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COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR AMBASSADOR DANIEL J. KRITENBRINK, VIETNAM

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTS and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your country over time and specifically the end of year results of the Country Operational Plan (COP) 2018 and current COP 2019 implementation as we plan for COP 2020.

COP2020 marks a key turning point for Vietnam. HIV epidemic control is near at hand and the Government of Vietnam is successfully taking on more of the epidemic response. PEPFAR sees the Government of Vietnam evolving to a Public Health Response to the HIV epidemic, using a Case-based Surveillance approach to identify where the undiagnosed are, where hotspots of disease transmission are occurring, and reacting rapidly, effectively and dynamically. In addition, the Government of Vietnam needs to incorporate HIV testing and prevention into the Social Health Insurance scheme.

Given the nature of the key populations affected by the HIV epidemic, and the issues of stigma and discrimination these populations can face, the Public Health Response needs to also incorporate Vietnamese Community Based Organizations, and Civil Society broadly, so that affected populations can have a strong voice and role in the HIV response. We believe Vietnam can successfully transition to a strong, sustainable, broad-based Public Health Response and thus be a model for all of PEPFAR.

As Ambassador Birx noted in her earlier letter to you, we are excited about your progress in:

- The continued success with transitioning HIV treatment provision to Social Health Insurance and hope to see the same success with HIV testing and prevention, including PrEP.
- The issuance of a Market Authorization for TLD.
- Maintaining high rates of Viral Load suppression but look forward to more complete coverage of Viral Load testing to ensure that these suppression rates are achieved at the community level.

We believe that the challenges highlighted in Ambassador Birx's letter and noted below are best

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addressed or improved through a Public Health Response.

- Diagnosing fewer than expected PLHIV in the Northern Economic Zone.
- Inability to overcome the barriers to rapidly expanding index testing, while eliciting all relevant transmission contacts without stigma and discrimination, hindered case-finding.
- Inefficient targeting of relevant risk groups.
- Continuing stigma and discrimination Key Population groups' experience, particularly at the health facilities, and the Northern Economic Zone.

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SECTION 1: COP/ROP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP/ROP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

Table 1. COP/ROP 2020 Total Budget including Applied Pipeline

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecifie d	Unspecifie d	TOTAL
Total New Funding	\$ 33,096,946	\$ -	\$ -			\$ 33,096,946
GHP- State	\$31,239,196	\$ -	\$ -			\$ 31,239,196
GHP- USAID	\$ -	\$ -	\$ -			\$ -
GAP	\$ 1,857,750	\$ -	\$ -			\$ 1,857,750
Total Applied Pipeline				\$ 5,532,001	\$ 1,371,053	\$ 6,903,054
DOD				\$780,901	\$ -	\$780,901
HHS/CDC				\$919,789	\$1,371,053	\$2,290,842
HHS/HRSA				\$ -	\$ -	\$ -
PC				\$ -	\$ -	\$ -
State				\$ -	\$ -	\$ -
USAID				\$3,831,311	\$ -	\$3,831,311
TOTAL FUNDING	\$ 33,096,946	\$ -	\$ -	\$5,532,001	\$1,371,053	\$40,000,000

**Based on agency reported available pipeline from EOFY 2019.

SECTION 2: COP/ROP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of \$16,650,000 from Part 1 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. COP/ROP 2020 Earmark

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	\$7,000,000	\$ -	\$ -	\$ 7,000,000
OVC	\$ -	\$ -	\$ -	\$ -
GBV	\$ -	\$ -	\$ -	\$ -
Water	\$ -	\$ -	\$ -	\$ -

* Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the minimum amounts that must be programmed in the given appropriation year.

Table 3. Total COP/ROP 20 Initiative Funding

	COP 20 Total
Total Funding	\$ -
VMMC	\$ -
Cervical Cancer	\$ -
DREAMS	\$ -
HBCU Tx	\$ -
COP 19 Performance	\$ -
HKID Requirement	\$ -

**See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

SECTION 3: COP/ROP 2020 (FY 2021) Vietnam Specific Directives

The overall key priority for PEPFAR Vietnam is to enable the Government of Vietnam to take increasing ownership of a Public Health Response to the HIV epidemic, grounded in a Case-based Surveillance system and approach. This should be done by:

1. Ensuring that the Government of Vietnam is engaged in all the activities and has the necessary systems to have a rapid Public Health Response to the HIV epidemic. This should include a robust case-based surveillance system.
2. Ensuring that the Government of Vietnam is covering key testing and prevention activities, particularly PrEP, with Social Health Insurance.
3. Ensuring that the Government of Vietnam is promoting and running their own K=K activities, in conjunction with relevant Community Based Organizations (CBOs).
4. The Government of Vietnam should work with Vietnamese CBOs, universities, and other Civil Society Organizations to ensure that there is a continuing reduction in stigma and discrimination at all sites and incorporating these organizations into the Public Health Response.

