Vietnam Country Operational Plan

(COP/ROP) 2020

Strategic Direction Summary

April 14, 2020

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1.0 Goal Statement

The PEPFAR Vietnam Country Operational Plan (COP) 2020 prioritizes work to achieve two parallel and complementary goals:

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

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

The COP20 goals reflect the evolution of the program following significant treatment-cascade progress in PEPFAR priority provinces. During COP18 and COP19, PEPFAR Vietnam undertook an aggressive two-year plan to move toward epidemic control in 11 PEPFAR priority provinces of the Northern Economic Zone (NEZ) and Ho Chi Minh City (HCMC) Metro regions. NEZ and HCMC Metro together account for over half of the HIV burden in Vietnam, and there is clear evidence of high HIV incidence, prevalence, and undiagnosed infections among urban men who have sex with men (MSM). Through PEPFAR support, the two regions drive innovation and spur national adoption of best practices. Progress on the ambitious 95-95-95 goals in the PEPFAR priority provinces of NEZ and HCMC Metro regions has been notable but uneven, with HCMC Metro provinces demonstrating greater success on the first and second 95 metrics than has been realized in the NEZ. Performance on the third 95 across Vietnam has been exceptional and in the top tier globally. Nationally, the third 95 target has been achieved at the more demanding criterion of viral suppression <200 copies/ml, or undetectable. Vietnam is on track to achieve the second 95 in PEPFAR-supported provinces through tight linkage of newly diagnosed patients to treatment, and case-verification activities to correct the official counting of persons living with HIV (PLHIV) who know their status. The first 95 – case-finding – remains the most challenging in a concentrated epidemic where HIV- and key population-associated stigma creates additional barriers. The COP20 plan focuses on optimizing case-finding using community-based testing, social network strategies, and index partner testing with appropriate and documented protections for key populations and PLHIV. Case-finding will be differentiated to target key populations by age and behaviors, and HIV testing efficiency will be further increased through implementation of risk-screening tools. Community engagement is not limited to case-finding, and it remains central to PEPFAR's work across the program continuum, including pre-exposure prophylaxis (PrEP), K=K (Vietnamese for undetectable=untransmittable, or U=U), community advisory boards, and community scorecards. In COP20, community monitoring will be central to assuring that PEPFAR delivers high-quality, stigma-free services, and provides a platform for community-led improvements to the national public health response.

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

HIV epidemic. In COP20, PEPFAR Vietnam is committed to supporting GVN to establish a public health response (PHR) approach to the HIV epidemic, grounded in a robust case-based surveillance (CBS) system. PEPFAR Vietnam envisions that a PHR will contribute to epidemic control goals through monitoring recent infections and new diagnoses and driving rapid response to HIV outbreaks and clusters. Building on the COP19 pilot implementation of CBS in four PEPFAR priority provinces, COP20 will invest in rapid development of a national CBS platform and provincial implementation in five additional PEPFAR priority provinces, bringing the total number with PEPFAR investment to nine. CBS will be expanded in additional high-burden provinces in COP21. The PHR approach will be developed as an indigenously driven system, with the GVN in the lead and including civil society, academic, and community-based organizations (CBOs). Outside of PEPFAR priority provinces, PHR activities will be implemented with government-to-government support and engagement of CBOs, and will rely on Social Health Insurance (SHI), the Global Fund, and domestic resources to finance service delivery.

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

In parallel, COP20 will continue the successful and sustainable transition of the HIV response to the GVN. Ninety percent of PLHIV across Vietnam now have SHI cards, and only one out of the 446 HIV clinics is not yet certified to be reimbursed for HIV services by SHI. SHI expects to cover 106,000 of the approximately 140,000 people on treatment during calendar year 2020. COP20 affirms PEPFAR's commitment to transition from donor-funded antiretrovirals (ARVs) to SHI-funded ARVs, providing the necessary technical assistance and monitoring to ensure continuity of treatment and quality services. Continued scale-up of SHI coverage for treatment and laboratory monitoring, as well as coordination of donor support for SHI copayments, will enable expanded access to SHI-supported ARVs and viral load testing nationally. COP20 will also continue to advocate and document evidence to revise the SHI Law to include general prevention activities in the SHI basic package of services, which in the future may include HIV testing and PrEP. There is uncertainty whether the National Assembly will be in favor of expanding SHI's mandate beyond the curative component of the health system.

The COP20 strategy—jointly planned with the VAAC, the Global Fund, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and community stakeholders—ensures a coordinated HIV response with broad political and community buy-in and engagement.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

The national HIV prevalence in Vietnam is 0.24 percent of the general population, with an estimated 230,000 people living with HIV (PLHIV)[1]. The epidemic remains concentrated among three key populations (KPs): men who have sex with men (MSM) at 11.4 percent prevalence; people who inject drugs (PWID) at 12.7 percent prevalence; and female sex workers (FSWs) at 3.6 percent prevalence. The distribution of PLHIV by KP and program coverage varies by region and province, highlighting the need for a geographical public health tailored response.

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

In COP20, PEPFAR will support innovative and highly-recommended size estimation methodologies to provide the most accurate estimations for KPs at the national and provincial levels. These PSEs will be used as denominators for calculating program coverage and helping to produce national estimates and projections of the HIV epidemic. With the move to an HIV case-based surveillance, the CD4 depletion model – using CD4 data from case-based surveillance – will also be introduced to estimate HIV incidence, prevalence, and the number of undiagnosed infections.

PEPFAR Vietnam will continue to focus on two regions, NEZ and HCMC Metro, to reach 95-95-95 and epidemic control. HCMC Metro includes seven provinces and 29 percent of the national HIV burden. As the economic hub of the South, HIV transmission in this region is driven predominantly by sexual behaviors. HIV transmission clusters span multiple provinces, especially districts near the HCMC provincial borders. Similarly, NEZ includes four provinces and about 23 percent of the national HIV burden. The epidemic in this region is driven by both injecting and sexual behaviors.

Additionally, PEPFAR Vietnam will support the GVN to focus on evolving into a PHR approach to address and control the HIV epidemic. This PHR will be supported by the case-based surveillance system to help the GVN and PEPFAR Vietnam to identify where the undiagnosed are, where hotspots of disease transmission are occurring, and react rapidly, effectively, and dynamically. PHR

[1] AIDS Epidemic Model, 2018

will also be supported by enhanced program monitoring at the service delivery and systems levels to respond to early warnings about programmatic bottlenecks.

HIV sentinel surveillance (HSS+) conducted in PEPFAR provinces shows prevalence among MSM ranging from 5.3 to 16 percent. In Ba Ria-Vung Tau, estimated MSM prevalence is 16 percent, with prevalence of 15 percent in Binh Duong and 14 percent in HCMC. Hanoi, as the major economic hub in the north, has seen a significant increase in HIV prevalence among KPs, especially among MSM. Recent data from Hanoi document an overall HIV prevalence among MSM of 13.6 percent, with prevalence among young MSM under 20 years of age at 12.4 percent. Even more concerning is the observed annual incidence of 7.6 percent for Hanoi MSM, with incidence of 7.5 percent among those aged 16-24[2].

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

In COP20, PEPFAR will support the introduction of new sampling methods to improve data collection and data quality. For MSM and PWID, a respondent-driven sampling method will be used, and for FSWs, a combination of venue-based and web-based recruitment strategies will be conducted in selected high-burden provinces.

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

Provinces continue to experience high numbers of individuals identifying as "other". The PEPFAR-introduced enhanced risk identification tool has shown a substantial reduction of "others" from 35% in FY2018 to <20% in FY2019 among newly identified HIV-positive clients. PEPFAR is continuing to work with a subset of hospitals and clinics to consistently implement the risk identification tool to eliminate the "other" categorization. For COP20, institutionalizing this tool will provide robust risk-identification information to inform HIV programing.

Vietnam's Key Policies Meeting Program Requirements

During the last few years, Vietnam has made significant strides in multiple policy and program areas across the clinical cascade and in health systems for epidemic control. The new national community-based testing guidelines, released by the Vietnam Ministry of Health in April 2018, included index, lay, and self-testing. In accordance with S/GAC guidance, PEPFAR Vietnam is developing robust standard operating procedures (SOPs) and policies on: confidentiality; intimate

partner violence (IPV) detection, QI, and M&E; and first-line services for IPV. PEPFAR Vietnam will certify sites to ensure high-quality, client-centered, safe index case testing (ICT) prior to resuming those services. PEPFAR Vietnam will continue to leverage social network strategy (SNS) for case-finding in high-risk populations.

Vietnam implemented Test-and-Start in July 2017. In 2018, SOPs were developed for rapid and same-day initiation of antiretroviral therapy (ART) and multi-month dispensing (MMD) of ARVs.[2] Vietnam launched MMD in HCMC as a pilot in December 2017. Routine implementation and MMD scale-up started in January 2019. Policies including MMD under the SHI scheme were launched and implemented in 2019 as well. At the end of 2019, criteria for MMD eligibility were relaxed in the National Standard Treatment Guidelines (requiring only one suppressed viral load). With this change, PEPFAR Vietnam estimates that approximately 15% more patients will be eligible for MMD in COP20 compared to COP19 (an increase from 58% to 70%). With the understanding that 25-30% of ART patients are not clinically eligible for same-day ART, PEPFAR Vietnam will strive to initiate 70% of all ART patients on same-day ART in COP20, compared to 65% at the end of COP19.

In the most current National Standard Treatment Guidelines issued November 2019, tenofovir/lamivudine/dolutegravir (TLD) is recommended as a first-line ART regimen for adolescents and adults, including women of childbearing age. A Market Authorization (MA) for the importation and registration of TLD was completed in November 2019, with implementation starting in late 2019. PEPFAR Vietnam continues to work with MOH and Vietnam Social Security (VSS) to allow TLD to be included in the SHI covered-drug list. Based on the current official timeline, it is expected that SHI-procured TLD will be available for PLHIV in early 2023. The PEPFAR team, in collaboration with the Global Fund, will advocate with the GVN for a Special Ad-hoc decision to accelerate GVN's routine processes and have SHI TLD available in Vietnam as soon as early 2022.

The National Standard Treatment Guidelines also include PrEP provision for populations at substantial risk for HIV. Supporting differentiated care for KPs, the Guidelines described the option of event-driven (ED) PrEP for certain MSM. More detailed technical guidance on daily and ED PrEP implementation is being developed in COP19.

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

TB preventive treatment (TPT) has been routinely implemented as part of the HIV clinical care package at 89 PEPFAR-supported sites in 11 priority provinces. In COP20, PEPFAR will support procurement of the 12-dose regimen of once-weekly rifapentine and isoniazid (3HP) to cover all

[2] Him Hanoi Study, 2017

PEPFAR TB/HIV patients. PEPFAR also continues to provide technical assistance (TA) to the GVN and the National TB program to scale up TPT nationwide.

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

In COP20, PEPFAR Vietnam will continue to ensure preventive HIV services are included in the SHI's Basic Health Service Package through a revision of the SHI Law. Implementing partners are working with provincial governments to develop sustainable financing plans for HIV prevention commodities, such as PrEP and non-occupational post-exposure prophylaxis (nPEP). Partners are also advocating for mechanisms, such as social contracting, that will allow CBOs to be funded directly from government budgets in order to undertake HIV prevention and service delivery activities.

Currently, more than 85 percent of the population has health insurance. The VAAC, in collaboration with the VSS, has developed an ARV patient database to monitor and manage the payments and information for each patient on ARV. The PEPFAR team has worked to ensure that provincial authorities and agencies continue to subsidize the SHI copayment requirements as donor subsidies end, particularly for those who face financial barriers and/or meet poverty criteria. No patients who transferred to SHI in 2019 had user fees or out-of-pocket expenses for ARV copayment, and costs were covered by local funding. The team also worked to revise the SHI Law to include PLHIV in the group with fully subsidized SHI premiums.

Table 2.1.1 Host Country Government Results																
	Total		<15				15-24				25+				*Source, Year*
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	95,419,595		10,718,807	11.2%	11,316,655	11.9%	6,745,713	7.2%	7,103,698	7.4%	30,525,123	32.0%	28,943,537	30.3%	GSO, Population Census 2009, estimated for 2018.
HIV Prevalence (%)		0.24													AEM 2018
AIDS Deaths (per year)	6,700														AEM 2019 (adult only)
# PLHIV	230,000														AEM 2019
Incidence Rate (Yr)															N/A
New Infections (Yr)	5,308														AEM 2018 (adult only)
Annual births	1550,000														MOH, Mother and Child Health Department 2016
% of Pregnant Women with at least one ANC visit	1,452,350														93.7% in MICS04, 2011 (multiple Indicator Cluster Survey)
Pregnant women needing ARVs	2,595														EPP 2016
Orphans (maternal, paternal, double)															N/A
Notified TB cases (Yr)	101,749	98	752	0.74	925	0.91	3712	3.65	5476	5.38	24269	23.85	66615	65.47	NTP case report, 2019
% of TB cases that are HIV infected	2.759	2.71%	22 (1.3%)				232 (2.5%)				2505 (2.8%)				NTP- case reporting 2019
% of Males Circumcised															N/A
Estimated Population Size of MSM	200,376														AEM 2018
MSM HIV Prevalence		11.4													HSS+ 2018
Estimated Population Size of FSW	85,470														AEM 2018
FSW HIV Prevalence		3.6													HSS+ 2018

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression[2]										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	95,419,595 [7]	0.24	230,000	183,373[3]	142,242[4]	62	95[5]	3,535,636[6]	17,563[3]	*17,260*[6]
Population <15 years	22,035,462[7]	0.02	5,188	4686[8]	4,304[8]	83	93[5]	NA	NA	*180*[5]
Population 15+ years	73,384,133[7]	0.30	224,812	179,169	137,938[3]	61	98[5]	NA	NA	*17,080* [6]
MSM	200,376	11.4[9]	N/A	NA	NA	NA	NA	85,134[6]	5,116[6]	NA
FSW	85,470	3.6[9]	N/A	NA	NA	NA	NA	41,728[6]	324[6]	NA
PWID	189,417	12.7[9]	N/A	NA	NA	NA	NA	220,356[6]	3,658[6]	NA

2 National data – Calendar Year 2019

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

4 VAAC – National reporting Program (Cir 03) – Data from October 2018 to September 2019. For TX_CURR it is known that national institutes did not report to C03 so we need to add their number in.

5 PEPFAR- in surge provinces

6 VAAC – National reporting Program (Cir 03) – Data from October 2018 to September 2019; some duplication may exist, no UIC available for HTS_POS. For TX_NEW it is known that national institutes did not report to C03 so we need to add their number in.

7 GSO, Population Census 2009, estimated for 2019.

8 VAAC – 2019 M&E department report, calculated from provincial level for different project and donors (duplication removed).

