Vietnam

Country Operational Plan

(COP) 2023

Strategic Direction Summary

April 28, 2023

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Acronym List

3HP	12-week isoniazid-rifapentine regimen
ADR	Acquired Drug Resistance
AHD	Advanced HIV Disease
ART	Antiretroviral Therapy
ARV	Antiretrovirals
C2P	Community Public Partnership
CAB	Community Advisory Board
CAB-LA	Long-acting injectable cabotegravir
CBO	Community-Based Organization
CDC	Center for Disease Control
CLHIV	Children Aged Living With HIV
CLM	Community Led Monitoring
COP	Country Operational Plan
CQI	Continuous Quality Improvement
DAA	Direct-Acting Antivirals
DOH	Department of Health
DQA	Data Quality Assessment
DSD	Direct Service Delivery
DTG	Dolutegravir
EID	Early Infant Diagnosis
FSW	Female Sex Workers
GF	Global Fund
GVN	Government of Vietnam
HBV	Hepatitis B Virus
HCMC	Ho Chi Minh City
HCV	Hepatitis C Virus
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
HSS+	HIV Sentinel Surveillance Plus Behaviors
ICF	Intensified Case Finding
IPC	Infection Prevention and Control
KP	Key Populations
LES	Locally Employed Staff
MAT	Medication Assisted Treatment
MMD	Multi-month dispensing
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NCDs	Non-Communicable Diseases
NEZ	Northern Economic Zone
NTP	National TB Program
OSS	One Stop Shops
PBFW	Pregnant and Breast-Feeding Women
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHCR	Public Health Cluster Response

PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
PSE	Private Sector Engagement
PTT	Provincial Technical Team
PWID	People Who Inject Drugs
QA	Quality Assurance
RDS	Respondent Driven Sampling
RITA	Recent Infection Testing Algorithm
S&D	Stigma and Discrimination
SDA	Same-day ART
SDS	Strategic Direction Summary
SE	Social Enterprise
SHI	Social Health Insurance
SIMS	Site Improvement through Monitoring System
SNU	Subnational Unit
SOGIE	Sexual Orientation, Gender Identity, and Gender Expression
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender people
TPT	TB Preventive Treatment
TWG	Technical Working Group
U=U	Undetectable=Untransmissible
VAAC	Vietnam Administration for AIDS Control
VL	Viral Load
VSS	Vietnam Social Security

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP/ROP plan

Standing at the 20th anniversary of the President's Emergency Plan for AIDS Relief (PEPFAR), Vietnam can claim many successes achieved throughout this history. As the first Asian country to receive PEPFAR support and currently the only Asian country with a standalone bilateral COP, Vietnam holds a unique place in PEPFAR's progress and milestones over the last two decades. This history involves the transformation of HIV from a near-certain death sentence to a more easily prevented and treated condition, bringing hope and options for all populations to remain holistically healthy.

Vietnam can also point to its revolutionary approach to treatment and prevention services for people who inject drugs (PWID), achieving dramatic decreases in HIV incidence for this population and addressing their health needs, such as delivery of methadone through medication assisted treatment (MAT). The funding and management of the MAT program has shifted to complete financial and technical ownership by the Government of Vietnam (GVN), allowing for sustainable and continued, high-quality delivery of these important services.

Other client-centered innovations, including pre-exposure prophylaxis (PrEP), integrated services for non-communicable diseases (NCDs) and mental health, and curative treatment for hepatitis C virus (HCV) co-infection, continue to be introduced and brought to scale. Effective collaboration with community-based organizations (CBOs) and the private sector has led to their recognition by GVN in the HIV law as key partners in the fight against HIV. The community and private sector are pivotal in providing client-centered services with diversified models including One Stop Shops (OSS).

Policy advances and community engagement have also delivered milestone achievements, such as Vietnam's global leadership in U=U (K=K in Vietnamese) and the major success of covering antiretroviral therapy (ART) through Social Health Insurance (SHI). All this has occurred in the context of strong political commitment and ongoing health systems strengthening that underpin these achievements. By strengthening critical systems for supply chain to laboratories, modernizing surveillance and health information systems, and piloting innovations for social contracting and community engagement, Vietnam continues to build off of strategies that have resulted in record numbers of HIV infections averted, undiagnosed infections found, new diagnoses treated, and clients on treatment thriving.

In COP23, PEPFAR Vietnam's vision is to continue this progress in a manner that solidifies our gains in the places we have invested directly; brings improvements and capacity-building to those places that need to close equity gaps and accelerate improvements; monitors data to know where the need is escalating for real-time response; accelerates innovation; and builds on past transition successes to gradually advance full sustainability across all program areas.

The transition from DSD for HIV care and treatment to TA will result in cost savings of approximately $628,000 that will be invested in priority interventions in high-burden provinces to strengthen the cascade, alongside other savings identified across program areas. The programmatic focus will include support to accelerate PrEP uptake, address increased incidence, close 95-95-95 gaps, institutionalize public sector interventions, strengthen community systems, and leverage private sector investments. Specific systems that will receive expanded support include Public Health Cluster Response (PHCR) with up to six provinces able to be covered with the previous budget amounts; Provincial Technical Teams (PTTs) with a $180,000 increase and expectations to cover up to 17 provinces in FY24; laboratory system

strengthening to reach broader geography with $90,000 committed; SHI systems-level operationalization in two provinces with $200,000; community systems strengthening in two provinces and community component of PHCR with $160,000; and private sector engagement $200,000.