To support this, PEPFAR Vietnam should:

1. PEPFAR Vietnam needs to minimize reliance on international partners and move to more direct funding of Vietnamese CBOs and partners. Social enterprise organizations should also be funded more directly, but also develop sustainability plans.
2. Rely more on Government to Government technical assistance to promote broad aims such as enabling the Government of Vietnam to cover testing and prevention, in addition to treatment, with Social Health Insurance.
3. Work towards indigenous funding of indigenous CBOs, perhaps following the model PEPFAR Thailand has piloted, of working with the Government of Vietnam with means and methods of funding CBOs, universities, and other Civil Society organizations as implementing partners themselves, potentially relying on PEPFAR support to begin the process.
4. Ensure that Vietnam has robust case-based surveillance systems that cover the national, subnational, and facility level.
5. In particular, all new PEPFAR activities in Vietnam must align with these directives. Thus work in PEPFAR provinces not currently supported must rely solely on Government to Government technical assistance and indigenous Community Based Partners and utilize a Public Health Response grounded with a case-based surveillance system.

HIV Treatment

- Ensure that all treatment clients have access to clinically appropriate viral load testing
- Work with CBOs to make sure all health facilities are welcoming to all populations living with HIV, and that no clients are left unserved due to stigma and discrimination.

HIV Prevention

- PEPFAR Vietnam should work with the Government of Vietnam to achieve coverage of critical HIV testing and prevention activities with Social Health Insurance. In particular, we would like to see PEPFAR Vietnam enable the Government of Vietnam to cover and promote PrEP expansion under SHI, in coordination with the Global Fund.

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SECTION 4: PAST PERFORMANCE – COP/ROP 2018 Review**Table 4. COP/ROP Vietnam Level FY19 Program Results (COP18) and FY20 Targets (COP19)**

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	73,610	83,559
TX Current Pediatric	1,789	1,871
TB Preventive Therapy	9,022	12,975
PrEP Current Adults	5,487	7,308

Table 5. COP/ROP 2018 | FY 2019 Agency-level Outlays versus Approved Budget

OU/Agency	Sum of Approved COP/ROP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Total FY 2019 Expenditures from all funds
OU			
DOD	\$ 1,482,081	\$ 1,492,003	\$ 1,177,360
HHS/CDC	\$ 16,176,766	\$ 14,641,105	\$17,381,578
HHS/CDC (Central)	\$ 3,024,000	0	
HHS/HRSA	0	9,843	\$10,757
HHS/SAMHSA	1,365,503	1,267,264	\$729,264
State	\$ 625,000	\$ 488,878	\$488,878
State/EAP	\$ 30,000	\$ 25,000	\$25,000
USAID	\$ 13,138,400	\$ 12,777,693	\$15,350,681
USAID (Central)	\$ 3,118,250	\$ 2,707,031	
Grand Total	\$ 38,960,000	\$ 33,408,817	\$34,674,640

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 6. COP/ROP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget

Mech ID	Prime Partner	Funding Agency	COP/ROP18/FY 19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays (\$)	Over/Under FY19 Outlays (Actual \$ - Total)
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					COP/R OP18 Budget \$)
18149	Center for Community Health Promotion	DOD	563,800	610,599	(46,799)
10000	Beth Israel Deaconess Medical Center, Inc	HHS/CDC	726,851	1,049,681	(322,830)
13147	Regents of the University of California, San Francisco, The	HHS/HRS A	-	9,843	(9,843)
17371	Abt Associates	USAID	-	106,326	(106,326)
13779	World Health Organization	HHS/CDC	138,000	153,191	(15,191)
9976	VIETNAM ADMINISTRATION FOR MEDICAL SERVICES, MOH	HHS/CDC	3,296,090	3,696,085	(399,995)
16803	PATH	USAID	1,892,261	2,036,996	(144,735)
13234	KNCV Tuberculosis Foundation	USAID	447,000	485,852	(38,852)
18173	CENTRE FOR PROMOTION OF QUALITY OF LIFE	USAID	490,540	563,558	(73,018)