9 HSS+ 2018 and HSS+ 2019

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

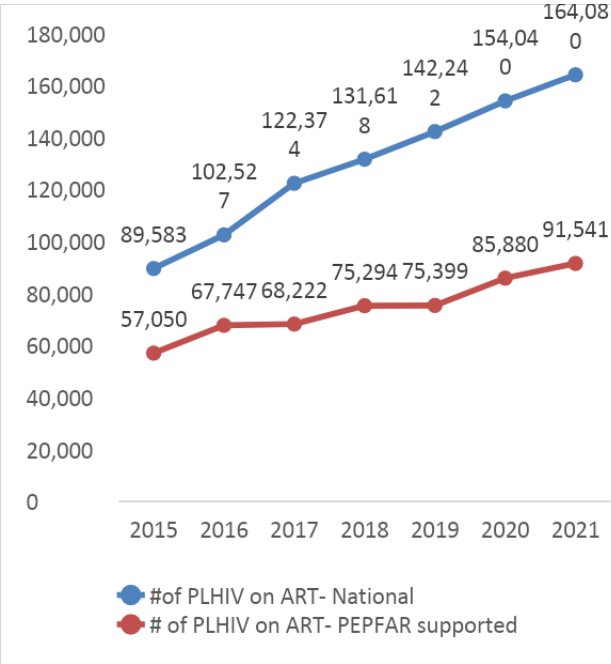


Figure 2.1.4 Updated Trend of New Infections and All-Cause Mortality Among PLHIV

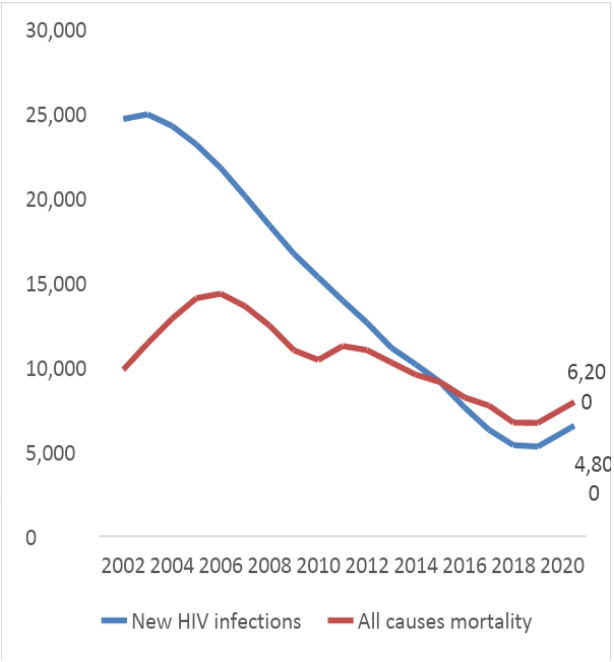


Figure 2.1.5 Progress retaining individuals in life long ART in FY19 (PEPFAR surge SNUs)

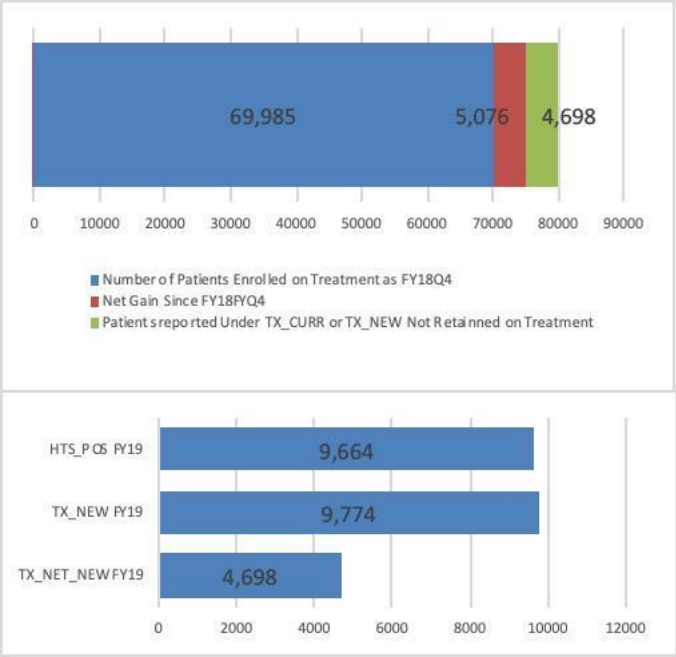


Figure 2.1.6 Proportion of clients lost from ART 2018 Q4 to 2019 Q4 (No data available)

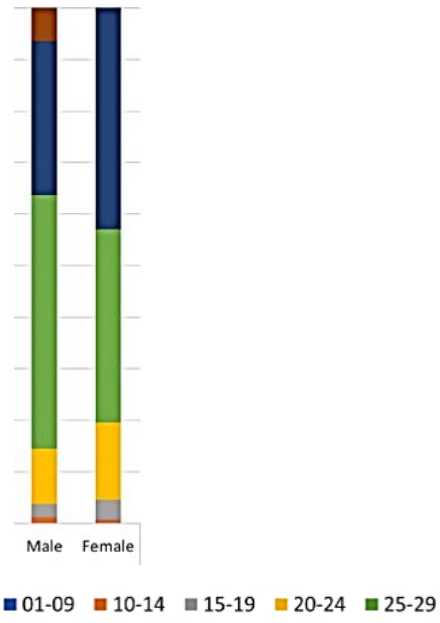
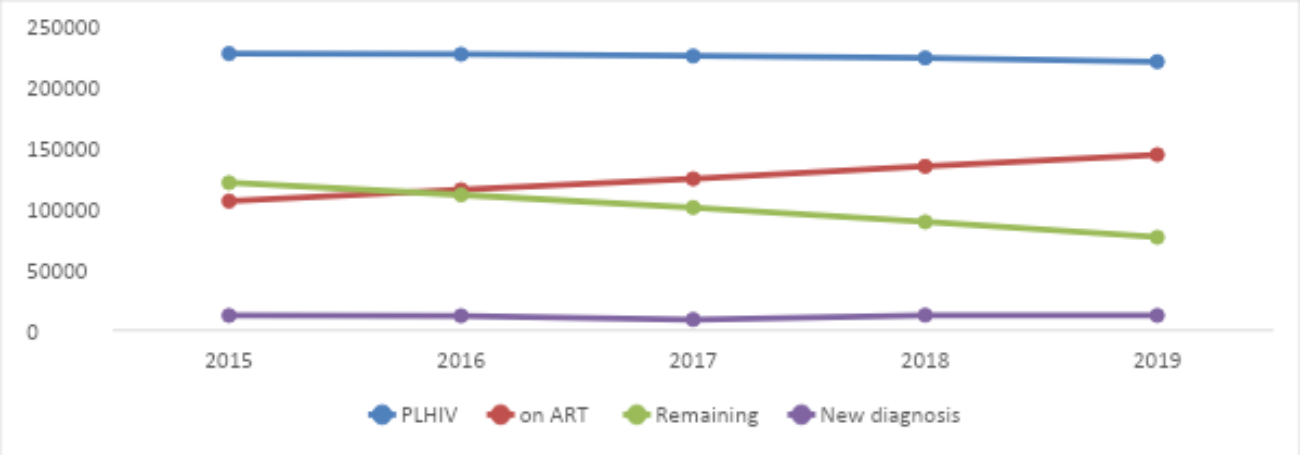


Figure 2.1.7 Epidemiologic Trends and Program Response for your Country (Figure 2.1.1.3 in COP20 Guidance)



2.2 New Activities and Areas of Focus for COP20

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

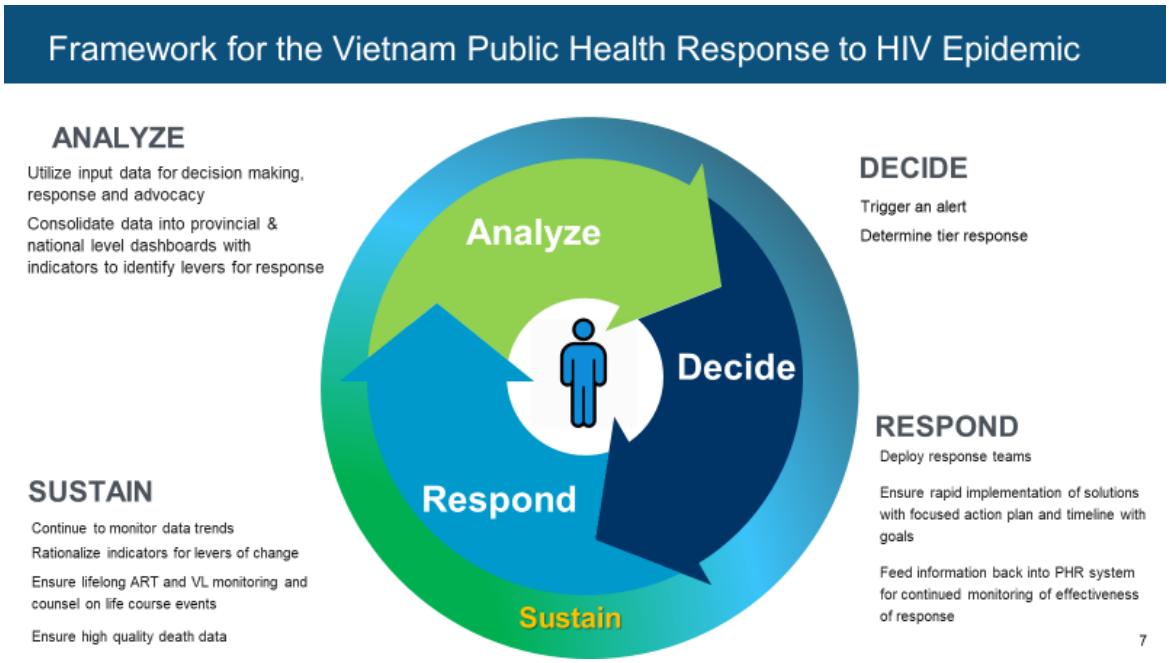
As Vietnam heads towards sustainable epidemic control in two regions, the program will pivot to address HIV as an infectious disease that requires a robust public health response to identify and stem new infections. In parallel, recognizing that HIV is a chronically managed disease, a responsive program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

PEPFAR Vietnam has invested in and supported components of a public health response (PHR) since the inception of the program. This includes: strengthening data quality; providing TA for case reporting; bolstering Provincial Technical Teams (PTTs) for routine analysis coupled with timely deployment of TA; and scaling up recency testing and its inclusion in routine reporting through the Emergency Operations Centers. More work needs to be done to connect the different components and institutionalize the PHR for long-term sustainability. PEPFAR will support the GVN to move from donor-directed HIV programming to a government-led PHR process of continuous data analysis that guides evidence-based decision-making and a timely and appropriate response, in which case-based surveillance is the backbone of the response and provides the key inputs needed to identify and respond to new infections. The PHR is an indigenously driven system, with the GVN in the lead and including civil society, academic institutions, and CBOs. Outside of PEPFAR priority provinces, PHR activities will be implemented with government-to-government support and engagement of CBOs, and will rely on SHI, the Global Fund, and domestic resources to finance service delivery improvements with an overall aim to reach epidemic control.

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

Vision of COP20: Scaling-up a Common Framework for Vietnam's Public Health Response and Program Quality Monitoring: A Sustainable and Responsive HIV Program Framework

The COP20 framework to enhance both Vietnam's Public Health Response and the Program Quality Monitoring approach includes four core pillars: Analyze, Decide, Respond, and Sustain. These core pillars will inform how epidemiological and program inputs are used in order to ensure transparency and enable key stakeholders to guide an informed and timely response. For both components of sustainable epidemic control, core indicators have been identified across epidemic control/surveillance, service delivery, systems, and health facility and community QI. These core indicators have decision thresholds that will trigger specific tiered responses based upon level of urgency.



1. *Analyze*

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

Facilitating routine monitoring of inputs for trigger points embedded within the metrics will create an early warning system to promote awareness and responsive actionsl. These triggers for response involve a three-tiered early warning system: Tier 3 - Routine; Tier 2 - Heightened; and Tier 1 - Escalated. Each tier is associated with multiple indicators that together can trigger a focused and coordinated response. For example, along with other factors, a recency rate of 8% or higher in a clinic or district setting could trigger Tier 2 - Heightened response, and if the rate rises to 12% or above, it could become Tier 1 - Escalated. All of these inputs assist in hotspot/cluster detection, which is particularly useful for small populations, populations with a low HIV burden, and among KPs. Using epidemiological data and inputs to trigger an alert is vital for a timely response.

2. *Decide*

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

3. *Respond*

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

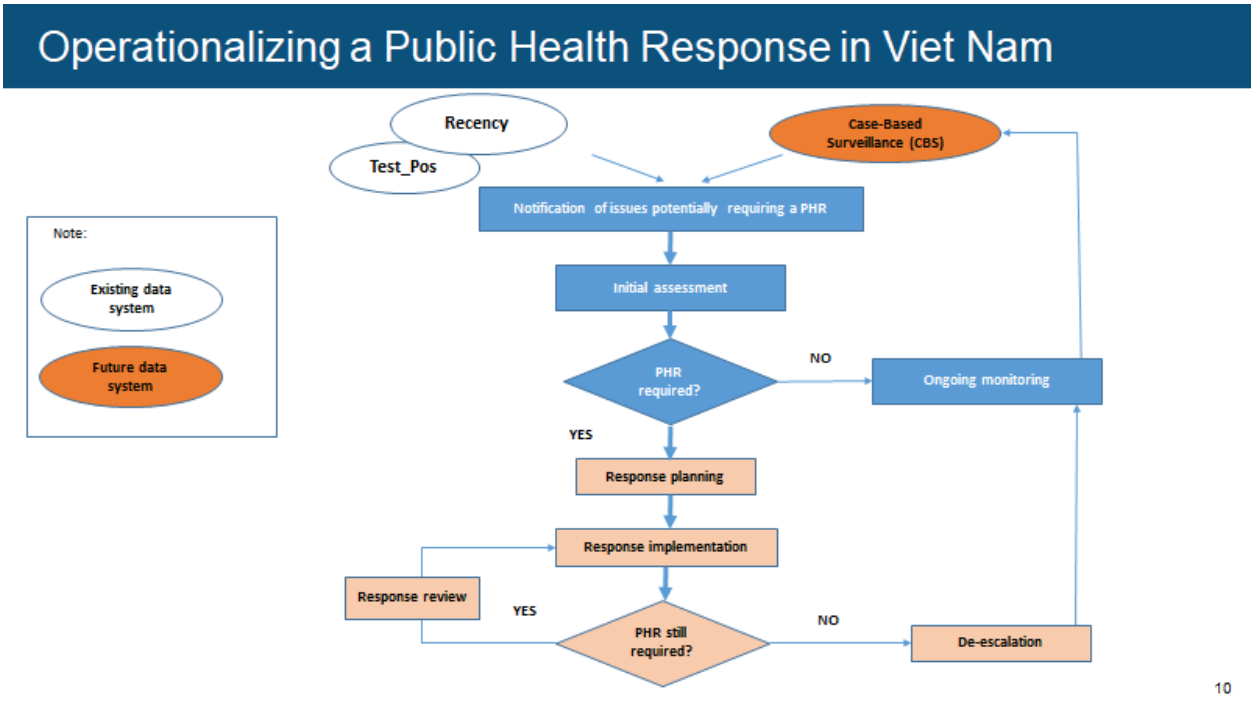
Provincial technical teams will also monitor the progress of the response and determine the criteria for when to end the response, such as when the network is fully discovered and no new linked infections occur. Depending on the tier of response, different teams will be involved. A Tier 2 - Heightened would draw on local (provincial- and site-level) support, as well as technical support from provincial stakeholders, whereas a Tier 1 - Escalated would necessitate the involvement of Central Government, PEPFAR, GFATM, and local teams, among others. Deploying the appropriate response teams is vital to ensure rapid implementation of solutions with focused action plan and timeline with goals. These teams will also feed information back into the PHR system for continued monitoring of the effectiveness of the response.