To monitor this continued pivot of resources, reporting within the 11 focus provinces will continue through DATIM/MER, following the guidance for indicators and reporting frequency as expected for TA and CS. Outside of the 11 focus provinces, where PEPFAR will provide TA to strengthen provincial prevention and treatment cascades, PEPFAR will not report through DATIM/MER. For provincial levels supported by PEPFAR Vietnam, site level results (without set targets) will be reported to demonstrate impact with the provincial approach. Instead, PEPFAR will work with VAAC and provinces to use national reporting tools, as outlined by GVN policies, to monitor prevention, case finding, treatment, and viral load indicators that are analogous to several DATIM/MER indicators. As these are required reporting indicators for GVN, this should create minimal additional reporting burden, while providing an opportunity for PEPFAR to help strengthen these national reporting tools.

Additional specific strategies are described across the sections below, all in full alignment with PEPFAR's global 5x3 strategic approach. We continue the successes of previous years, and pivot to new approaches guided by HIV epidemiologic and program data that signal potential risks to epidemic control. These risks include disparities in 95-95-95 achievement between PEPFAR focus provinces and other provinces, increasing HIV incidence among young men who have sex with men (MSM), and increased case reporting in Mekong Delta provinces in southern Vietnam. Alongside GVN and partners, PEPFAR is responding to these epidemiologic trends to ensure that no community nor individuals are left behind. Paired with this pivot, and building off the promising results of PHCR to coordinate provincial-led responses to signals of increased likely recent transmission, investments to expand PEPFAR's models of success will increase with TA to a wider area of the country to leverage GVN, Global Fund (GF), and private sector resources for collective effort to close geographic and demographic gaps while doubling down on combination prevention.

We use data to identify which elements of the cascade and components of the public health ecosystem need to be strengthened for Vietnam to close the gaps to reach 95-95-95. These data may include signals such as increased active transmission of HIV; inadequate reduction in new HIV infections; gaps in treatment coverage or viral load (VL) suppression; weak community structures and key populations (KP)-led organizations' capacity; lack of service availability; untapped opportunities for private sector engagement for sustainable market-based contributions; or sub-optimal performance of existing programs. As Vietnam progresses towards achieving the 95-95-95 goals, PEPFAR will continue partnering with all stakeholders to support alignment with government cost structures, use of sustainable government and local systems, and ensure availability of the most accurate data to monitor program performance and improve modeling estimates needed to continuously sharpen strategies.

In its National Strategy to End the AIDS Epidemic By 2030, Vietnam has committed to reaching 95-95-95 and ending HIV as a public health threat by 2030. PEPFAR remains committed to seeing this vision as a reality for all Vietnamese communities. COP23 will provide a roadmap to bring us from our hopeful present to the accomplished future of this remarkable program.

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

Blank	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
Blank	**Total Population [1] Size Estimate [2] (#)**	**HIV Prevalence (%)**	**Estimated Total PLHIV [2] (#)**	**PLHIV Diagnosed (#)**	**On ART (#)**	**ART Coverage (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	99,937,943	0.25	249,704	210,501	168,010*	67.3%	97%**	2,551,599*	21,727*	15,981*
Population <15 years	23,594,074	Blank	3,773	2,462	3,311*	Blank	94%	Blank	Blank	Blank
Men 15-24 years	6,879,114	0.07	9,537	10,805	Blank	Blank	Blank	Blank	Blank	Blank
Men 25+ years	30,665,312	Blank	163,340	137,227	Blank	Blank	Blank	Blank	Blank	Blank
Women 15-24 years	6,469,870	0.02	2,369	2,714	Blank	Blank	Blank	Blank	Blank	Blank
Women 25+ years	32,329,573	Blank	70,685	57,293	Blank	Blank	Blank	Blank	Blank	Blank

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MSM	270,884	12.5	35,215	27,852	Blank	Blank	Blank	Blank	Blank	Blank
FSW	61,067	2.4	1,088	6,430	Blank	Blank	Blank	Blank	Blank	Blank
PWID	148,843	12.1	21,294	46,003	Blank	Blank	Blank	Blank	Blank	Blank
Priority Pop (specify)	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank

***** *National M&E Reporting System (C03) - Data retrieved from the website http://bc03.hivonline.info/ on November 11, 2022. Limitations include the lack of data aggregation by age/sex, as well as the potential for duplicated reporting of test numbers and positive diagnoses, and unreported/under-reported private sector treatment.*

