,047,613	\$6,070,672	\$1,976,941
HVOP	Other Sexual Prevention	\$2,943,162	\$0	\$864,533	\$0	\$531,545	\$132,297	\$4,471,536	\$2,630,203	\$1,841,333
HVSI	Strategic Information	\$0	\$0	\$1,450,500	\$0	\$608,000	\$367,784	\$2,426,284	\$776,058	\$1,650,226
HVTB	TB/HIV Care	\$382,405	\$0	\$505,400	\$0	\$214,307	\$143,306	\$1,245,418	\$465,065	\$780,353
IDUP	Injecting and Non-Injecting Drug Use	\$240,000	\$0	\$906,290	\$0	\$361,659	\$395,246	\$1,903,195	\$490,548	\$1,412,647
MTCT	Mother to Child Transmission	\$0	\$0	\$80,000	\$0	\$81,179	\$1,509	\$162,688	\$6,000	\$156,688
OHSS	Health Systems Strengthening	\$0	\$0	\$1,618,840	\$0	\$520,471	\$206,353	\$2,345,664	\$567,229	\$1,778,435
PDCS	Pediatric Care and Support	\$54,629	\$0	\$0	\$0	\$81,179		\$135,808	\$19,292	\$116,516
PDTX	Pediatric Treatment	\$109,259	\$0	\$0	\$0	\$167,511		\$276,770	\$38,585	\$238,184
HMBL	Blood Safety	\$0	\$0	\$40,000	\$0	\$6,000		\$46,000	\$46,000	\$0
HMIN	Injection Safety	\$0	\$0	\$145,000	\$0	\$21,750		\$166,750	\$166,750	\$0
HVAB	Abstinence/Be Faithful	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$10,593,490</b>	<b>\$7,737,518</b>	<b>\$12,173,121</b>	<b>\$0</b>	<b>\$4,729,212</b>	<b>\$11,213,409</b>	<b>\$46,446,750</b>	<b>\$15,674,688</b>	<b>\$30,772,063</b>

# 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

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	0	1,611,380	1,611,380
HHS/CDC	12,567,649	6,973,079	19,540,728
HHS/HRSA	58,000	0	58,000
USAID	16,707,169	6,682,228	23,389,397
State	240,515	350,000	590,515
SAMHSA	1,256,730	0	1,256,730
<b>Total</b>	<b>\$30,772,063</b>	<b>15,674,688</b>	<b>\$ 46,446,750</b>

- 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**



Treatment with HIV medicines can **prevent HIV from developing into AIDS**

Care & Treatment for PLHIV = HBHC+HTXS+HTXD+PDCS+PDTX+HVTB+ 0.3\*MTCT+0.3\*HVCT



# Stakeholder Engagement

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT



# Stakeholder Engagement

Strategic Stakeholder Collaboration is Key for Sustainable Epidemic Control

## Overview of Stakeholder Engagement for COP 17

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

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