4. *Sustain*

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

Operationalizing A Public Health Response in Vietnam

The PHR framework for COP20 builds on current program achievements and focuses on real-time detection and response to new infections to identify and respond to PHR issues. Until the full-scale CBS is available for real-time analysis, other inputs, especially recency and TST_POS data, will raise an alert and initiate further analysis. If a decision is made that a PHR is needed, GVN will coordinate with PEPFAR and other stakeholders, including GFATM and community organizations, to provide technical and human resources until the decided outcomes are met and the response is de-escalated. On-going monitoring will continue whether or not a response was needed and post-implementation.



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

The three core elements of a robust PHR include surveillance and program monitoring, service delivery, and sustainability. Persistent challenges in these areas have led to a fragmented PHR response to date. It will be the focus in COP20 to promote a more holistic PHR approach.

Case-based Surveillance as Backbone of Public Health Response

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

A real-time surveillance system, ultimately grounded in a robust case-based surveillance system, is critical to signal new diagnoses and recent infections to monitor for PHR. Recency testing data and

the ability to track sentinel events of PLHIV, from diagnosis to death, will be a critical input of a robust PHR framework. A case-based surveillance system is currently being developed with the full buy-in of the government; however, its minimum standards and architecture are still under development going into COP20.

Program Quality Monitoring for Sustainable Epidemic Control

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

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

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

Core Routine Program Indicators for Tiered Responses

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

CBS

PQM

Service Delivery, including Community Engagement

PEPFAR is actively working to ensure that client-centered community monitoring is occurring through active case management, consumer advisory boards, community scorecards, and other initiatives. However, for true, independent community monitoring to support PHR and sustain program quality, these innovations—and more broadly, the community's acknowledged role in the HIV response, need to be standardized and protected within Vietnam's historically constrictive legal framework.

Sustainability

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

Shift to A Full-Scale Public Health Response and Activities Beginning in COP20 for Sustainable Epidemic Control

As Vietnam begins to consolidate and roll out the PHR, core elements, including a focus on data systems, HRH capacity, service delivery systems, domestic financing, and supply chain will be rationalized and standardized. In COP20, PEPFAR will work with GVN and stakeholders to galvanize policy consolidation and development for the PHR, the case-based surveillance system, EOC dashboards, and routine data quality and use through efficient program monitoring mechanisms. Nationwide recency testing and analysis will be institutionalized for both surveillance and programmatic purposes and for the deployment of timely technical assistance.

In addition to ensuring the policy framework and the architecture of the PHR, PEPFAR Vietnam recognizes that human resources are critical to successful implementation. COP20 will support the scale up of community-led monitoring to engage community and service users in the planning, monitoring and implementation of responses, from hotspot mapping to providing temperature reads of client preferences and service friendliness.

Provincial technical teams will do the heavy lifting of implementation of the PHR. PEPFAR will support the additional capacitating of these bodies—not only for technical and public health capacity to respond to new infections and hotspots, but for improved coordination, resource mobilization, data analysis and use, and responsive HIV programming to maintain program quality. Through inaugurating a cultural shift in how provincial HIV managers and technical experts, along with community and other key stakeholders, work together and through the use of epidemiological/surveillance and program data, the groundwork will be laid for a true HIV public health response that sustains Vietnam's achievements in meeting epidemic control.

2.3 Investment Profile

The HIV response in Vietnam is successfully transitioning from a program that was once primarily donor-dependent to one that is increasingly financed through domestic resources. Significant measures have been taken to enable this shift since COP15, when the two major sources of donor funding were PEPFAR and the Global Fund, which together contributed two-thirds of the HIV funding in Vietnam. An evaluation of national HIV expenditure for 2011-2020 shows that overall proportion of domestic resources, including both public- and private-sector spending, has increased from 35 percent in 2015 to approximately 49 percent in 2019.

Public sector financing is now approximately 40 percent of total HIV expenditure; this includes funding from the central and provincial governments, and contributions from SHI. Central government funding primarily finances essential HIV commodities (ARVs and methadone); development and implementation of key policies/guidelines; and HIV sentinel surveillance. Provincial governments have increased their funding footprint for the HIV response and cover the following areas: human resources for health (HRH), capacity building, general HIV prevention, monitoring and evaluation, and harm-reduction programs. A Decision from the Prime Minister's office mandates that all HIV drugs be covered by the GVN with no out-of-pocket expenditure for PLHIV. Provincial funding also covers patient-level costs for the SHI scheme, such as premiums

and copayments. In 2019, provincial governments spent $760,000 for patient-level SHI premiums and ARV copayments (38/46 provinces subsidized SHI premiums and ARV copayments, and an additional eight covered SHI premiums). To ensure equity and a smooth transition to SHI, provinces will continue to use the Global Fund and PEPFAR resources to cover SHI premium and copayment costs for clients when domestic resources are insufficient.

SHI contributions have increased significantly since SHI started procuring ARVs in 2018 (for use in 2019). In 2018-2019 SHI reimbursements for HIV services and ARVs are estimated at $6.5 million, including provision of ARVs to 51,090 PLHIV. In 2019, the GVN planned to procure ARVs for 103,000 patients (for use in 2020). The central budget will provide funding to procure ARVs for approximately 11,000 PLHIV who are either SHI ineligible or are in subsidized groups by the HIV Law. It is expected that the GVN will cover ARVs for around 82 percent of all PLHIV through SHI in Vietnam by 2023. It is to be noted that as it is a curative scheme, SHI does not cover HIV prevention services. Therefore, domestic financing for HIV prevention activities, especially targeting KPs, is limited. Public expenditure for essential activities for KP prevention programs, such as case-finding, testing, and PrEP, only accounts for 20% of total public expenditure, and services are still primarily financed by donors.

Table 2.3.1 Annual Investment Profile for Calendar Year 2019 by Program Area[3]

Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	31,290,031	19%	29%	52%	0%
Community-based care, treatment, and support					
PMTCT	1,240,603	0%	37%	63%	0%
HTS	6,186,437	46%	45%	10%	0%
VMMC					
Priority population prevention					
AGYW Prevention					
Key population prevention	10,501,314	38%	37%	26%	0%
OVC					
Laboratory					
SI, Surveys and Surveillance	33,320,358	36%	10%	54%	0%
HSS	1,901,255	69%	0%	31%	0%

Table 2.3.2 Annual Procurement Profile for Key Commodities					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GF**	**% Host Country**	**% Other**
ARVs	$11,081,598	2.7%	48.0%	9.0%	40.0%
PrEP	$360,000	100.0%			
Rapid test kits	$1,134,524	26.4%	73.6%		
Other drugs					
Lab reagents					
Condoms	$80,020	-	100.0%		
Viral Load commodities	$3,281,291	9.0%	91.0%		
VMMC kits					
MAT	$2,662,432	-	32.4%	67.6%	
Other commodities/TB	$7,620	-	-	100.0%	
Total	$18,607,485	6.8%	54.3%	15.1%	23.8%

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID TB	5,000,000	n/a	n/a	n/a	n/a
USAID Global Health Security	4,500,000	n/a	n/a	n/a	n/a
CDC (Global Health Security)	4,650,005	n/a	n/a	n/a	n/a
Other (specify)					
Total	**14,150,005**	**n/a**	**n/a**	**n/a**	

2.4 National Sustainability Profile Update

In September 2019, PEPFAR, UNAIDS, and the Ministry of Health (MOH)/VAAC co-convened a one-day meeting with diverse country stakeholders to complete the Sustainability Index Dashboard (SID). Discussions were robust; there was agreement that the scores may not accurately reflect the Vietnam context as a majority of the elements were categorized as 'approaching sustainability' or 'sustainable.' For example, while planning and coordination (8.29) is approaching sustainability as the GVN maintains transparency and accountable resolve to be responsible to its citizens and

development partners for achieving planned HIV results, the national HIV strategy is not costed and does not outline clear roles and responsibilities and partner implementation plans. Another example is the new element of market openness (9.33) which is categorized as sustainable. While it is true that the GVN does not have policies that limit provision of HIV services by local organizations and is interested in the resources that private sector engagement has to offer, to date it has not actively nurtured or funded the development of an open market.

Over the last few years, PEPFAR funds have decreased as Vietnam has made considerable progress towards epidemic control and taking on more financial leadership for the response. This has resulted in PEPFAR's two-fold objectives of enabling the GVN to take increasing ownership of a public health response approach to the HIV epidemic, that is grounded in a robust case-based surveillance system and uses indigenous partners; and assuring the continued successful transition primary financial responsibility of the HIV response to Vietnam. PEPFAR has transitioned out of purchasing ARVs, supporting HRH and administrative site-level costs, and transitioned the primary responsibility for routine laboratory monitoring tests. However, in COP20 PEPFAR will continue supporting Vietnam's national HIV response by prioritizing systems investments to help Vietnam achieve 95-95-95 in the two priority regions of NEZ and HCMC Metro, including intensified community-based case finding, enhanced contact tracing and index testing, and linkage to same-day ART and viral load (VL) suppression. COP20 will continue to affirm PEPFAR's commitment to transition from donor-funded ARVs to SHI-funded ARVs, providing the necessary TA that will include supporting the system's ability to retain and reimburse PLHIV; quantify, procure, and distribute ARVs on a timely basis; and monitor the overall transition to ensure continuity of treatment and quality services. The Global Fund has maintained its funding for the 2021-2023 round for Vietnam; Global Fund will significantly reduce its support for ARVs as SHI's role in ARV procurement increases.

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

legal and programmatic framework so that the GVN can directly contract with CSOs. PEPFAR will also continue to engage the Private sector in providing HIV services and mobilise their investment in HIV prevention services and commodities. Those activities will be added on and complement Government efforts to increase and secure Government earmark funding for essential HIV prevention activities and increased efficiencies within the National and provincial budget spends for HIV.

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

- *Civil Society Engagement* (4.25 SID score): Local civil society in Vietnam has been an active partner in the HIV/AIDS response through service delivery provision, advocacy efforts, and as a key stakeholder to inform the national HIV/AIDS response. Civil society's role in oversight, however, may not be as strong. In addition, domestic funding is limited for civil society. With steady decreases in donor budgets, and no formal national mechanism for civil society funding, their sustainability is threatened. In COP20, PEPFAR will engage with CSOs to enhance their role in community monitoring and oversight of the public health HIV response. COP20 activities will also advance the social contracting agenda that may allow the MOH to engage CSOs directly for their work in KP communities.

- *Data for Decision-Making Ecosystem* (3.67 SID score): Vietnam does not yet have in place a civil registration and vital statistics system, national unique identification system to track HIV and other health services, or central integration of HIV data with other administrative data. These gaps in health data systems and quality remain a concern; In COP20, PEPFAR will prioritize the joint development of an interoperable health information system for key CBS and program quality monitoring systems to feed into a provincial level and national level monitoring dashboard, leading to data institutionalization at provincial level and national level stakeholders including GVN, PEPFAR and GF.

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

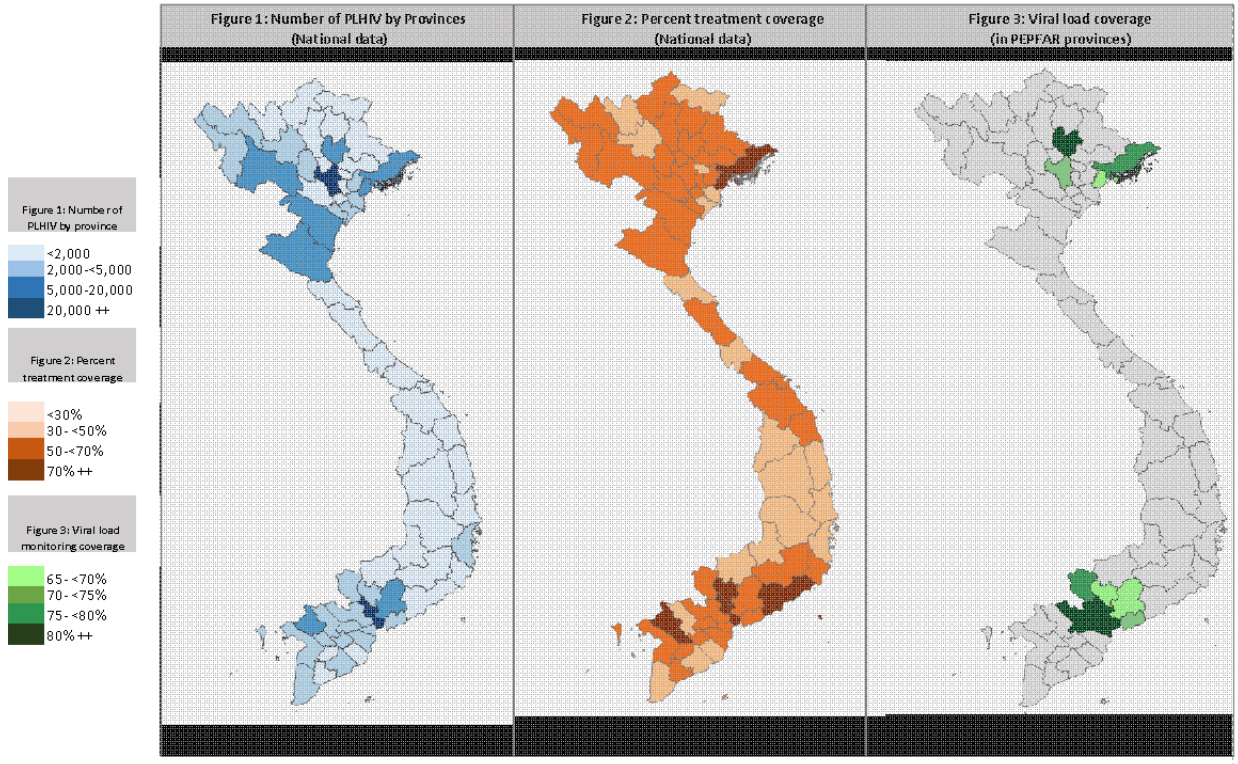
2.5 Alignment of PEPFAR investments geographically to disease burden

In coordinated support of the national HIV response, the majority of PEPFAR Vietnam FY 2019 expenditures were at the site-level (57.8 percent). Remaining expenditures include health system strengthening (20 percent), above-site program management (15.8 percent), and strategic information (6.4 percent). In COP20, higher levels of expenditures are expected to continue at the site-level in the current 11 provinces, which represents 51 percent of the national HIV epidemic.