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 7. COP/ROP 2018 | FY 2019 Results & Expenditures

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CD C	HTS_TST	115,516	109,706	95%	HTS	\$ 1,475,622	86%
	HTS_TST_POS	4,646	5,003	108%			
	TX_NEW	11,709	7,472	64%	C&T	\$ 5,753,319	57%
	TX_CURR	60,628	61,599	102%			
	PrEP_NEW	2,860	2,333	82%	PrEP	\$ 76,650	66%
	PrEP_CURR		2,376				

DOD	HTS_TST	30,000	38,793	129%	HTS	\$ 46,490	0%
	HTS_TST_POS	106	77	73%			
	TX_NEW	53	82	155%	C&T	\$ 27,685	85%
	TX_CURR	257	338	95%			
	PrEP_NEW	N/A					
	PrEP_CURR	N/A					
USAID	HTS_TST	141,730	106,204	75%	HTS	\$ 1,521,018	61%
	HTS_TST_POS	5,913	4,969	85%			
	TX_NEW	5,316	4,658	88%	C&T	\$ 2,872,158	75%
	TX_CURR	32,378	32,159	99%			
	PrEP_NEW	2,750	2,521	92%	PrEP	\$ 807,937	65%
	PrEP_CURR		3,112				
							% of Total Program Expenditures
				Above Site Programs	\$ 8,544,091	32.0%	
				Program Management	\$ 4,752,692	15.6%	

COP/ROP 2018 | FY 2019 Analysis of Performance

Overall

- While overall PEPFAR treatment targets were met, the Northern Economic Zone struggled to achieve their treatment targets, while Ho Chi Minh City Metro exceeded their targets. We are also concerned with low Net New patients on treatment.
- This was largely driven by a dearth of case-finding in the Northern Economic Zone, with all partners failing to meet their targets for diagnosing PLHIV. The inability to overcome the barriers to expanding index testing rapidly, while eliciting all relevant transmission contacts without stigma and discrimination, hindered case-finding in the Northern Economic Zone.
- We are also concerned about the continuing stigma and discrimination Key

Population groups' experience, particularly at the health facility level and in the Northern Economic Zone.

- Key population prevention activities exceeded targets, and did an excellent job of testing, or referring to testing, key populations but the low prevalence suggests the team needs to evaluate its strategies for identifying at risk groups and those most at risk within those groups.

Partner Performance

- Ho Chi Minh City Department of Health has met or exceeded the targets, and has been a model of achievement in the country. Learning lessons from their history of success will be critical for all of Vietnam.
- All partners that work in the Northern Economic Zone have struggled, yet many of the same partners have succeeded in the Ho Chi Minh City metropolitan area.
- We are also concerned that Partner responsibility and ownership of linkage between testing and treatment could be hindering achievement of targets.

	TX_CURR 2019			NetNew 2019-2018	TX_NEW 2019			HTS_TST_POS 2019		
	Results	Targets	Achievement		Results	Targets	Achievement	Results	Targets	Achievement
_Military	338	357	95%	1	82	53	155%	77	106	73%
CENTER FOR COMMUNITY HEALTH PROMOTION	338	357	95%	1	82	53	155%	77	106	73%
HCMCmetro	50,099	45,269	111%	4,780	8,707	5,738	152%	11,032	7,074	156%
<i>Beth Israel Deaconess Medical Center, Inc</i>	6,410	7,453	86%	(7,954)	1,027	849	121%			
Family Health International	23,982	23,008	104%	2,405	3,631	3,234	112%	2,518	2,545	99%
HO CHI MINH CITY DEPARTMENT OF HEALTH	19,654	16,535	119%	1,535	4,019	1,671	241%	3,487	1,489	234%
PATH								3,520	1,859	189%
VIETNAM ADMINISTRATION FOR MEDICAL SERVICES, MOH	6,463	5,726	113%	1,300	1,057	833	127%	1,507	1,181	128%
NEZ	24,962	30,265	82%	289	2,476	7,571	33%	3,879	8,635	45%
<i>Beth Israel Deaconess Medical Center, Inc</i>	12,287	10,019	123%	4,643	1,082	2,867	38%			
CENTER FOR COMMUNITY HEALTH RESEARCH AND DEVELOPMENT								94	-	
Family Health International	8,177	9,370	87%	(622)	1,027	2,082	49%	606	1,742	35%
PATH								1,346	2,610	52%
VIETNAM ADMINISTRATION FOR MEDICAL SERVICES, MOH	16,785	20,895	80%	(747)	1,455	5,489	27%	1,833	4,283	43%
Grand Total	75,399	75,891	99%	5,070	11,265	13,362	84%	14,988	15,815	95%