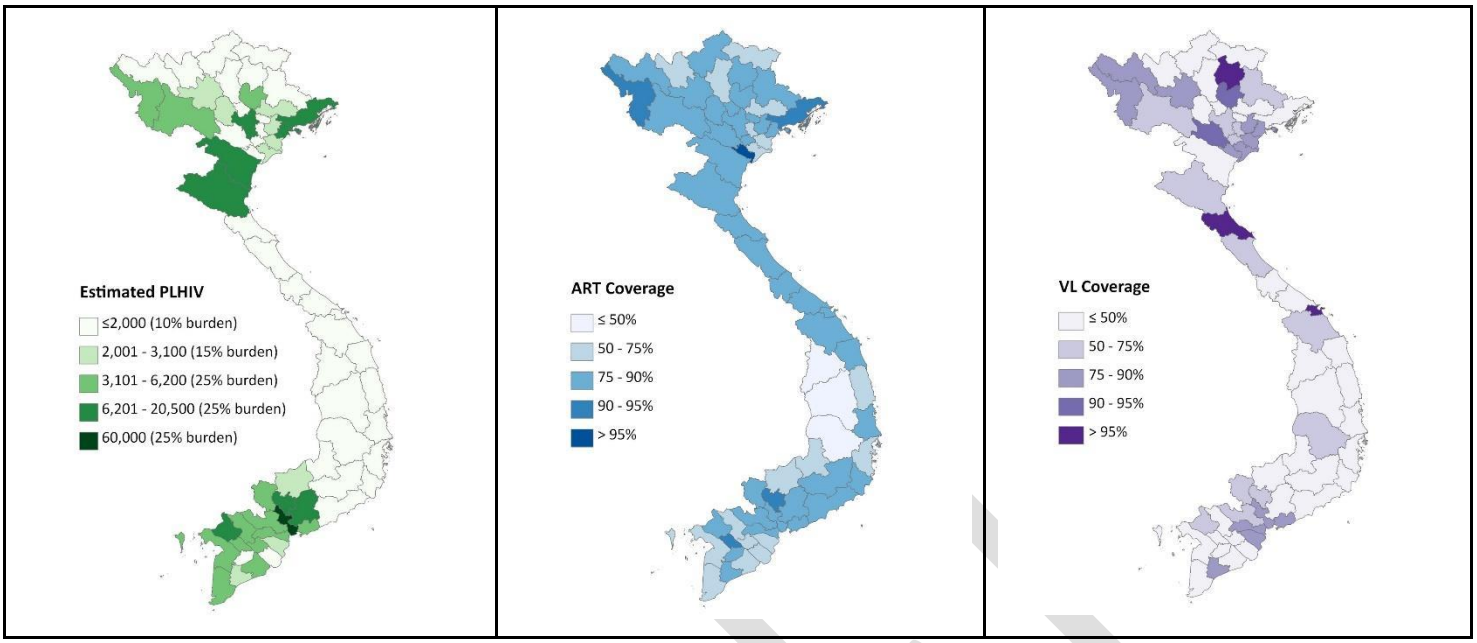
*** Among patients who had routine VL testing*

1 - Vietnam Population Projection for the Period 2019 -2069, GSO, December 2020

2 - AEM for Vietnam, the 2023 round of estimations, which serves as input for PEPFAR's COP23 Target Setting Tool

Blank - Data is not available

Figure 1.1 - People Living with HIV (PLHIV), Treatment Coverage, and Viral Load Monitoring Coverage		
Estimated number of PLHIV* by SNU	**Percent Treatment Coverage****	**Viral Load Monitoring Coverage****



** AEM for Vietnam, the 2023 round of estimations, which serves as input for PEPFAR's COP23 Target Setting Tool*

*** National M&E Reporting System (C03). Data retrieved from the website http://bc03.hivonline.info/ in December 2022*

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV* for COP23**	**# Current on ART** (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	Blank	Blank	Blank	Blank
Scale-up: Saturation	89,900	67,047	7	7
Scale-up: Aggressive	33,100	22,825	4	3
Sustained	Blank	Blank	Blank	Blank
Central Support	6,500	5,114	0	1
No Prioritization	120,300	73,024	52	52
Total National	**249,800**	**168,010**	**63**	**63**

** AEM for Vietnam, the 2023 round of estimations, which serves as input for PEPFAR's COP23 Target Setting Tool*

*** National M&E Reporting System (C03). Data retrieved from the website http://bc03.hivonline.info/ in December 2022.*

Blank – Data is not available

Pillar 1: Health Equity for Priority Populations

Closing gaps in the pediatric cascade

UNAIDS estimate of children aged 0-14y living with HIV (CLHIV) in Vietnam in 2021 was 4,900 [4,100-5,700], with HIV prevalence <0.1%, new infections <500, and deaths among CLHIV <200. UNAIDS estimate for ART coverage among CLHIV was 82% [68-96%], higher than the coverage estimate for adults 15y and over. PEPFAR program data show high rates of VL coverage (81%, FY23Q1) and suppression (94%, FY23Q1) for CLHIV in PEPFAR focus provinces.

PEPFAR support for the pediatric HIV cascade in Vietnam is focused on TA to the national and provincial levels to optimize guidelines and policies, establish program quality metrics and processes, and address programmatic gaps as they are identified. In recent years, PEPFAR's support to the national comprehensive HIV prevention and treatment guidelines has included the following updates to improve the pediatric cascade:

1. Inclusion of index testing for biological children as a standard practice.
2. Optimization of ART regimens for CLHIV, including the introduction and scale-up of Dolutegravir (DTG) 10 mg.
3. Inclusion of advanced HIV disease (AHD) package for CLHIV, modeled after the WHO STOP AIDS package of care.

In COP23, PEPFAR will continue to support the pediatric HIV cascade with TA to effectively implement the updated national guidelines, and provide targeted support based on program quality gaps identified.