COP20 will also see potential expenditures outside of the NEZ and HCMC metro provinces, as PEPFAR Vietnam implements the public health response approach, utilizing real-time data to identify hotspots of disease transmission.

The PEPFAR COP20 budget outlined in the Funding Allocation to Strategy Tool (FAST) adheres to the program and geographic focus of PEPFAR to achieve sustainable epidemic control in NEZ, HCMC Metro and potential newly identified hotspots of disease transmission. COP20 also focuses on expanding a case-based surveillance system, developing and implementing a Public Health Response approach, and achieving our direct service delivery targets. The program will also support non-service delivery programming in direct support of the 95-95-95 targets and ensuring a sustainable transition of the HIV response to the GVN. All commodities included within the FAST will be used in NEZ and HCMC Metro.

Figure 2.5.1 People Living with HIV (PLHIV), Treatment Coverage, and Viral Load Monitoring Coverage



Data source: Vietnam Administration for HIV/AIDS Control (VAAC), PEPFAR Vietnam

2.6 Stakeholder Engagement

In line with the COP20 Guidance, the team hosted two regional stakeholder meetings for the NEZ in Hanoi on February 5, 2020 and the HCMC Metro Region on February 6-7, 2020 in Ho Chi Minh City. The meetings gathered the Vietnam COP Chair and PPM, local leaders, technical/program staff, and other representatives of the MOH/VAAC, VSS, provincial health authorities of the 11 PEPFAR surge provinces (DOH and CDC), development partners (UNAIDS, WHO, and the Global Fund), implementing mechanisms (IMs), and representatives of PLHIV and KP networks and CSOs/CBOs. The meetings were an opportunity to introduce the PEPFAR COP20 strategic direction

to all stakeholders, provide updates on the national and provincial epidemic context, review program results and progress to date, identify prioritized technical areas and activities, and collect inputs for provincial joint plans. The key outcomes of the two meetings were the 11 agreed-upon provincial joint plans for the COP20 implementation period, with inputs from PEPFAR, the national MOH/VAAC, local DOH/CDC, IMs, development partners (particularly the Global Fund in provinces both the donors work in), and local PLHIV and KP CBOs/networks. Representative leaders from MOH/VAAC, provincial health authorities, and academic institutions also joined the PEPFAR team for an in-depth discussion around a public health response for Vietnam.

2.6.1 Host Country Government

Building on experience from the previous COPs, the team continued to collaborate with MOH/VAAC and local health authorities in NEZ and HCMC Metro Region from the beginning of COP20 planning at both management and technical levels. Key discussions areas included PHR, CBS, program quality monitoring, PrEP, TLD, and resource alignment. The VAAC assigned a Deputy and two technical leads (Care and Treatment and M&E) to join the country delegation working on COP20.

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

2.6.2 The Global Fund and other External Donors

The management team members join the quarterly health partners meetings hosted by the MOH, gathering all development partners working in health in the country (including WHO, UNAIDS, PEPFAR, GFATB, etc.) The team meets with UNAIDS bimonthly to discuss coordination with the GVN and among development partners. In September 2019, PEPFAR, UNAIDS and the VAAC co-convened a meeting with a wide range of stakeholders to discuss and agree on the scoring of the Sustainability Index and Dashboard (SID 2019) tool. PEPFAR, UNAIDS and VAAC management also completed the Responsibility Matrix 2019 tool together.

There was a visit by the Global Fund Geneva team to Vietnam, coinciding with both the PEPFAR COP20 season and the preparation of the Concept Notes for the next cycle of Global Fund grants. It was a good opportunity for the two programs to share strategy, data (particularly commodities), and priorities. During the year, the two programs maintained close contact via email and phone calls to ensure coordination and collaboration.

At the country level, PEPFAR is a member of the Country Coordinating Mechanism (CCM) and serves in both the CCM Executive Committee and the CCM Oversight Committee. PEPFAR has provided significant support in the selection of CSO/KP slots and restructuring of the new CCM for 2020-2022 and plans to work with the CCM on capacity building for CCM CSO/KP members, particularly in the oversight function. PEPFAR also assigns technical staff to sit in the CCM HIV sub-committee, who provide inputs for the preparation of the GF Concept Note. The Global Fund's CSO principal recipient, VUSTA, is frequently engaged in all PEPFAR meetings as a critical stakeholder.

2.6.3 Civil Society/Community

In November 2019, VAAC, PEPFAR, and the Global Fund co-hosted two regional workshops to acknowledge CBOs' contribution in the national HIV response over the last 20 years and strengthen collaboration between community organizations and provincial health agencies to meet epidemic control goals. Each workshop included 200 representatives from CBOs based in many northern and southern provinces and cities. The workshops encouraged KP and patient-centered approaches and fostering of effective collaboration between consumers and health care providers to improve quality of care.

The team endeavors to ensure people in the community are informed and heard. In COP planning, PEPFAR includes key CSOs/CBOs from all the provinces in NEZ and the HCMC Metro Region, both those receiving PEPFAR and/or Global Fund funding (Glink, CSOs/CBOs in NEZ and HCMC Metro) and those not (VNP+ and VYKAP) are well-informed and offered opportunities to provide inputs to the strategic direction and work plans. For COP20, four representatives from the local civil society were selected to join the country delegation, two from NEZ and the others from the HCMC Metro Region. They represent the PLHIV network, the MSM-transgender (TG) network, and the young KP network. They are also the individuals representing the community to work with PEPFAR, UNAIDS, the GVN, and other stakeholders in shaping what community-led monitoring will look like for COP20.

CSOs and CBOs are invited to join PEPFAR stakeholder meetings throughout the year, including during the COP season, to discuss technical issues, ad hoc meetings with Washington D.C., visitors, or portfolio review meetings. MT, TWGs and IMs spend a great deal of time visiting and hearing from community members and showing support, ranging from attending public events like the annual Red Ribbon Awards, to opening of new clinics by KP-led social enterprises. The team has plans to engage more often with both larger-scale CSOs and local CBOs in the 11 surge provinces.

Starting in COP20, an open and competitive process will be used to select partners from the community to implement community-led monitoring. The plan is being developed with inputs from community representatives, larger CSOs, MOH/VAAC, provincial authorities, and community monitoring experts. It is foreseen that provincial community monitoring boards will be established in PEPFAR supported provinces to routinely collect data on clients' satisfaction of PEPFAR supported services in their own provinces and to identify gaps and limitations in service delivery.

These data will feed into POART and COP planning and will be shared with the GVN at the national and subnational levels, IMs, and a wide range of stakeholders to serve the purposes of advocacy, programming, and quality assurance. Indicators will be entirely identified and selected by community members to reflect their own needs and concerns.

2.6.4. Private Sector

As willingness to pay for health-related goods and services increases with Vietnam's economic growth, leveraging the private sector will be crucial for a sustainable HIV response in Vietnam. Throughout the year, the team made many efforts to promote private sector engagement to contribute to financial sustainability of HIV/AIDS services in the country. In August 2019, VAAC and PEPFAR co-convened the first major dialogue on the strategic contribution of the private sector to sustainable domestic financing for the HIV response in Vietnam.

Market-based thinking and human-centered design has enabled more than 50 organizations to offer new HIV commodity and services alternatives to those affected by HIV in ways that promote choice, self-reliance, and innovation. Partnerships and significant investment from multinational and local companies have also improved health outcomes for people most at risk of HIV and had a positive impact on the companies' bottom line. Overall, private sector partners have invested nearly $6.9 million dollars in the HIV response over the past five years.

In COP20, the team will continue to strengthen its collaboration with CSOs/CBOs and KP-led social enterprises and businesses in efforts to improve access to HIV prevention (including testing and PrEP) and treatment among KPs and generate sustainable services in the long run. The capacity of the networks of people living with HIV (VNP+), people who use drugs (VNPUD), MSM, and TG people in the 11 surge provinces will be enhanced to deliver comprehensive HIV-related activities, including: outreach, lay, and self-testing; social network testing; index partner testing; PrEP/nPEP; and linkages to treatment services. The successful model of G-link, a CBO-based and KP-led social entrepreneur in HCMC Metro, will be replicated in other NEZ provinces to address the needs of high-risk KP sub-groups that are more comfortable with and willing to pay for HIV commodities and services at a social enterprise or private clinic.

In addition, PEPFAR will continue to work with private health providers to expand access to HIV testing, PrEP/nPEP, and other HIV services. For example, PrEP services will be provided through high quality one-stop-shops for MSM and transgender women in Ho Chi Minh City and Hanoi. PEPFAR Vietnam continues to foster market entry for new HIV self-testing products and PrEP and continues to increase MOH capacity as an HIV commodity market manager through total market approach calculation tools. CSOs/CBOs, KP-led social enterprise and private clinic business capacity will be strengthened, and key private sector investors (such as pharmaceutical, diagnostics and medical supply companies) will continue to be engaged in developing the sustainable local market for HIV-related goods and services in Vietnam.

3.0 Geographic and Population Prioritization

Since COP18, the PEPFAR priority regions are defined as NEZ: Hanoi, Hai Phong, Quang Ninh, and Thai Nguyen provinces; and HCMC Metro: HCMC, Ba Ria-Vung Tau, Binh Duong, Dong Nai, Long An, Tay Ninh, and Tien Giang provinces. Within each region, there is a dynamic process of internal migration for economic opportunity and movement across provincial borders to access HIV services, including ART. Within the provinces of NEZ and HCMC Metro, district-level prioritization has further focused PEPFAR resources and partner efforts into those areas with highest density of HIV disease burden, highest rates of new case identification, and highest clinic patient loads.

Taken together, NEZ and HCMC Metro comprise more than 50 percent of the HIV disease burden in Vietnam. Within these zones, prevalent HIV infections are concentrated among MSM and TG persons, PWID, commercial sex workers (CSWs), and their sexual partners. Data from studies of urban MSM and recency testing confirm a large and growing HIV risk among MSM, and especially among young MSM. In Hanoi, HIV prevalence among MSM is 11 percent, with an observed annual incidence of 6.9 percent; 36 percent of MSM testing positive for HIV were confirmed as recent infections, indicating that they had been infected within the previous year. Alarmingly, the observed annual incidence of MSM aged 16-20 in Hanoi is 7.5 percent.

COP20 retains PEPFAR Vietnam's commitment to achieve 95-95-95 in the priority provinces, with focus on improving case-finding and linkage efforts in the NEZ, especially Hanoi. PEPFAR's recent start of intensified support to Hanoi for HIV in COP18, nascent CBO structure, and conservative culture leading to heightened stigma and discrimination have all impacted the achievement to date in Hanoi. Achieving results in Hanoi will require concerted efforts and commitment, including leadership from the government, learning from HCMC, and modelling HCMC Metro's successful KP-focused and community-based approaches. Strategic community-based testing, enhanced index testing, and contact tracing approaches will be applied for case finding within demographic and geographic hotspots identified through recency and acute infection testing. Increased PrEP access and marketing will also serve as an entry point for HIV testing and would lead to same-day access to PrEP for those at substantial risk for infection and same-day treatment for those who are diagnosed with HIV. This strategy reflects PEPFAR Vietnam's commitment to focusing resources and efforts to achieve maximal impact and the goal of sustainable epidemic control.

Table 3.1 Current Status of ART saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP20**	**# Current on ART (FY19)**	**# of SNU COP19 (FY20)**	**# of SNU COP20 (FY21)**
Attained	NA	NA	NA	NA
Scale-up Saturation	74,200	53,091	7	7
Scale-up Aggressive	44,200	27,851	4	4
Sustained	NA	NA	NA	NA
Central Support	NA	NA	NA	NA

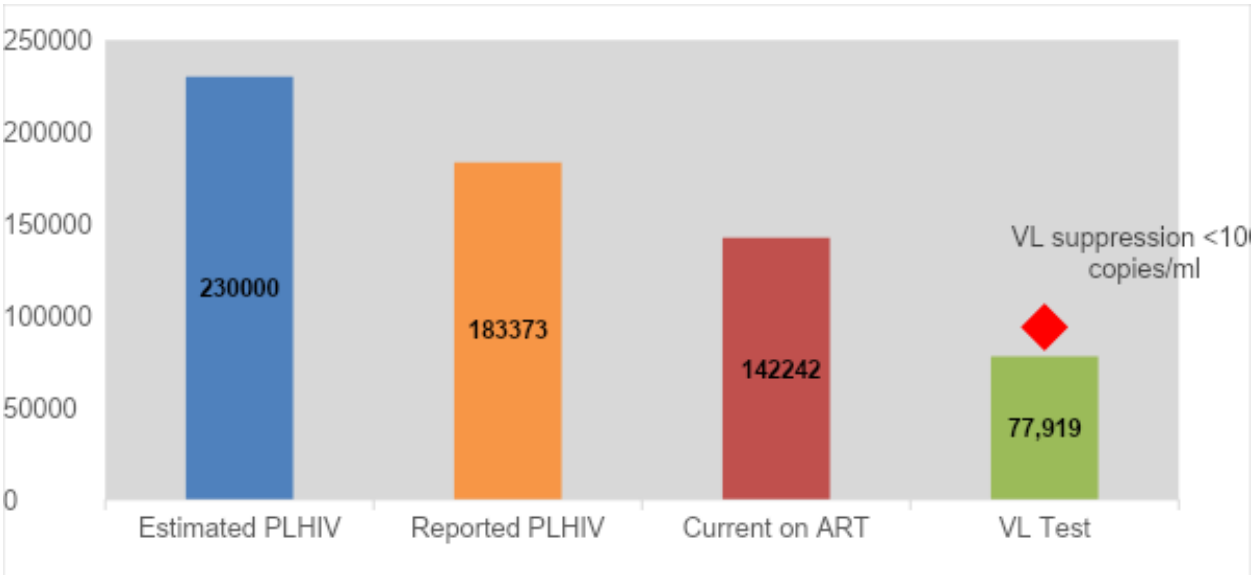
4.0 Client-Centered Program Activities for Epidemic Control

4.1 – 4.4 COP20 Programmatic Priorities for Epidemic Control

4.1 Finding the missing and getting them on treatment

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

Figure 4.1.1 National Cascade, 2019



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

In response to this public health need, in COP20 PEPFAR Vietnam will tailor case-finding and service delivery activities to KPs through a multi-pronged approach. First, PEPFAR will prioritize differentiated services based on client choice to improve access to and uptake of services. Recognizing the lack of KP-friendly sites with integrated HIV services, PEPFAR Vietnam will capacitate 12 sites in Hanoi and HCMC to create a network of one-stop shops for integrated sexual health care focused on KPs and MSM/TG in specific targeted districts. At all sites, clients will receive no-cost walk-in packages of HIV/sexually transmitted infection (STI) testing and sexual health examinations. Adopting an innovative "status neutral" approach, those testing negative for HIV with risk factors will receive same-day PrEP, while those testing positive for HIV will receive same-day ART. On-site wrap-around services—like index case testing (ICT) and harm reduction services for ATS—will be provided at the visit; for highly specialized services—such as dermatology services for specific STIs—the clients will be referred within network, with the assurance that any in-network site will be KP-friendly and capacitated to provide holistic sexual health care.