Agency Transitions

As an agency SAMHSA has decided to rededicate itself to domestic priorities within the United States of America, and therefore is no longer participating in PEPFAR. In order to assure that SAMHSA's PEPFAR work continues to smoothly transition to a long-term sustainable program run by the Government of Vietnam, in conjunction with relevant Community Based Organizations (CBOs), PEPFAR will transition the SAMHSA staff responsible for USG technical assistance to another agency and continue to support them. No funding for implementing mechanisms will continue, however, and PEPFAR Vietnam needs to work with the Government of Vietnam and the relevant CBOs to assure that critical provision of services will be transitioned to support by the Government of Vietnam. Former SAMHSA staff should assist with this process.

SECTION 5: COP/ROP 2020 DIRECTIVES

The following section has specific directives for COP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place no later than the beginning of COP/ROP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

For COP/ROP 2020, the failure to meet any of these requirements will result in reductions to the Vietnam budget. (See Section 2.2. of COP Guidance)

Table 9. COP/ROP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups. ¹	Vietnam endorsed Test & Start July 2017. In 2018, Vietnam with PEPFAR developed a SOP for rapid, same day ART in conjunction with MMS SOP. Only 49% of patients start ART on same day. Although 62% of new ART enrollees start same day ART.	GoVN needs to expand number confirmation labs in targeted districts. Systems for patient follow up need to be initiated such as SMS text or call to patients who do not return within 1-2 days.

	<p>2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥ 20kg, and removal of all nevirapine- based regimens.²</p>	<p>Government of Vietnam approved the importation of TLD November 2019.</p> <p>PEPFAR will cover TLD for 9,000 patients from Dec 2019 to May 2021.</p> <p>Global Funds will supply TLD for 12,000 to 25,000 patients from Oct 2020 and will take over 9,000 PEPFAR patients June 2021.</p> <p>SHI to supply TLD for approximately 97,000 patients. PEPFAR and GF patients will transfer to SHI Jan 2022</p>	<p>Need to expedite national/ SHI roll-out of TLD and provide GtG technical assistance to ensure that all nevirapine- based regimens are stopped as soon as possible.</p>
	<p>3. Adoption and implementation of differentiated service delivery models, including six-month multi- month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.³</p>	<p>June 2019 VAAC approved 3 Month MMD for all clinic in country.</p>	<p>Need to extend MMD to 6- months. Need to plan for and ensure provision of MMD without interruption during SHI transition.</p>

¹ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

² Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

³ Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2

	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP 20; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. ⁴	98.8% of ART patients screened for TB. Initiation of TPT by province ranges from 93% in Long An to 51% in Hanoi (missing Dong Anh OPC)	Ensure all eligible PLHIV complete TPT. Correct policy and operational barriers nationally and provincially
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.		Ensure Case Based Surveillance system includes monitoring of morbidity and mortality, including those related to coinfections, VL testing and EID testing

⁴ Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

Case Findi	6. Scale up of index testing and self- testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV. ⁵	Index testing policy was included in the national community-based testing guidelines released by the Vietnam Ministry of Health in April 2018. The index testing is now being scaled-up in 11 surge provinces selected by PEPFAR out of 63 provinces in Vietnam. In FY2019 ICT contributed 30% of all POS in the NEZ and growing to 52% in HCMC.	Need to contact tracing and linkage to ART strategy with prioritization in NEZ. Need to overcome barriers to fidelity to contact elicitation standards and reduce stigma and discrimination at the site level.
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV- negative partners of index cases, key populations and adult men engaged in high-risk sex practices) ⁶	Vietnam met 92% of COP18 PrEP targets. Strategies used include: <ul style="list-style-type: none"> - Updated online and offline mapping among MSM - Hotspot-based PrEP events - More intensive online engagement by MSM and TG peer influencers - Introduction of social network testing and PrEP - Expansion of PrEP implementation (11 provinces in FY19 to 26 in FY20 per GoVN) 	Expand PrEP to 30,000 patients, focusing on MSM, TWG and sero-discordant couples. SHI needs to extend coverage to PrEP.
	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on	NA	NA