Services for Pregnant and Breast-Feeding Women (PBFW)

The UNAIDS estimate for pregnant women needing ART for prevention of mother to child transmission (PMTCT) in Vietnam in 2021 was 2,100 [1,800-2,400]. Of this total, an estimated 75% [64-86%] received ART, a decrease from prior years attributed to disruptions in antenatal care attendance during COVID-19. Recognizing this programmatic gap, the Vietnam Administration for AIDS Control (VAAC) has prioritized greater support for PMTCT as part of their 2024-2026 GF application. PEPFAR support for PBFW was transitioned to GVN in 2015, and prior to COVID-19, the government-led PMTCT program maintained excellent program quality, with ART coverage consistently estimated above 90%. In recent years, PEPFAR has provided TA to VAAC and relevant departments of the Ministry of Health (MOH) to update PMTCT guidelines to include dual HIV/syphilis testing to screen for HIV and syphilis.

Plan for KP services

According to MOH/VAAC, the HIV epidemic in Vietnam remains concentrated among key populations (KP), including gay men and other men who have sex with men (MSM), PWID, female sex workers (FSW), transgender people (TG) and partners of people living with HIV (PLHIV). Therefore, PEPFAR will focus its support to promote HIV prevention, testing, treatment, and VL suppression among KP. In COP23, PEPFAR shifted some prevention targets from the Northern Economic Zone (NEZ) to Ho Chi Minh City (HCMC) Metro Areas. As HIV prevalence and estimated incidence among MSM continues to increase, PEPFAR will prioritize PrEP uptake among this population, especially MSM who are involving in Chemsex, adolescent and young MSM who may be less likely to seek conventional health services, including expanding activities in coordination with GF outside of the historical PEPFAR provinces.

PEPFAR will continue supporting client-centered programs to reach adolescents, young, and hidden MSM such as Safe Zone programs in industrial zones, schools, and universities. For PWID, FSW and partners of PLHIV, PEPFAR will sustain a comprehensive prevention and treatment package, including outreach, HIV testing and linkage to either harm reduction or PrEP/PEP, or ART if identified as HIV

positive. For military clients and civilian KP attending services in military health facilities, PEPFAR will maintain a minimal support package, specifically focusing on linkage to PrEP/Post-Exposure Prophylaxis (PEP) and ART.

To further increase equitable access to HIV prevention and treatment services, PEPFAR will expand the OSS model to six other PEPFAR-focused provinces, in addition to Hanoi and HCMC, and provide TA to GF-supported provinces in setting up new OSS. PEPFAR will continue supporting KP-led and KP-friendly clinics to provide HIV and other health related services as a key strategy to enable access to services, especially among young MSM. For TG, in COP23 PEPFAR will continue to address the unmet needs by supporting the opening of the first ever TG owned and operated TG-led clinic in Hanoi as well as in HCMC with LIFT UP funds.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers

In COP21 and 22, PEPFAR engaged CBOs to work directly with health facilities to make them more KP friendly. Initiatives including CAB (Community Advisory Board) and C2P (Community Public Partnership) helped improve the attitude of health workers and the quality of services they provided, increased flexibility in the timeframe for service delivery, and improved linkages to other services. In 2022, the MOH issued a strong statement on LGBT care, requesting health providers to improve knowledge of LGBT, respect their gender identities, stop stigmatization and discrimination against LGBT, affirming that homosexuality is not a disease. PEPFAR will leverage this unprecedented policy support by scaling up KP-competent HIV care, expanding stigma elimination efforts from facility settings to non-HIV and community settings, and promote the CAB, C2P and Community Led Monitoring (CLM) activities to continue improving friendly and tailored services to close equity gaps.

In addition, PEPFAR will continue to advocate for the passing of the Gender Affirmation law and other policies grounded in equity and sexual orientation, gender identity, and gender expression (SOGIE) principles that help these populations to better access services and promote their overall well-being and safety. CBOs working in HIV face challenges in broader policy settings due to the siloed nature of the HIV program and lack of SOGIE awareness and commitment outside of the health sector. PEPFAR's LIFT UP equity funds will help close this gap, with a plan to energize and lift policy and advocacy capacity and efforts across the political sphere, with KP CBOs in the lead, to address gaps in health and other relevant areas beyond the health sector to promote the overall well-being of KP.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services

Gaps in HIV testing and other services remain among adolescents and young MSM; TG women; PWID without access to MAT services; and sexual partners and children of PLHIV. To close these gaps in COP23, PEPFAR will continue to strengthen and diversify HIV self-test kit distribution channels through a combination of online outreach, university and college-based outreach, community- and facility-based index testing and social network strategies. Self-test kits will also be promoted through websites and apps used by target audiences.

PEPFAR will pilot a school-based intervention to generate evidence for early intervention among adolescents, and will collaborate with youth unions, student associations, labor unions and other stakeholders to promote HIV prevention messaging and HIV self-test uptake among students and workers in industrial zones. PEPFAR will also continue to strengthen outreach communication at military compounds and military schools to improve HIV prevention messaging and testing uptake, with special attention to young men, including young MSM.

In addition to HIV self-test kit distribution, PEPFAR will maintain mobile services, OSS models and KP-led services to promote equity in access and the appropriate linkages to HIV prevention and treatment services. To improve access to HIV testing among partners of PLHIV, PEPFAR will continue blending safe and ethical index testing with a social network strategy in combination with self-test distribution. At the workplace, mobile services, with support of labor unions and enterprise owners, will help close the gaps of HIV prevention and treatment services among workers.