Second, PEPFAR Vietnam will use social media and internet-based approaches to get KPs tested, in care, and retained on ART or PrEP. The one-stop shop network will create demand for services over popular social networking websites and dating apps that MSM frequent. Once clients are in ART or

PrEP care, counselors at the sites will leverage social media to proactively check in with clients on their health status, adherence, etc. Secure internet-based platforms can also be used for online-to-offline service delivery (e.g., teleconsults), appointment booking, anonymous partner notification, and other social network strategies. Social media can be rapidly leveraged during a public health response to raise KP community awareness and promote engagement, ensuring the client experience informs and strengthens the quality of HIV service delivery locally.

Third, in COP20 PEPFAR Vietnam will tailor testing strategies to meet the unique needs of different KPs. Lay- and self-testing will be further expanded and emphasized as a strategy to overcome stigma and discrimination that may be barriers to facility testing. Clients opting for self-testing will have the option of blood-based or oral HIV self-tests to increase choice. Lay- and self-testing will be integrated into ICT to test partners on the spot and quickly link them to ART or PrEP, a strategy which may be deployed in a cluster response.

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

Among all PLHIV, PEPFAR Vietnam is committed to advancing work on differentiated service delivery to remove barriers to accessing and continuing on ART. In COP20, PEPFAR Vietnam will fully institutionalize same-day ART by continuing to decentralize HIV confirmatory labs, which in turn will decrease turnaround time to making a positive diagnosis. PEPFAR Vietnam will normalize 3-month MMD, including through SHI, and advocate for 6-month MMD in stable patients.

PEPFAR Vietnam will continue to lead in K=K messaging, which will be widely disseminated to promote treatment initiation, retention, and adherence. In COP20, PEPFAR Vietnam will fully embrace a status-neutral message of ARVs for prevention, thus harmonizing K=K and PrEP demand-creation strategies to support viral load suppression and meet ambitious COP20 PrEP targets.

In COP19, PEPFAR Vietnam followed through on the commitment to scale-up dolutegravir as part of the fixed dose combination TLD, with the goal of initiating 9,000 patients as part of ART optimization. In COP20, PEPFAR Vietnam will provide ongoing technical assistance and advocacy to include TLD in the SHI scheme, a condition for long-term sustainability of this regimen.

In COP20, treatment and viral load indicators will be aggressively monitored and managed in all 11 PEPFAR provinces and further promoted through the national public health response framework. Though viral suppression is generally high, site-level data will identify the few who have struggled and target them for case management and support to re-engage in care and adhere

to therapy. Differentiated packages of care tailored to the unique retention and adherence needs of sub-groups, such as adolescents and PWID, will be developed and disseminated in COP20.

4.2 Retaining clients on treatment and ensuring viral suppression

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

A key strategy to boost retention is scaling differentiated care. 3 month MMD operating procedures were implemented in 2018, with 3 month MMD through SHI initiated in 2019. PEPFAR Vietnam currently offers MMD to approximately 60 percent of eligible patients; in November 2019, that national guidelines for MMD eligibility relaxed so more patients can participate. During COP20, the target for MMD will be 75% and will include expansion to other regimens including TLD. Ensuring MMD expansion will be a key priority to limit the burden of returning to facilities monthly to pick up medicines, which in turn will promote retention, adherence, and ultimately VL suppression.

4.3 Prevention, specifically detailing programs for priority programming

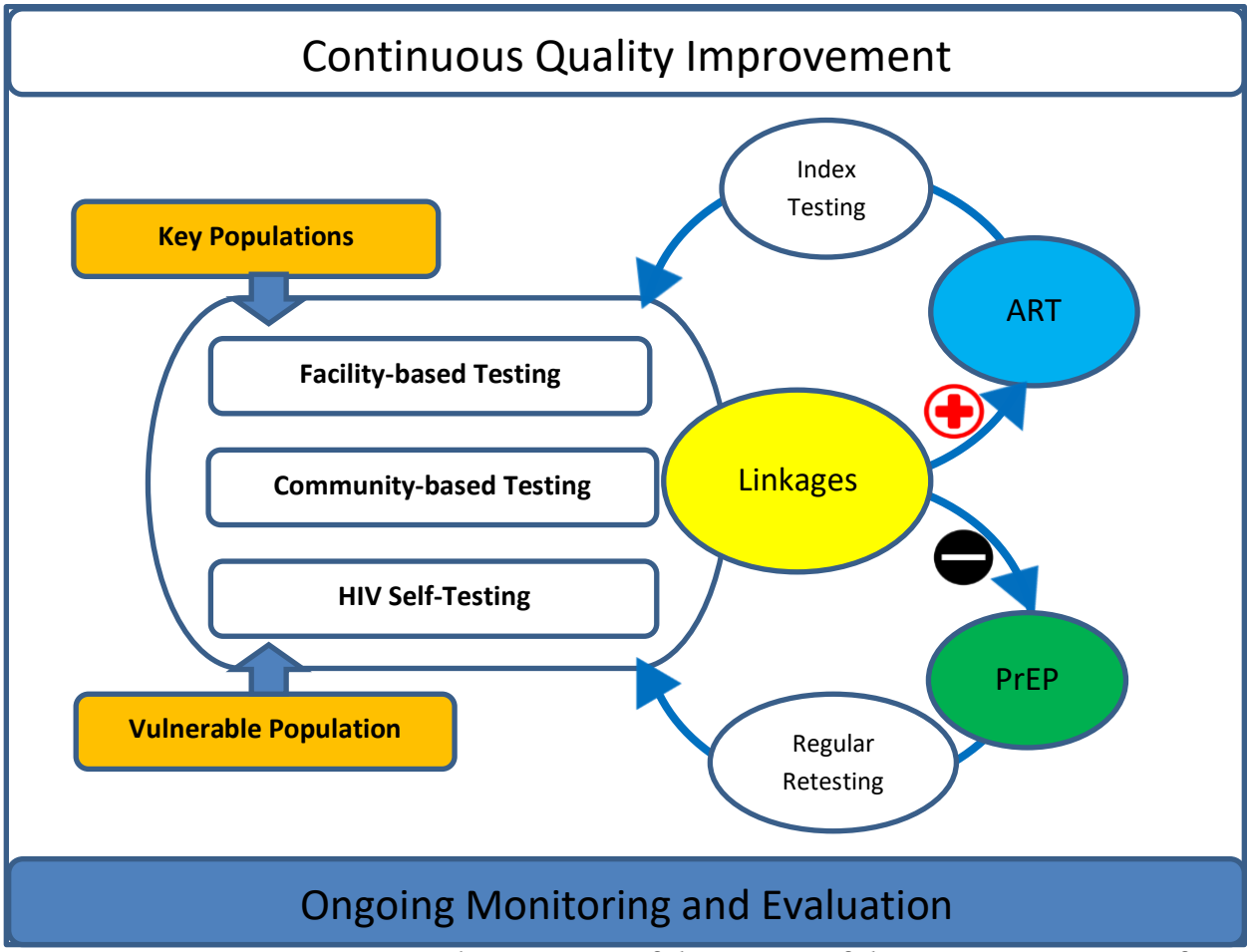
In COP20, PEPFAR Vietnam prevention activities will continue to focus on achieving the first 95 targets in the two priority regions, NEZ and HCMC. PEPFAR Vietnam will boost HIV prevention and case-finding through targeted, confidential, and client-centered approaches.

One-Stop Shops

PEPFAR Vietnam recognizes that HIV prevention programs must be responsive to client needs and risk profiles. With PEPFAR support, the GVN issued the national guidelines on implementation of HIV interventions for MSM in FY2019, which clearly defines a core package of services to curb the HIV epidemic among MSM. To operationalize this, PEPFAR Vietnam team will support 11 MSM-friendly “one-stop shops” in Hanoi and HCMC, aiming to improve access to and uptake of tailored

behavior change communications, sexual health care, HIV/STI testing and treatment, PrEP/nPEP, ART, and other important services such as mental health and substance use.

HIV Testing Strategy



HIV testing services are an essential component of the success of the HIV response. Data from PEPFAR provinces show that 83% of people living with HIV (PLHIV) were aware of their status in 2019. However, the progress toward the first 90 varies widely, from 70% in Dong Nai to 90% in Ho Chi Minh City. Those most at risk and therefore in need of regular testing are members of KPs, including MSM, male and female sex workers, and PWID. There are also significant gaps in reaching vulnerable populations such as young men, sexual and drug-injecting partners of PLHIV, and migrant and itinerant workers in new industrial zones.

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

PEPFAR Vietnam anticipates index case testing will resume in the 11 PEPFAR provinces, and plans for aggressive targets, with index partner testing contributing approximately 35 percent of the total positives in NEZ and 50 percent of the total positives in HCMC and an expected yield of fifteen

percent. Recent consultations with communities in Hanoi and HCMC revealed no reports of severe/serious adverse events related to ICT. However, in COP19 and COP20, emphasis will be placed on strengthening systems to ensure compliance with the WHO's HIV testing and counseling guidelines and to closely monitor and effectively address adverse events. The social network strategy (SNS) approach will further tap into the high-risk networks of KPs for case finding. HIV self-test kits and services will be delivered from diverse platforms and through innovations, including facility- and community-based services, index case testing, online health counseling, and more to meet the diverse needs of high-risk individuals.

PEPFAR Vietnam will continue to support the GVN to incorporate the rapid recency testing algorithm into the HTS system to distinguish recent from long-term HIV infections among newly diagnosed positives. PEPFAR Vietnam will support the use of fourth-generation screening tests among MSM to identify those acutely infected. The data from recency testing and fourth-generation screening tests will help generate epidemiological data to inform "hot spots" and targeted public health response at multiple levels. At service site level, use of rapid recency and acute HIV infection (AHI) detection results will prioritize efforts for partner notification services (PNS), contact tracing and linkage to ART.

Acceleration of Client-Centered PrEP Services

FY19 (COP18) represented a critical year for rapid adoption and scale-up of PrEP in public and private settings, with 4,854 PrEP initiations concentrated in MSM and TG women. In COP19, PEPFAR Vietnam expanded PrEP/nPEP services to all those at substantial risk, including PWID, FSW, and serodiscordant heterosexual couples, and to 11 surge provinces, including 38 public sites and 7 private sites. PEPFAR Vietnam supported VAAC to standardize SOPs alongside training curricula and M&E tools, in addition to revising the National Treatment Guidelines to include event driven (ED)-PrEP, a critical differentiated service model for MSM. PEPFAR Vietnam also advocated for the Global Fund to increase their investment in PrEP, resulting in a commitment to make PrEP available in an additional 15 provinces starting early 2020. PEPFAR anticipates 8,000 PrEP clients in the 11 provinces by the end of COP19.

In COP20, PEPFAR Vietnam will provide PrEP service for 30,000 people in the 11 surge provinces. To meet these targets, services will be rapidly scaled to 75 public and 15 private sites, which will be strategically located in high-burden zones and capacitated to be community-oriented, client-centered, and KP-friendly. Further, PEPFAR Vietnam will diversify and demonstrate innovative models of PrEP service delivery through one-stop shops for MSM and TGW, community health stations, pharmacies, and online modalities. These evidence-based innovations are vital to reaching the large population who could benefit from PrEP while also reducing the burden on existing facilities. To optimize resources, PEPFAR Vietnam will leverage existing prevention programming to support PrEP, with recruitment and linkage of high-risk negative persons from testing access points, including both facilities and community-based, to PrEP sites. Also, PEPFAR Vietnam will diversify its recruitment methods by conducting targeted PrEP campaigns and media-based health promotion and boosting online-to-offline strategies to reach and link KPs to PrEP. With VAAC,

PEPFAR will roll out ED-PrEP for MSM, which will include the development of SOPs, training, and M&E tools. Using navigators and other client-centered strategies, PEPFAR Vietnam will also provide adherence and continuation support tailored to address needs of diverse PrEP users. There will be continued efforts to enhance mechanisms of community monitoring and client feedback and to use program data to improve the quality of services and address barriers to PrEP access, including stigma. Finally, PEPFAR Vietnam will continue to explore multiple financing options to sustain PrEP through SHI, provincial budgets, and private sector.

Demand Creation

In conjunction with efforts to scale up services, PEPFAR Vietnam will continue to implement demand generation strategies, especially for HIV testing, treatment, and PrEP/nPEP. There will be special emphasis on PrEP demand creation given that PrEP is still a relatively new service in Vietnam and has an ambitious target in COP20. STI screening will be included in the core service package to mobilize and attract MSM to PrEP services as well as testing services. Messages on benefits from using HIV services will be conveyed through various channels, including outreach, social media, and KP networks. K=K and PrEP campaigns, including an innovative status-neutral ARVs for prevention message, will be launched to help address stigma and discrimination, increase retention on ART among HIV-positive patients, and increase access to HIV treatment among PLHIV not in care. PEPFAR Vietnam will also support KP sensitization for health care workers to create KP-friendly services to increase service uptake among KPs.

Military HIV Prevention Programs

PEPFAR Vietnam will continue to provide TA for the two military prevention programs as prioritized by the military government: 1) provider-initiated testing and counseling (PITC) in military health care facilities in the surge regions, and 2) HIV/AIDS awareness and prevention for military-active duty personnel particularly new soldiers. PEPFAR TA will continue to support consolidating essential HIV prevention messages in both programs and integration/adaptation of other models and approaches as described in this section in feasible approaches that best fit military facilities. This TA will support the military system to enhance its contribution to the overall national Test and Start efforts, considering that, on average, 80 to 90 percent of patients from military health care facilities are civilians and include KPs and other high-risk individuals. The HIV prevention messaging for members of the military, particularly soldiers and mainly males, remains critical, as this population tends to be at high risk of contracting HIV (and other STIs) during their sexually active age range (18-25) when they are living away from families and/or spouses/partners. Importantly, a high percentage of them do not yet have adequate prevention knowledge upon enlisting in the military service.