⁵ Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 <https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/>

⁶ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

	1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.		
Policy & Public Health Systems Support	9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention. ⁷	48 or 63 provinces have committed to and allocated funding for SHI premiums and/or ARV co-payments.	PEPFAR Vietnam needs to continue work to ensure that provincial authorities subsidize the SHI co-payments and premiums as donor subsidies end. SHI needs to extend coverage to include PrEP, HIV testing and prevention activities for all PLHIV.
	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy. ⁸	Quality Improvement and Data Review activities completed in review of PEPFAR program and development of Case-based Surveillance. Ongoing CQI activities have highlighted issues which are being resolved.	Vietnam needs to assure that quality improvement is continuously monitored by indigenous partners and community-based organization, as well as the government, including maintaining quality data and reducing stigma and discrimination.

⁷ The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

⁸ Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	<p>11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.</p>	<p>PEPFAR Vietnam has succeeded in this area and has had much success with K=K (the Vietnamese U=U) program.</p>	<p>GoVN, in conjunction with CBOs, needs to take greater ownership of K=K activities to ensure sustainability.</p>
	<p>12. Clear evidence of agency progress toward local, indigenous partner prime funding.</p>	<p>Much of the PEPFAR funding is to the GoVN through CoAgs, and much of the rest ultimately supports CBOs through sub-recipient grants.</p>	<p>PEPFAR Vietnam needs to minimize reliance on international partners and move to more direct funding of Vietnamese CBOs and partners. Social enterprise organizations should also be funded more directly, but also develop sustainability plans.</p>
	<p>13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.</p>	<p>Vietnam has assumed much of the responsibility for treatment costs through Social Health Insurance.</p>	<p>However, Social Insurance should continue to expand to cover treatment and prevention. Vietnam should work towards indigenous funding of indigenous CBOs. Provincial government need to subsidize SHI co-payments and premiums.</p>

	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.		Vietnam should continue to work towards including this into their Case-based Surveillance systems.
	15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	PEPFAR support is working to assist in the development and standing up of a Case-based Surveillance system.	PEPFAR Vietnam needs to ensure and work towards this system being actively used to generate and manage a Public Health Response to the HIV epidemic. The GoVN needs to prepare to take ownership of the system, but also to share the appropriate and relevant data with CBOs, so that they can play their role in the Public Health Response.

COP/ROP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP 2020 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients, and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. Vietnam must ensure 100% “known HIV status” for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

Community-led Monitoring

In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador’s small grants in

close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)

TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0, or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in Vietnam. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma, and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in Vietnam, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

COP/ROP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP/ROP 2020 remains a requirement for all PEPFAR programs, and as such the COP/ROP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP/ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2020. It is critical that

meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP/ROP 2020 development and finalization process. As in COP/ROP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Activities pertaining to a Public Health Response, including activities supporting case-based surveillance and associated data systems should be tracked appropriately in the Public Health Response initiative.

Table 11. COP/ROP 2020 New Funding Detailed Controls by Initiative

	COP 2020 Planning Level			COP 20 Total
	FY20			
	GHP-State	GHP-USAID	GAP	
Total New Funding	\$ 31,239,196	\$ -	\$ 1,857,750	\$ 33,096,946
Core Program	\$ 31,239,196	\$ -	\$ 1,857,750	\$ 33,096,946
COP 19 Performance	\$ -			\$ -
HKID Requirement ++	\$ -			\$ -

++DREAMS countries with GHP-USAID funding can use FY20 GHP-USAID funding to meet their FY20 HKID Requirement. These countries include: Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

Care and Treatment: If there is no adjustment to the COP/ROP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: Vietnam's COP/ROP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP/ROP 2020 HKID

requirement is derived based upon the approved COP/ROP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP/ROP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Vietnam's COP/ROP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2020** funding programmed to the GBV cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 GBV earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Vietnam's COP/ROP 2020 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2020 funding** programmed to the water cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Vietnam agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP/ROP 2019 submission.

COP/ROP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Vietnam should hold a 3-month pipeline at the end of COP/ROP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP/ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2020, decreasing the new funding amount to stay within the planning level.