Prevention plan that promotes equity, especially advancing access to PrEP

As mentioned above, expanding comprehensive OSS is a key strategy in COP23 to promote access to PrEP services, especially among young MSM and TG. By providing person-centered services at OSS sites, clients will see their needs being cared for and supported, and it is the best way to market and promote PrEP services. In addition, PEPFAR will maintain diversified PrEP delivery models, bringing the services closer to clients, including mobile, tele-PrEP, community and pharmacy-based PrEP. To help clients deal with their concerns about being stigmatized when they are on PrEP, PEPFAR will continue to support communication campaigns to normalize PrEP use. PEPFAR will also support sexually transmitted infection (STI) screening, including use of Duo HIV/Syphilis test to promote HIV testing uptake among clients, especially MSM. STI testing and referral will be a catalyst for PrEP uptake. PEPFAR will continue to coordinate with the GF and the GVN to meet growing demand for PrEP. As the next generation of Global Fund awards is currently in design, PEPFAR will continue to explore potential shifts in the procurement of commodities and provision of technical assistance to maximize our comparative advantages in support of achievement of national targets. This collaborative approach has already shown promising results through PHCR activities in two provinces, and will be continued in others per national strategic planning.

Pillar 2: Sustaining the Response

Supporting a sustainable HIV response in Vietnam has been central to PEPFAR's strategy over the last 10 years. PEPFAR's primary focus is to reinforce and support GVN's sustainable technical and financial leadership in addressing the HIV epidemic, as demonstrated by the transition of antiretrovirals (ARVs) to SHI, the ongoing transfer of program monitoring and management oversight to the national program and provincial CDCs, and the transfer of financial responsibility of MAT to GVN.

In COP23, PEPFAR is committed to continuing to transition financial and technical ownership of the HIV response to the GVN. In planning for COP23, PEPFAR is reviewing all aspects of our program to find areas that can be transitioned to local ownership in order to reduce donor dependance and free up resources to support other priorities. Alongside GVN and partners, PEPFAR will monitor the impact of these shifts to ensure that no community nor individuals are left behind. Paired with this pivot, investments to expand PEPFAR's models of success will increase with TA to a wider area of the country to leverage GVN, GF, and private sector resources for collective effort to close geographic and demographic gaps while doubling down on combination prevention.

In COP23, PEPFAR will work with all stakeholders to develop a Sustainability Vision, Roadmap, and Implementation plan. Vietnam will use upcoming PEPFAR guidance to ensure that all essential elements are covered. Based on Vietnam's experience with financial sustainability under SHI for covering its treatment costs, the country is already ahead of the sustainability curve and can offer insights for other countries in the region and globally. Overall, PEPFAR envisions a dynamic and interactive process that will be led by the Government of Vietnam, and especially VAAC leaders, to map current PEPFAR activities against its vision of a sustainable HIV response that is manageable for GVN using its domestic

(national or provincial) resources and inclusive of the community, private sector, and other stakeholders. This process is expected to be designed during COP23.

While sustainability is a consideration across all aspects of PEPFAR programming, specific approaches are outlined as follows.

Shifting From Treatment DSD to TA: In COP23, PEPFAR will shift treatment support in the 11 focus provinces from DSD to TA with concurrent streamlining of MER indicator reporting and shifting to data alignment using national systems. In line with this, USAID will be transitioning Quang Ninh province, a TA province since COP21, to TA through central support; lessons learned from this transition will help guide the process for shifting additional provinces to central support in FY2025.

Diversified HIV prevention financing: PEPFAR will continue to promote an enabling environment for increased government financing of the HIV response, institutionalization of social contracting, and market segmentation. Specifically, PEPFAR will help improve financial sustainability planning at both national and provincial levels, monitor budget allocations and execution, and increase private sector engagement and resource mobilization.

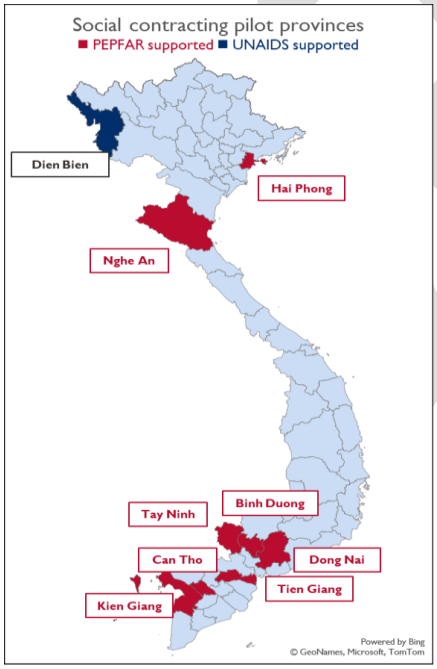
Public Sector Financing: PEPFAR will continue to provide TA to support provinces to develop and monitor their provincial sustainable financing plan, which details their annual provincial budget allocation to support the HIV response. Currently 52 out of 63 provinces have an approved provincial sustainable financing plan for 2021-2030. The commitment of the provinces to support the HIV response is demonstrated by the fact that 59 provinces allocated their local 2021-2022 budget to support financial subsidies for SHI premiums and ARV copays. PEPFAR will continue to build up provincial capacity as well as improve policy framework to help provincial DOH, CDC to mobilize and secure an increased annual local resources to cover those subsidies and more critical prevention activities, especially those provided by CSOs.