CSO/CBO and private sector engagement

In addition, PEPFAR will continue to work with CBOs, KP-led social enterprises, and private health providers to expand access to HIV testing, PrEP/nPEP, and other HIV services. PEPFAR Vietnam

continues to foster market entry for new HIV self-testing products, and continues to increase MOH capacity as an HIV commodity market manager through the Total Market Approach calculation tools. KP-CSO/CBO, social enterprise and private clinic business capacity will be strengthened, and key private sector investors (such as pharmaceutical, diagnostics and medical supply companies) will continue to be engaged in developing the sustainable local market for HIV related goods and services in Vietnam.

Improved prevention programming through enhanced knowledge of KP epidemics

Reaching epidemic control requires accelerated programming and responses based on real-time monitoring of where and among whom the HIV transmission is occurring. In COP20, PEPFAR Vietnam will improve case finding and HIV testing uptake through strengthening systems that help promptly and accurately identify priority geographic areas and populations. In addition to existing surveillance systems routine program data, such as risk identification, recency testing, and PNS, are critical to make timely decisions on the who, what, when, and where programs should prioritize their efforts. In COP20, PEPFAR Vietnam will improve KP risk assessment and classification at key HIV services, such as HTS and HIV out-patient centers. Utilizing a public health response approach, PEPFAR Vietnam will actively monitor and analyze data on new diagnoses, recent infections, and viral suppression patterns to guide case finding and timely interruption of transmission chains.

Coordination with the Global Fund and other Programs

In COP20, PEPFAR Vietnam will continue to work closely with Global Fund-supported activities to leverage existing resources for achieving the 95-95-95 targets of the two priority regions. PEPFAR Vietnam will coordinate with the Global Fund at all levels of the cascade to ensure combined efforts, and consistency in technical approaches and certain managerial issues such as cost norms. Examples of this coordination include the national campaign to promote PrEP services, Global Fund-supported CBOs contributing to case-finding and linkage to PEPFAR-supported PrEP and ART services, and PEPFAR-supported prevention programs having access to preventive commodities (condoms and lubricants) funded by the Global Fund.

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

PEPFAR Vietnam will implement three complementary strategies in COP20: a strategy of sustainable epidemic control in the NEZ and HCMC metro; a public health response strategy that will deliver real-time detection of new infections and a swift programmatic response; and a sustainable transition strategy in partnership with the GVN, multilateral partners, and civil society partners. SHI will continue to cover ARVs and VL commodities, HIV examinations, personnel costs, and other recurrent operating costs. PEPFAR Vietnam will continue to advocate with the GVN to revise the SHI Law in 2020 to shift from a curative scheme to one that includes prevention services, including PrEP.

The PEPFAR team continues to prioritize HIV case finding and linkage to treatment by testing smarter: working with communities to optimize and address global concerns around index testing

at testing and treatment facilities, introducing social-network testing, and continuing with community and lay testing. The team will also accelerate the use of risk assessment tools at all testing sites to focus testing on those with potential risk of infection. In parallel, PEPFAR Vietnam continues to expand links to community organizations, as they play a pivotal role in helping achieve the first 95 target and provide services to some KPs.

Current HTS_POS data indicates the team is reaching higher numbers of younger males due to the shift from mountainous to urban setting with a growing MSM epidemic. HIV recency testing is now being done for all true new positive cases in the 11 PEPFAR surge provinces and is steadily being implemented by the national VAAC program in the remaining provinces. It is expected that recency testing will be universally available for all new HIV diagnoses nationally starting in July 2020 to allow for national surveillance of recent infections and identify geographic and subpopulation hotspots.

The GVN has had great success with the K=K movement, publicly endorsing the message and adding it to their National Standard Treatment Guidelines. Additionally, the GVN is actively engaging with CBOs and universities to continue the reduction of stigma and discrimination in the health care system through the establishment of Community Advisory Boards (CABs), introduction of community score cards in the public facilities (CSCs), and activities around "twinning" or pairing community groups with facilities.

PEPFAR Vietnam continues to work closely with the GVN to establish a robust case-based surveillance system that captures sentinel events from diagnosis to death. In COP20, the team will roll out the provincial CBS work to nine PEPFAR provinces, and work with the VAAC on a national system, including a unique ID.

PEPFAR Vietnam remains committed to advocating with the GVN to transition the first-line regimen from TLE to TLD. GVN granted the Market Authorization in October 2019, and the PEPFAR team is working closely with VSS and MOH to ensure that SHI can procure and provide TLD by 2022.

Finally, as part of the PEPFAR Vietnam's sustained epidemic control framework, the team is committed to regular monitoring and analysis of the case-reporting system while the case-based surveillance system comes online in COP 2020. This ongoing analysis of data will help inform decisions and activate the proper response at the national, provincial or site level.

The PEPFAR team will continue effective partner monitoring through quarterly assessments of work plans, making adjustments as needed. The PEPFAR team will continue regular coordination and sharing with the GVN and civil society to ensure all partners have access to and use the PEPFAR-generated data appropriately.

4.5 Commodities

PEPFAR funded ARVs for Vietnam from 2005 until 2018, when SHI began procuring ARVs. In VAAC's 2019-2023 ARV supply plan, SHI is the major source of funding for ARVs in Vietnam, increasing its contribution from 33% in 2019 to 82% in 2023. There are issues with SHI ARV procurement such as limited selection of ARV drugs available for procurement and uneven/incorrect site level quantification. In COP20, PEPFAR will provide targeted technical assistance to address the bottlenecks that SHI is facing with ARV procurement and support sustainable and functional systems for effective commodities security. The national quantification team conducts quarterly meetings to review the ARV stock status at all levels and from all sources (PEPFAR, Global Fund, SHI, and the National Targeted Program), as well as patient-level ART targets to ensure no treatment interruption in Vietnam.

TLD was added to the National Treatment Guidelines as the preferred first-line regimen in November 2019. With support from PEPFAR and other international organizations (the Global Fund, UNAIDS, and WHO), the GVN is leading an accelerated transition to TLD. After considerable effort, a marketing authorization for TLD was granted in October of 2019, which allowed PEPFAR to bring in Vietnam's first shipment of TLD into Vietnam for 9,000 patients. 9,000 patients will be transitioned to TLD by September 2020. Global Fund is also procuring TLD; their TLD will arrive in-country in late 2020 and GF will have 23,183 patients on TLD by September 2021. Based on the current routine process timeline, it is expected that SHI-procured TLD will be available for PLHIV in early 2023. The PEPFAR team, in collaboration with the Global Fund, will advocate with the GVN for a Special Ad-hoc decision to accelerate GVN's routine processes and have SHI TLD available in Vietnam as soon as early 2022.

In COP20, PEPFAR Vietnam will dramatically scale up PrEP services in 11 provinces in NEZ and HCMC Metro regions. The PrEP target will increase from 7,300 in COP19 to 30,000 clients. PEPFAR Vietnam will procure 232,400 bottles of Tenofovir/Emtritacibine 300/200mg to provide PrEP for 30,000 clients. PEPFAR Vietnam will continue to advocate for PrEP commodities and services to be included in the SHI package or covered by the central and local budgets. PEPFAR/Vietnam will continue to support diversification of financing for PrEP commodities via the total market approach.

As of the end of 2019, 97% of ART patients nationally are virally suppressed at <1000, and undetectable rates at <200 are at 95%. In 2018, PEPFAR, VAAC, and the Global Fund committed to the elimination of donor funding for VL testing by 2020. At this point, domestic sources, including SHI, will have the full responsibility for funding while maintaining the goal of exceeding Vietnam's extraordinary viral suppression rates. In 2019, 86% of PEPFAR patients accessed viral load testing, but national figures remain lower, at approximately 70%. While there are increasing numbers of SHI reimbursements for VL testing in select districts and provinces, the availability of Global Fund-supported VL testing, the lack of political will to push through administrative barriers for laboratories to bill to SHI, and policy lags are some of the main barriers to Vietnam achieving a universal third 95. PEPFAR is continuing to advocate and coordinate with VAAC on right-sizing viral load testing support through the Global Fund and continued acceleration of SHI routine viral load testing throughout the country. In COP19 and through COP20, PEPFAR will continue to

support VL testing and SHI accreditation; increase provider and patient demand through viral load literacy and K=K messaging; and provide technical assistance to VAAC to identify and expand potential viral load SHI copayment financing mechanisms at provincial level.

In COP20, PEPFAR Vietnam will procure 309,482 rapid fourth-generation HIV test kits, of which 191,612 will be for HIV testing services to identify 10,351 HIV positive cases; 90,000 will be for PrEP initiation/continuation; and 27,870 will be for the public health response. The fourth-generation HIV test kits and recency test kits can detect acute and recent infections, respectively, which will enable PEPFAR Vietnam to triage resources for the HIV response effectively. PEPFAR Vietnam also will procure 20,120 blood-based self-test kits and 20,892 rapid recency test kits. There is currently enough stock of the oral self-test kits for COP20.

In COP20, PEPFAR Vietnam will procure 3,100 Xpert® cartridges, equal to 3,100 tests for CT/NG for chlamydia and gonorrhea testing. The Xpert CT/NG will be used for PrEP client's samples to reduce cost for conventional testing platforms and increase the coverage of CT/NG testing of PrEP clients. PEPFAR will also integrate Xpert CT/NG into the existing TB GeneXpert instruments to help to reduce costs, turnaround time, reduce patient call-backs, overtreatment, undertreatment and patients lost to follow-up. The demonstration will help to significantly reduce cost for STI testing service from $35/test using conventional platform to $20/test and will be implemented at five PEPFAR-supported sites. Programmatic results will be used to advocate to the GVN for the scale up of point of care testing for STIs in Vietnam.

Vietnam has integrated routine intensified case finding (ICF)/TPT with isoniazid (INH) for PLHIV since 2012; however full scale-up of TPT has been suboptimal. In 2019, PEPFAR-supported partners reported 73% of existing PLHIV have initiated TPT and 87% of them have completed at least 180 doses of INH. The National HIV guidelines updated in 2019 now includes short-course TPT, including twelve weekly doses of Rifapentine and INH (3HP), in addition to the standard TPT regimens of six months of INH for children and nine months of INH for adults. In COP19, PEPFAR Vietnam funded the National Tuberculosis Program (NTP) to procure 3HP to catalyze the massive scale-up of TPT, enabling PEPFAR Vietnam to meet ambitious TPT coverage targets: 100 percent of eligible PLHIV initiate TPT and 90 percent complete treatment successfully by the end of FY 2020. Rifapentine at reduced pricing first became available to order through the Global Drug Facility in February 2020. The procurement of Rifapentine for 9,600 eligible PLHIV has been underway since that time and medications are expected to be available in August 2020. The accompanying INH component will be provided by the government funded by the central budget. Given the transition of first-line TB drugs to SHI and the potential resulting uncertainty, PEPFAR Vietnam plans to procure both Rifapentine and INH for an estimated 19,527 eligible PLHIV in 2020 in order to meet PEPFAR requirement of TPT scale up. Pharmacovigilance, adverse event monitoring, initiation and completion rates will be carefully monitored during the rollout to inform decisions regarding future planning and use of short-course TPT regimens.

Table 4.4.1 Summary of PEPFAR-supported commodities			
Item	**Comments**	**List Price Reference (US$)**	**Commodity Quantity (a)**
ARVs for PrEP		5.50	232,400
Alere HIV-1/2 Ag/Ab Combo		2.20	309,482
INSTI™ HIV -1/HIV-2 Antibody Test		9.00	20,120
Asante HIV Rapid Recency Assay, Bulk Format, 100 Tests/Kit		5.30	20,892
Xpert® CT/NG cartridge		25.96	3,100
Rifapentine 150 mg Tablet, 24 x 28 Blister Pack Tablets		6.81	56,333
Isoniazid 300mg Tablet, 24 x 28 Blister Pack Tablets		17.81	1,160
Isoniazid 100mg Tablet, 10 x 10 Blister Pack Tablets		1.83	1,056

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

4.6 Collaboration, Integration, and Monitoring

PEPFAR Vietnam's COP20 strategy focuses on attaining 95-95-95 goals in NEZ and HCMC Metro regions. Concurrently, PEPFAR Vietnam will ensure continued sustainable transition of primary financial, administrative, and technical responsibility of HIV care and treatment services to the GVN, while supporting a GVN-led public health response to dynamic epidemic needs. The aggressive scale-up targets to achieve 95-95-95 in the two regions will include direct service delivery (DSD) support in the form of closely monitored performance-based incentives to accelerate case-finding, tight linkage to treatment, and rapid introduction of PrEP services to those at substantial risk.

PEPFAR Vietnam will work to achieve aggressive scale-up targets through primary reliance on domestic financing mechanisms to fund the major portions of treatment services. The program continues to monitor former PEPFAR DSD-supported provinces to ensure ongoing continuity and quality of services that have transitioned to primary GVN financial and programmatic ownership. In establishing domestic finance and program leadership as the primary drivers for HIV service delivery, quality, and scale-up, the PEPFAR Vietnam program is distinguished from other standard-process countries and requires close coordination with and collaboration among PEPFAR, the GVN, and the Global Fund. In ensuring that aggressive targets to reach 95-95-95 targets in the priority provinces are met, and having transitioned all PEPFAR DSD support outside the priority regions, PEPFAR has worked closely with GVN, the Global Fund, implementing partners, and CBOs to ensure continuity, quality, and increased access to essential services.

In order to establish the geographic prioritization of the NEZ and HCMC Metro, PEPFAR interagency technical and management teams reviewed data on epidemic burden, case-finding yields, and treatment facility characteristics. Within those regions, jointly established criteria defined priority districts within the aggressive scale-up provinces; teams delineated respective agency roles and responsibilities. In COP20 there has been a shift within Hanoi and HCMC away from previously identified priority districts with recent patterns of diminished case-finding and treatment enrollment toward districts with greater burden. Implementation of PEPFAR Vietnam's work in the priority provinces leverages coordination across key stakeholders: VAAC; provincial departments of health; the Vietnam Ministry of National Defense; Military Medical Department (MOD/MMD); the Global Fund; WHO; UNAIDS; CBOs; and implementing partners.

Programmatically, there has been close interagency discussion and coordination around priority activities that will be taken to scale across the priority provinces of NEZ and HCMC Metro. These include: rapid acceleration and improved yield of index partner testing once proper protections for index clients can be assured and documented; use of social network strategies to improve case-finding yields; risk screening to improve testing efficiency; increased use of lay- and self-testing; universal recency testing of all newly identified positives to understand epidemic patterns; use of recent and acute infection data to prioritize index-case testing, identify micro-epidemics, and break active transmission chains; continued rapid scale-up of multi-month scripting and dispensing to improve ART patient retention and adherence; continued rapid scale-up of same-day and rapid ART initiation; further decentralization of HIV confirmatory testing to support uniform uptake of same-day ART across sites; coordination of SHI and donor resources to assure universal routine viral load testing for ART patients nationally; and going to scale with aggressive targets for PrEP services for key populations at substantial risk of HIV infection.