Private Sector Engagement (PSE): In COP22/FY23, at the national level, PEPFAR provided TA to VAAC to launch the PSE plan and initiate the National PSE Assessment in collaboration with VAAC. PEPFAR also helped to establish and convene the PSE technical working group (TWG) and designed a national management system on PSE to coordinate activities and track private sector engagement and investment. At the provincial level, PEPFAR began providing TA to Dong Nai and HCMC to develop a roadmap to strengthen and develop provincial PSE plans in their HIV programs. In COP23, PEPFAR will continue to provide TA to VAAC to finalize the national PSE assessment; convene regular PSE TWG meetings; and review and evaluate PSE in HIV/AIDS on an annual basis. Based on findings from the national PSE assessment, PEPFAR will support additional provinces (up to 3 provinces) to develop and implement provincial PSE plans, including support for expanding private sector provision of HIV services to support service delivery points for clients who can pay for HIV services. Given Vietnam's prevention programs' current level of donor-dependence and experience with family planning, PEPFAR will also support pilots for subsidized and cost-recovery models for PrEP and self-testing to increase the share of needs that are being met through commercial channels.

Building Provincial Capacity: Provincial technical capacity and leadership is a core component of the PEPFAR program evolution to support HIV excellence and systems strengthening beyond the directly supported provinces. PEPFAR has successfully leveraged the policy mandate to establish and grow HIV provincial technical teams (PTTs) to sustain program quality, with 60/63 PTTs established in Vietnam, with all PEPFAR focus and GF provinces having established PTTs. PEPFAR will build on this progress through strengthening and deploying PTTs to ensure local fidelity to national guidelines, ensure

standards of care, and to address programmatic and systems gaps identified through central and provincial level monitoring efforts. PEPFAR will support the VAAC to ensure 63/63 provinces have established PTTs to promote a truly national network for decentralized HIV technical assistance. As part of this PTT model, national continuous quality improvement (CQI) procedures will be developed and implemented. Provincial level stakeholders will continue to use national CQI tools (i.e., HIVQUAL, PrEPQUAL) and user-friendly data platforms, such as the program quality monitoring dashboard (PQM), where available, to promote data use for decision making and as an early warning system. Training on CQI at provincial levels will continue to foster government ownership at provincial levels. In support of on-going data quality assessment (DQA) efforts, PEPFAR will work closely with VAAC and provincial GVN teams to perform quarterly DQA activities with priority focus on prevention (case finding and PrEP verification), treatment, and SHI operationalization activities. These DQA efforts, co-led by PEPFAR with GVN stakeholders, will promote the sustainability agenda by strengthening the capacity of provincial HIV program and SI teams to ensure DQA efforts are prioritized as a component of HRH strengthening efforts.

Building Community Capacity: Community is a key component of the national HIV response. Through strong coordination with MOH/VAAC, provincial authorities and community networks, PEPFAR helps to build capacity for over 50 community-based organizations (CBOs), social enterprises (SEs) and KP-led clinics. Based on their legal status and development stages, PEPFAR has tailored its technical assistance packages including technical, organizational, financial and data use for decision making capacity for different groups toward long term sustainability. In COP23, PEPFAR will continue to provide leadership on social contracting pilot implementation, engage with the private sector for innovative financing, and focus on community system strengthening. Costing, economic, and financial analyses are also integral components of PEPFAR's TA approach to inform advocacy for sustainability, along with efforts for domestic resource mobilization.



Social Contracting: Social contracting is one tool that PEPFAR is using to improve the long-term sustainability of community programming. VAAC launched the 2022-2024 HIV social contracting pilot in April 2022, which covers four service packages defined and costed using GVN cost norms: (1) provision of prevention commodities and referral for methadone treatment; (2) community testing and referring people with reactive test results for confirmation testing; (3) referrals of confirmed HIV-positive cases to ART; (4) referrals of eligible HIV-negative cases to PrEP.

In June 2022, with provincial level support from PEPFAR and UNAIDS, five provinces —Nghe An, Dong Nai, Tay Ninh, Dien Bien, and Tien Giang— began pilot implementation. Four provinces —Hai Phong, Binh Duong, along with Can Tho, Kien Giang —will begin the pilot in April 2023 with PEPFAR support. In COP23, PEPFAR will continue to support the social contracting pilot. National level advocacy will include the addition of the social contracting packages in the list of public services, which would allow for procurement with GVN funding. At the request of the HCMC/CDC, PEPFAR will explore opportunities to provide TA for HCMC to use their own provincial budget for social contracting, outside of the official pilot, given their interest and robust local funding.

Improved ARV supply chain management and drug procurement: ARV procurement and supply chain in Vietnam are regulated by different policies which leads to inconsistencies that cause delays and failed procurements. To facilitate the timely and smooth ARV procurement for 184,000 patients in COP23 with SHI, GVN, and GF budgets, PEPFAR will continue to address key system, policy, and implementation issues through a number of different strategies:

1. Support increased transparency in the procurement and supply of ARV drugs, which can help prevent inefficient procurement and ensure accountability. Interventions include supporting development of a GVN owned information sharing platform/mechanism/tool for awarded suppliers, VAAC, CDCs, and health facilities to monitor the shipment, supply, receipt, use and drug management in health facilities, and help VAAC monitor progress, foresee stockouts, and manage poor performance. Data generated will inform prompt actions.
2. Support the reduction of bidding and procurement times. PEPFAR will support the MOH in developing and approving a detailed national ARV security plan and the appointment of a task force with clear procurement cycles, timelines, and responsibilities under the senior leadership of the MOH to reduce administrative hurdles, and to increase communication and coordination among relevant entities to ensure the ARVs are supplied in a timely manner.
3. Revise ARV procurement and supply chain related policies, including updating the SHI drug list to include new ARV drugs that are included in national treatment guidelines and have current market authorization; revising the list of rare drugs to include pediatric and low-volume ARVs; and regulations on decentralized procurement of ARVs.
4. Diversify the sources of ARV drugs to reduce dependency on a single supplier through providing guidance to suppliers for correct and complete submission of dossiers for market authorizations, as wells as supporting the Drug Administration of Vietnam to revise the Pharmacy Law to include fast-track, online approval process, mutual recognition, and other relevant pieces for Market Authorization, registration, and granting.
5. Support treatment Optimization. PEPFAR will continue to advocate with the MOH to adopt DTG-based regimens where appropriate for clients requiring second-line ART regimens. This change will not only result in considerable cost savings, but will also improve patient experience and outcomes. Other considerations for treatment optimization include changing the preferred protease inhibitor option from lopinavir/ritonavir to darunavir/ritonavir for improved patient adherence, reduced side effects, and potential cost savings.

Pillar 3: Public Health Systems and Security

Complementing Global Health Security Agenda (GHSA) Investments in Vietnam

PEPFAR investments in HIV public health systems have historically been aligned with other USG-funded investments to support government-led public health systems and health security strategies. Vietnam joined the GHSA in 2014 and was designated one of the USG flagship countries, with support focused on:

- Workforce development, including the Field Epidemiology Training Program (FETP) and One Health Workforce (OHW).
- Early reporting of disease outbreaks.
- Prevention of disease transmission and infection in hospitals.
- Strengthening biosafety to protect laboratory workers.

- Strengthening biosecurity to protect the public from accidental or deliberate release of pathogens.
- Reducing illnesses and deaths due to antimicrobial resistance.
- Strengthening Vietnam's immunization program.
- Prevention of zoonotic disease transmission.

Quality Management Approach
PEPFAR investments in quality management are aligned with national quality management programs. ART quality management programs introduced by PEPFAR have now been adopted into broader government-led clinical quality management programs. PEPFAR introduced PrEPQUAL, a quality management program for HIV PrEP that is now adopted by the national program. Further activities are detailed in the Quality Management section of the Strategic Direction Summary (SDS). At provincial levels, quality improvement is a priority activity of PTTs mentioned in Pillar 2. In select provinces, the program quality monitoring dashboard has been used as a tool for decision-making paired with CQI with provincial leaders to ensure early warnings regarding bottlenecks within the system. On the laboratory system strengthening, PEPFAR introduced the laboratory quality management system, and it is now adopted by the national program. Further activities are detailed in the CQI section.

Person-centered Care to Address Comorbidities Posing a Public Health Threat for PLHIV

PEPFAR has supported innovations in HIV service delivery in Vietnam to encompass person-centered, integrated services to prevent morbidity and mortality in PLHIV. Programs have been introduced by PEPFAR to integrate services for Tuberculosis (TB), viral hepatitis, NCDs, mental health, cervical cancer, and STI as innovative service models.

In coordination with MOH/VAAC and GF, PEPFAR supported implementation of direct-acting antiviral (DAA) treatment for HCV for clients with HIV/HCV C co-infection enrolled in HIV treatment clinics and for clients receiving methadone in MAT clinics. Approximately 16,000 patients were treated with DAAs, with sustained viral reduction at 12 weeks (SVR12) rates of 97%. Results of PEPFAR-supported HIV/NCDs integrated services for PLHIV in ART clinics in HCMC have informed MOH/VAAC to add NCDs screening and management in the revised national guidelines issued in December 2021. PEPFAR has been working with partners to scale up HIV/NCDs integrated services in focus provinces. Integration of other comorbidities that pose a public health threat for PLHIV, including mental health, STIs, and cervical cancer, is being introduced as part of person-centered service packages.

In COP23, PEPFAR will keep working with VAAC, partners, and community to scale up these person-centered, integrated services, including development of national SOPs, development and implementation of healthcare workers (HCWs) trainings, promotion of health literacy and demand generation, TA to sites in focus provinces, and support PTTs to replicate these models in other provinces.

Laboratory Systems Strengthening
PEPFAR investments in laboratory capacity strengthening have also been designed to complement other USG investments, including from GHSA and from COVID-19-related authorizations. HIV-specific laboratory accomplishments and strategies are detailed in the Laboratory section of the SDS, while highlights of USG-supported broader laboratory capacity strengthening include:

- Since 2012, 35 medical laboratories (26 civilian and 9 military labs) have obtained international accreditation for HIV, TB, influenza, dengue, and other clinical testing.