Across the cascade, PEPFAR Vietnam is committed to robust site-level monitoring and partner management to ensure consistent high-level performance and to provide tailored resolution of site-level implementation challenges as they are identified. In parallel, the establishment of robust case-based surveillance, enabling HIV sentinel events to be monitored at the individual level from diagnosis to death and serving as the foundation of a public health response approach to the epidemic, builds upon planning, standards-setting, and provincial-level pilots implemented in COP19. COP20 will establish the national structure of a comprehensive HIV case-based surveillance system, including a system for assigning unique identifiers, and operationalize case-based surveillance in the 11 PEPFAR priority provinces on the path to full-scale national implementation.

4.7 Targets by population

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

Table 4.7.1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV**	**Expected current on ART (APR FY20) ***	**Additional patients required for 80% ART coverage****	**Target current on ART (APR FY21) *TX_CURR***	**Newly initiated (APR FY21) *TX_NEW***	**ART Coverage (APR 21)****
Attained	NA	NA	NA	NA	NA	NA
Scale-Up Saturation	74,200	59,567/56,084 *	7,413	60,769	7,550	90%
Scale-Up Aggressive	44,200	33,610/29,349*	2,190	30,412	2,379	81%
Sustained	NA	NA	NA	NA	NA	NA
Central Support	NA	NA	NA	NA	NA	NA
Commodities (if not included in previous categories)	NA	NA	NA	NA	NA	NA
Mil				360	55	
Total	230,000					

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

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

Standard Table 4.7.2 not applicable for Vietnam.

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

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control in PEPFAR supported SNUs				
Target Populations	**Population Size Estimate (SNUs) and disease burden**	**PLHIV Estimate**	**Coverage Goal (in FY21)**	**FY21 Target**
FSW	38,042	2,414	28%	10,641
Female PWID	59,447	8,090	56%	1,312
Male PWID				31,785
MSM	116,665	11,282	53%	62,281
TG	14,993	1,500	27%	4,105
KP TOTAL*	***229,147***	***23,286***	***48%***	***110,124***
Other Priority Population**	***n/a***	***n/a***	***n/a***	***51,953***
Grand Total**				**162,077**

* Total and coverage for Key Population groups only.

** Not including DOD test and reach targets.

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

5.1 COP20 Programmatic Priorities

In COP20, PEPFAR will continue to support 95-95-95 goals in the two priority zones, NEZ and HCMC Metro. PEPFAR Vietnam is fully committed to supporting the GVN to take ownership of a public health response approach to the HIV epidemic, one that is grounded in a robust case-based surveillance system. Building on the COP19 pilot implementation of CBS in four PEPFAR priority provinces, COP20 will invest in rapid development of a national CBS platform and provincial implementation in five additional PEPFAR priority provinces, bringing the total number with

PEPFAR investment to nine. The PHR approach will be developed as an indigenously-driven system, with the GVN in the lead and including civil society, academic, and community-based organizations (CBOs). Outside of PEPFAR priority provinces, PHR activities will be implemented with government-to-government support and engagement of CBOs, and will rely on Social Health Insurance (SHI), the Global Fund, and domestic resources to finance service delivery. To complement the public health response for sustained epidemic control, a complementary Program Quality Monitoring (PQM) system will monitor essential program quality indicators to assure that essential service uptake gains and quality are maintained. National and provincial dashboards will provide capacity for rapid review and identification of indicators that signal need and rapid response for program quality interventions.

Outside of PEPFAR priority provinces, public health response activities will be implemented with government-to-government support and engagement of CBOs, and will rely on SHI, the Global Fund, and domestic resources to finance service delivery. In COP20, PEPFAR Vietnam will continue and extend the successes of a sustainable transition of primary financial, administrative, and technical responsibility of essential HIV services to the GVN. Community monitoring will be central to assuring that PEPFAR not only delivers high-quality, stigma-free services, provides a platform for community-led analysis and solutions to improve the national public health response.

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

PEPFAR-supported sites outside of the COP20 priority regions (NEZ and HCMC Metro) have undergone transition to central support under the MOH as per the timeline described in COP18. By the end of calendar year 2018, all remaining PEPFAR treatment activities, prevention of mother-to-child transmission (PMTCT) activities, outreach, HTS, and MMT support (TA and/or DSD) outside of NEZ and HCMC Metro regions were transitioned to MOH. Consistent with COP18 strategy, PEPFAR Vietnam will maintain above-site responsive TA packages for PEPFAR-supported sites outside of NEZ and HCMC Metro regions through Q1 COP20.

PEPFAR Vietnam will continue to monitor performance in these transitioned provinces for two years post-transition through a variety of measures to identify and mitigate short-term and long-term risks to service continuity. Quarterly mechanism reporting (already a component of existing national reporting requirements) and ongoing engagement with stakeholders (GVN, the Global Fund, PLHIV, and CSOs) will allow the team to identify and respond to short-term risks. Because HIVQUAL is institutionalized at the national level, all transitioned sites will continue to report their standard set of HIVQUAL data at least annually and will select at minimum two quality indicators for improvement. Long-term risks will continue to be identified through national and provincial strategic planning meetings, portfolio reviews, information sharing sessions, and transition monitoring reporting.

Data from mechanism reporting and HIVQUAL will be assessed for inclusion into provincial and national level PQM dashboards, which would involve a tailored package of services and/or TA to address the given problem. Post-response monitoring would leverage similar systems though indicators and/or frequency of reporting may be customized depending on the scenario.

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

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

PEPFAR Vietnam's commitment to achieving sustainable epidemic control under a public health response is reflected in above-site investments for COP20. PEPFAR Vietnam's above-site investments also reflect the program's continued commitment to the GVN and country stakeholders to responsibly transition the program, translate successful innovations and best practices for broader scale up in the rest of the country, and ensure the quality and sustainability of the national HIV program.

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

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

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

Core Elements of A Robust PHR Mapped to Above-Site/Table 6 Strategy

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

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

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

An efficient and responsive HIV program requires a case-based surveillance system, a culture of routine data analysis and use, and the ability to use the information for real-time response. To address the current limited HIV case-based surveillance, monitoring and reporting systems to support the public health response, PEPFAR Vietnam will ensure the implementation of the CBS in 9 of the 11 PEPFAR epidemic control provinces as well as finalize the architecture and minimum requirements of the national database in COP20. Issues around interoperability of multiple program data streams will be resolved. Updated size estimations for key populations will also provide accurate data on HIV burden and need. Expected outcomes from these activities include: HIV case-based surveillance system components are linked and operational; HIV/AIDS data interoperability platform is established; and surveillance data are used routinely to measure and monitor performance and inform the HIV public health response.

To address limited capacity for provincial and national-level authorities to access, aggregate, and interpret data for an evidence-based HIV program quality monitoring for sustained epidemic control , in COP20 PEPFAR Vietnam will support the development and scale-up of an easy-to-use, comprehensive provincial program monitoring dashboard that will include key program and systems indicators from national reporting streams and linked to CBS data where relevant. Provincial technical teams and the national program will use both the CBS and the Program Quality Monitoring dashboard to monitor and analyze input routinely, with the overall expected outcome that national and provincial HIV managers and experts can collect, analyze and interpret data to provide appropriate public health responses.

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

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

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

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

HIV service delivery systems lack innovative and client-centered models for an effective public health response and for sustaining epidemic control achievements that facilitate reaching, testing, and retaining KPs and PLHIV across the HIV cascade. PEPFAR Vietnam works closely with the GVN and other stakeholders to promote the rapid adoption of innovative approaches, especially around reaching, finding, and testing KP. The "One-Stop Shop" Model will support PrEP achievements. This model will build upon successes in stigma-reduction and KP-friendly service provision. Service delivery innovations focus on gaps in the clinical cascade while maintaining impressive adherence and viral suppression through differentiated care. Expected outcomes include: innovations in case finding, HIV prevention, especially PrEP, and linkage to care are institutionalized under a national public health response; all PLHIV access client-centered differentiated care for viral suppression; and sustainable viral load coverage through SHI for ART clients in two regions.

PEPFAR Vietnam can claim multiple successes in achieving extraordinary viral suppression rates, the highest in PEPFAR, rapid scale-up of same-day ART, and the inclusion of recency testing into the national testing algorithm, with recency data informing programmatic and public health

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

Sustainable epidemic control including domestic financing and supply chain

To maintain epidemic control and pivot to a robust public health response, vulnerable domestic financing will be addressed through promoting and ensuring successful SHI transition of PEPFAR patients and services and scaling up diverse domestic financing streams, including from national and provincial financial mechanisms and through the scale up of private sector investments. A key priority will be increasing domestic resources for essential HIV prevention services through advocacy, policy revision and identifying multiple financing mechanisms from the private and public sector. Expected outcomes include: all insured PEPFAR patients receive HIV treatment services reimbursed through SHI; GVN ensures no financial barriers for PLHIV to accessing treatment under SHI; and key HIV prevention interventions, such as PrEP and HIV testing, included under the SHI law.

PEPFAR support was significant to ensure that SHI can reimburse for HIV services and ultimately procure ARVs for PLHIV. In addition, the availability of initial TLD procurement also relied heavily on PEPFAR technical assistance and advocacy. To maintain progress in ensuring essential HIV commodities are available and accessible for all KP and PLHIV, PEPFAR will continue to resolve nascent domestic capacity in rapid expansion of procurement and supply management, and coordination for the HIV public health response. This includes on-going support to standardize supply chain systems for ARVs especially for SHI, and to monitor potential quantification and stock-out issues. Expected outcomes include: increased GVN capacity to manage and coordinate HIV commodities procurement and supply chain from multiple sources; increased access to TLD through SHI; and increased access to essential HIV prevention commodities through diversified markets.

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

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

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

7.0 USG Operations and Staffing Plan to Achieve Stated Goals

PEPFAR Vietnam continues to assess its staffing footprint to ensure a staffing profile aligned to funding levels, programmatic goals, and performance. Staff time and focus continue to be in NEZ and HCMC Metro, with alignment to the new Vietnam PHR strategy. COP20 will see an emphasis in aligning with the GVN and civil society to implement the newly drafted PHR. Additionally, PEPFAR continues to align with local and international partners to further streamline roles and responsibilities, ensuring coordination for maximum impact. These changes have a significant impact on how human capital will be managed moving forward. PEPFAR Vietnam has replaced direct hire or contract positions with locally employed staff (LES), including transitioning CDC's Strategic Information (SI) advisor position to local staff, and monitors salary savings for these vacancies. The team continues to increase LES leadership within agencies, in the interagency and government technical working groups, and in key strategic planning discussions of program activities. No new positions are requested in COP20.

When positions become vacant, consideration is given to the need for the position, and the alignment of duties with core activities. PEPFAR Vietnam continues to reduce its staffing with appropriate attrition; the PEPFAR footprint was reduced by two Direct Hire Americans (DHA) and two LES. As announced, SAMHSA will also be closing their office in Vietnam at the end of fiscal year 2020. CDC will absorb two of their staff to continue to provide direct TA to the GVN and communities in the area of substance abuse disorders; the third staff member has found other employment within Mission Hanoi. Approximately 20 positions (three DHA and 17 LES) continue to be shared with other programs (primarily Global Health Security and TB), reducing the overall costs to PEPFAR.

Additionally, all cost of doing business (CODB) areas are re-examined and reduced when possible. The PEPFAR Vietnam Management and Operations (M&O) COP20 budget decreased by close to $300,000 and represents 24.5 percent of total funding. The team constantly adjusts for slight changes in the International Cooperative Administrative Support Services (ICASS) and Capital Security Cost Sharing (CSCS) budgets, and within their travel allocations, maximizing savings and reducing costs when feasible.

Program and partner monitoring is an essential component of our staff's responsibilities. PEPFAR Vietnam has assigned provincial POCs for all 11 provinces in the NEZ and HCMC metro, tasked with ensuring data monitoring, partner performance review on a monthly and quarterly basis. SIMS work has also been built into the annual workplan of all PEPFAR Vietnam staff to implement and enhance 'real time' monitoring and technical assistance for sites and implementing partners. In COP20, PCO will also start independent community monitoring through the small grants mechanism, which will be monitored and managed by the Coordinator's team.

The number of existing, unfilled positions has remained low, and PEPFAR currently only has four vacancies that are in the process of being filled (two under active recruitment). Consideration is given to positions that meet the staffing needs of more than one PEPFAR Vietnam agency and staff expertise is carefully aligned to program objectives. This results in a smaller, better-aligned staffing pattern.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control (New estimation of PLHIV is applied since 2019)

SNU	COP15-16 prioritization	APR 16 Achievement	COP17 Prioritization	Expected Achievement by APR 18	COP18 Prioritization	Overall TX Coverage (by APR 19)	COP19 Prioritization	Overall TX Coverage (by APR 20)	Cop20 Prioritization	Overall TX Coverage (by APR 21)
Ba Ria-Vung Tau[3]	Sustained	54%	Sustained	64%	ScaleUp Agg	71%	ScaleUp Saturation	77%	ScaleUp Agg	90%
Binh Duong	Sustained	60%	Sustained	68%	ScaleUp Agg	73%	ScaleUp Saturation	81%	ScaleUp Agg	90%
Dong Nai	Not Supported	38%	Not Supported	47%	ScaleUp Agg	63%	ScaleUp Saturation	77%	ScaleUp Agg	90%
Ha Noi	Sustained	39%	Sustained	47%	ScaleUp Agg	63%	ScaleUp Agg	75%	ScaleUp Agg	81%
Hai Phong	Sustained	55%	Sustained	59%	ScaleUp Agg	69%	ScaleUp Agg	78%	ScaleUp Agg	81%
Ho Chi Minh City	ScaleUp Agg	60%	ScaleUp Agg	69%	ScaleUp Agg	74%	ScaleUp Saturation	81%	ScaleUp Agg	90%
Long An	Sustained	54%	Sustained	59%	ScaleUp Agg	69%	ScaleUp Saturation	77%	ScaleUp Agg	90%
Quang Ninh	Sustained	62%	Sustained	65%	ScaleUp Agg	72%	ScaleUp Agg	80%	ScaleUp Agg	81%

Tay Ninh	Sustained	46%	Sustained	62%	ScaleUp Agg	70%	ScaleUp Saturation	80%	ScaleUp Agg	90%
Thai Nguyen	Sustained	50%	Sustained	54%	ScaleUp Agg	67%	ScaleUp Agg	74%	ScaleUp Agg	81%
Tien Giang	Not Supported	48%	Not Supported	63%	ScaleUp Agg	71%	ScaleUp Saturation	81%	ScaleUp Agg	90%
An Giang	Sustained	59%	Sustained	66%	Ctrl Supported	67%	Not Supported	76%	Not Supported	
Bac Giang	Sustained	43%	Sustained	49%	NOT DEFINED	50%	Not Supported	56%	Not Supported	
Bac Kan	Not Supported	43%	Not Supported	52%	Not Supported	53%	Not Supported	51%	Not Supported	
Bac Lieu	Not Supported	47%	Not Supported	59%	Not Supported	60%	Not Supported	59%	Not Supported	
Bac Ninh	Sustained	28%	Sustained	40%	NOT DEFINED	41%	Not Supported	36%	Not Supported	
Ben Tre	Not Supported	52%	Not Supported	63%	Not Supported	64%	Not Supported	59%	Not Supported	
Binh Dinh	Not Supported	33%	Not Supported	37%	Not Supported	38%	Not Supported	41%	Not Supported	
Binh Phuoc	Not Supported	27%	Not Supported	32%	Not Supported	33%	Not Supported	45%	Not Supported	
Binh Thuan	Centrally Supported	82%	Centrally Supported	94%	Not Supported	96%	Not Supported	82%	Not Supported	
Ca Mau	Not Supported	27%	Not Supported	31%	Not Supported	32%	Not Supported	38%	Not Supported	
Can Tho	Sustained	51%	Sustained	61%	Ctrl Supported	62%	Not Supported	72%	Not Supported	
Cao Bang	Sustained	36%	Sustained	42%	NOT DEFINED	43%	Not Supported	50%	Not Supported	
Da Nang	Centrally Supported	37%	Centrally Supported	51%	Not Supported	52%	Not Supported	50%	Not Supported	

Dak Lak	Not Supported	23%	Not Supported	29%	Not Supported	30%	Not Supported	33%	Not Supported	
Dak Nong	Not Supported	20%	Not Supported	31%	Not Supported	31%	Not Supported	38%	Not Supported	
Dien Bien	ScaleUp Agg	53%	ScaleUp Agg	63%	Ctrl Supported	65%	Not Supported	66%	Not Supported	
Dong Thap	Not Supported	25%	Not Supported	31%	Ctrl Supported	32%	Not Supported	48%	Not Supported	
Gia Lai	Not Supported	24%	Not Supported	35%	Not Supported	36%	Not Supported	34%	Not Supported	
Ha Giang	Not Supported	43%	Not Supported	50%	Not Supported	51%	Not Supported	54%	Not Supported	
Ha Nam	Not Supported	45%	Not Supported	52%	Not Supported	53%	Not Supported	54%	Not Supported	
Ha Tinh	Not Supported	40%	Not Supported	52%	Not Supported	53%	Not Supported	49%	Not Supported	
Hai Duong	Not Supported	47%	Not Supported	58%	Not Supported	60%	Not Supported	58%	Not Supported	
Hau Giang	Not Supported	39%	Not Supported	57%	Not Supported	59%	Not Supported	58%	Not Supported	
Hoa Binh	Sustained	68%	Sustained	68%	NOT DEFINED	70%	Not Supported	68%	Not Supported	
Hung Yen	Not Supported	38%	Not Supported	46%	Not Supported	47%	Not Supported	54%	Not Supported	
Khanh Hoa	Not Supported	27%	Not Supported	33%	Not Supported	33%	Not Supported	42%	Not Supported	
Kien Giang	Sustained	34%	Sustained	38%	Ctrl Supported	39%	Not Supported	53%	Not Supported	
Kon Tum	Not Supported	25%	Not Supported	27%	Not Supported	28%	Not Supported	32%	Not Supported	
Lai Chau	Not Supported	34%	Not Supported	41%	Not Supported	42%	Not Supported	52%	Not Supported	
Lam Dong	Not Supported	44%	Not Supported	53%	Not Supported	55%	Not Supported	55%	Not Supported	
Lang Son	Not Supported	53%	Not Supported	67%	Not Supported	69%	Not Supported	62%	Not Supported	

Lao Cai	Sustained	37%	Sustained	42%	NOT DEFINED	43%	Not Supported	49%	Not Supported	
Nam Dinh	Sustained	35%	Sustained	38%	NOT DEFINED	39%	Not Supported	44%	Not Supported	
Nghe An	ScaleUp Agg	55%	ScaleUp Agg	71%	Ctrl Supported	72%	Not Supported	65%	Not Supported	
Ninh Binh	Not Supported	43%	Not Supported	56%	NOT DEFINED	57%	Not Supported	59%	Not Supported	
Ninh Thuan	Not Supported	50%	Not Supported	57%	Not Supported	59%	Not Supported	51%	Not Supported	
Phu Tho	Not Supported	42%	Not Supported	54%	Not Supported	55%	Not Supported	59%	Not Supported	
Phu Yen	Not Supported	39%	Not Supported	52%	Not Supported	54%	Not Supported	33%	Not Supported	
Quang Binh	Not Supported	43%	Not Supported	58%	Not Supported	59%	Not Supported	54%	Not Supported	
Quang Nam	Sustained	51%	Sustained	66%	NOT DEFINED	67%	Not Supported	55%	Not Supported	
Quang Ngai	Not Supported	40%	Not Supported	52%	Not Supported	53%	Not Supported	57%	Not Supported	
Quang Tri	Not Supported	32%	Not Supported	40%	Not Supported	41%	Not Supported	41%	Not Supported	
Soc Trang	Sustained	31%	Sustained	36%	Ctrl Supported	37%	Not Supported	39%	Not Supported	
Son La	ScaleUp Agg	44%	ScaleUp Agg	57%	Ctrl Supported	58%	Not Supported	62%	Not Supported	
Thai Binh	Sustained	36%	Sustained	43%	NOT DEFINED	44%	Not Supported	44%	Not Supported	
Thanh Hoa	ScaleUp Agg	44%	ScaleUp Agg	61%	Ctrl Supported	62%	Not Supported	56%	Not Supported	
Thua Thien-Hue	Not Supported	64%	Not Supported	77%	Not Supported	79%	Not Supported	69%	Not Supported	
Tra Vinh	Not Supported	29%	Not Supported	38%	Not Supported	39%	Not Supported	44%	Not Supported	
Tuyen Quang	Not Supported	41%	Not Supported	48%	Not Supported	49%	Not Supported	50%	Not Supported	

Vinh Long	Sustained	43%	Sustained	53%	NOT DEFINED	54%	Not Supported	56%	Not Supported	
Vinh Phuc	Not Supported	46%	Not Supported	61%	Not Supported	62%	Not Supported	60%	Not Supported	
Yen Bai	Not Supported	31%	Not Supported	43%	Not Supported	44%	Not Supported	40%	Not Supported	
_Military Vietnam	Mil	Mil		Mil	Mil				v	

APPENDIX B – Budget Profile and Resource Projections

B1. COP20 Planned Spending in alignment with planning level letter guidance

Table B.1.1 COP20 Budget by Program Area

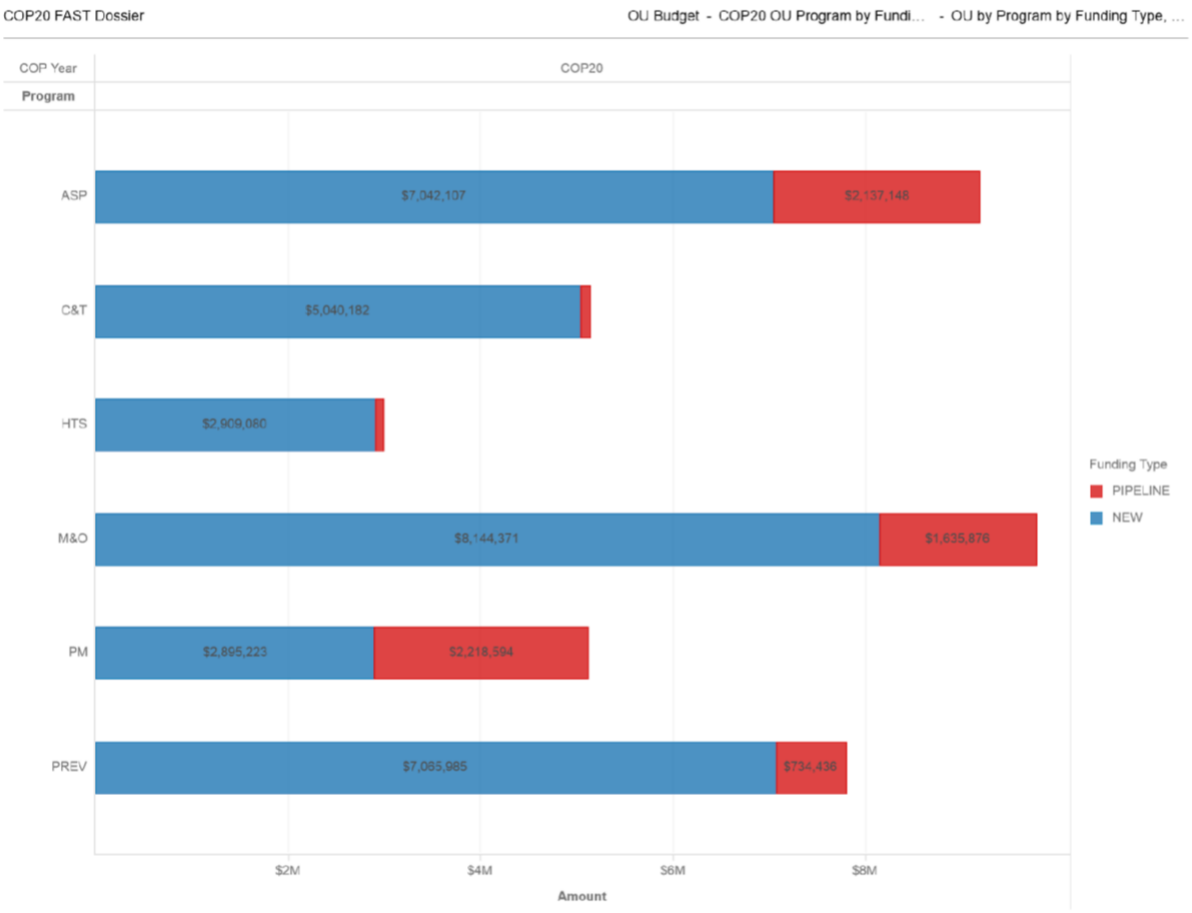


Table B.1.2 COP20 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$US 6,903,054	**$US33,096,946**	**$US40,000,000**

*Data included in Table B.1.2 should match FACTS Info records and total applied pipeline amount required in PLL guidance.

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	
HVOP	Other Sexual Prevention	8,401,243
IDUP	Injecting and Non-Injecting Drug Use	134,102
HMBL	Blood Safety	
HMIN	Injection Safety	
CIRC	Male Circumcision	
HVCT	Counseling and Testing	3,675,859
HBHC	Adult Care and Support	
PDCS	Pediatric Care and Support	
HKID	Orphans and Vulnerable Children	
HTXS	Adult Treatment	5,767,975
HTXD	ARV Drugs	
PDTX	Pediatric Treatment	
HVTB	TB/HIV Care	1,098,322
HLAB	Lab	542,773
HVSI	Strategic Information	4,953,777
OHSS	Health Systems Strengthening	3,591,308
HVMS	Management and Operations	4,931,589
TOTAL		**33,096,948**

*Data included in Table B.2.2 should match FACTS Info records.

B.2 Resource Projections

PEPFAR Vietnam used the FAST to generate IM-level strategic interventions, initiatives, and budgets using the incremental budgeting approach. Based on COP 18 and 19 results, the latest

EPP data, and the strategic focus of epidemic control in the two urban regions, the technical working groups (TWGs) developed the COP20 targets by site and sub-national unit (SNU). Those targets were put into the DataPack and assumptions and coverage rates were reviewed and verified for feasibility. Targets reflect 90-90-95 for the NEZ and 95-95-95 in HCMC metro. The interagency PEPFAR Vietnam team reviewed and updated standard service delivery packages established in COP19 for each essential HIV service; reviewed prior years' spending patterns across partners for key service components; reviewed and updated existing common cost norms for packages, with adjustments for facility size and rural/urban locations; and continued a common budgeting structure used across interagency implementing partners. The distinguishing and innovative features of the service delivery packages in COP20 continue those included in COP19: (1) SHI as the backbone for treatment financing with PEPFAR's limited funds to support copayments for ARVs and viral load at a fraction of prior direct service delivery costs; and (2) the predominant use of performance based incentives and 3) limited PrEP services. Instead of payments for salaries, utilities, and other recurrent operational costs previously included in direct service delivery, PEPFAR Vietnam's approach will pay incentives for key results, such as new patient enrollment in same day ART; retention rates of over 90 percent for newly enrolled patients; attrition rates of less than five percent per year; VL suppression rates of over 95 percent; VL coverage rates of above 80 percent and successful re-engagement to ART for drop-out and loss to follow-up patients. Focus will be on implementation of standardized case finding incentive packages across all IMs.

Above-site activities from COP19 were updated appropriately for COP20 during the Table 6 discussions. Each activity, whether continued, new or completed, was proposed through TWG discussions, and was prioritized, negotiated, and reviewed for potential duplication. Specific activities and mechanism totals were entered into the Table 6 tool. New to COP20 is the consideration of activities outside of the 11 provinces from COP19 in the context of a Public Health Response, tracked in the Public Health Response Initiative. Should data, through a nascent Case Based Surveillance system and other data systems, reveal a possible surge in the epidemic in other high burden areas, a system of response will be in place. As the FAST this year was built upon the Expenditure Reporting tool, the team followed the pre-populated COP19/FY 2020 interventions.

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

APPENDIX C – Tables and Systems Investments for Section 6.0 REQUIRED

APPENDIX D– Minimum Program Requirements
REQUIRED

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

	Minimum Requirement	PEPFAR Vietnam Status
Care and Treatment	**1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.**[3]	Vietnam has endorsed Test & Start since July 2017. In 2018, Vietnam developed SOPs for rapid/same-day ART in conjunction with MMD. Since then the team has supported expansion of HIV confirmatory labs in a one-stop shop model to enable access to same-day start, in addition to leveraging strong collaborations with CBOs for linkage and site-level monitoring of treatment initiation data.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens.[4]	TLD has been included in the Vietnam National Standard Treatment Guidelines since 12/17, with most recent Guidelines in 11/19 firmly establishing TLD as a first-line agent for all PLHIV, including children≥10 years old and >20kg and adolescents and women of childbearing potential >30kg. Phasing out NVP was prioritized in the Guidelines, with all NVP patients indicated to be transitioned to TLD. TLD MA was approved and the medication was received at the site level in late 2019, with immediate implementation.

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

Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.
Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens.
Elimination of all formal and informal user fees affecting access to HIV testing and treatment and prevention in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, Cotrimoxazole, cervical cancer, PrEP and routine clinical services.
Adoption and implementation of differentiated service delivery models for clinically stable clients that ensures choice between facility and community ART refill pick-up location and individual or group ART refill models. All models should offer patients the opportunity to get 6 months of medication at a time without requiring repeat appointments or visits.