- In 2017, a national public health reference laboratories network was established in 3 major cities: Ha Noi, Ho Chi Minh, and Nha Trang, supporting state-of-the-art diagnostic capacities and the ability to characterize new diseases with genetic fingerprinting.
- Since 2013, external quality assurance programs for TB diagnostic tests have been supported and transferred to the Vietnam National TB Reference Laboratory, which is now a regional resource serving 5 additional countries.
- 32 HIV testing labs have introduced an electronic laboratory information system, leading to faster results return and improved data quality.
- As of 2023, 54 laboratories are participating in a surveillance system for antimicrobial resistant pathogens.
- During the COVID-19 pandemic, COVID-19 PCR testing was introduced and decentralized to support surveillance and case management, and USG-supported animal health laboratories were leveraged for surge diagnostic capacity. National guidelines and associated training for infection prevention and control (IPC), sample collection, and biosafety were supported.

In COP23, PEPFAR will continue to design investments to support Vietnam national public health systems and health security strategies, including community structures that are leveraged for Risk Communication and Community Engagement (RCCE) as was done during the COVID-19 pandemic. This support will build off of current partnerships, programs, and systems, and will align with strengths and needs identified by GVN.

In COP23, PEPFAR will continue to support the lab system to extend and optimize the diagnosis network for HIV/VL, TB, HCV, HBV, and other infectious diseases through core testing training, quality management toward national and international accreditation, and inclusion as SHI-covered diagnostic tests.

Please see Core Standards section **Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections** for additional information on Diagnostic Network Optimization efforts, section **Offer differentiated service delivery models** for VL testing and accreditation plans, and other sections, for more details on plans for laboratory support.

Pillar 4: Transformative Partnerships

PEPFAR will continue working with diverse implementing partners while gradually transitioning matured programs to local ownership. In COP23, PEPFAR will maintain critical partnerships with GVN, especially the VAAC and other relevant departments of the MOH, Ministry of Defense, and multiple international and local non-governmental, private sector and community partners, and unify the approaches to align with the national strategy to end AIDS by 2030. In COP23, PEPFAR will continue to strengthen new partnerships with the Vietnam Labor Union and Ministry of Education and Training to address program needs/gaps.

PEPFAR will continue to elevate the role of national and regional public health and academic institutions in addressing public health threats, conducting case surveillance, and providing TA to provinces to build strong public health and laboratory systems to be ready for future public health threats.

PEPFAR remains committed to fostering partnerships with a diverse array of private sector stakeholders, which includes private for-profit institutions, social enterprises, foundations, and private sector health delivery systems. For example, PEPFAR partnered with Durex for designing and implementing the communication campaigns on sexuality and safe sex for young people in universities; helped Abbott to

register their new HIV self-test kits into Vietnam markets; and will work closely with ViiV to pilot and introduce long-acting injectable PrEP (CAB-LA) into Vietnam. During COP23, PEPFAR will continue to support the GVN in finalizing the national PSE assessment and rolling out the PSE Plan in a manner that is responsive to the actual needs of the country. PEPFAR will continue to support the provincial governments and social enterprises to implement the ongoing social contracting pilot, with possible expansion to HCMC.

PEPFAR will continue to coordinate with global organizations such as WHO, UNAIDS, and GF to synchronize plans and funding. The PEPFAR team has been working closely with the GF teams in both Geneva and the country, to align COP23 with the 2024-2026 round of GF programming.

Community partners are not only the beneficiaries of PEPFAR programs, but are also the important drivers of the national HIV response. Sixteen community partners attended the February Stakeholders workshop in Hanoi, and four key representatives attended the co-planning meetings in Johannesburg. During the development and finalization of the Vietnam COP23, PEPFAR has closely engaged with community partners, especially during the creation of the LIFT UP proposal and KP survey. This demonstrates a commitment to working collaboratively with community partners to develop effective strategies tailored to the needs of KP and ultimately contribute to ending the HIV epidemic.

Pillar 5: Follow the Science

A hallmark of PEPFAR support in Vietnam has been the dissemination, application, and evaluation of the latest in scientific evidence to inform the national HIV response. Examples of scientific advances that have been locally adopted and scaled up with PEPFAR support include:

- Biomedical innovation, including ART optimization, PrEP, HIV self-testing, Duo HIV/Syphilis testing, TB/HIV diagnostics, TB preventive therapy, HIV recency testing, and AHD.
- New surveillance methods designed for KP.
- Evidence-based communication and service delivery models, including U=U, KP-focused health literacy, and Status Neutral Services.
- Evidence generation for stigma and discrimination (S&D) through the Stigma Index and Community Scorecards to inform policies and practices.
- Evidence generation through LADDERS' "Factors Involved in The Decision to Select and Maintain PrEP and ART Treatment Services of Target Populations" study to understand client behavior seeking practices to better inform programmatic pivots towards needs for vulnerable KP groups.
- Advocacy and co-planning around the introduction of long-acting cabotegravir (CAB-LA) as WHO-endorsed focused HIV prevention injectable which will be the first introduction for implementation in Asia region through Vietnam.

The current HIV surveillance strategy in Vietnam is government-led and includes a diverse set of activities within the context of a low-prevalence, concentrated epidemic among KPs:

- Routine HIV Sentinel Surveillance Plus Behaviors (HSS+) in select provinces and planned to be conducted every 2-3 years. The methodology uses venue-based cluster sampling.
- PEPFAR-supported introduction of Respondent Driven Sampling (RDS) into HSS+, a new sampling method designed for KPs, introduced in 2021 and 2022 and not yet standard practice due to resource constraints.
- HIV case surveillance, now reaching provinces with approximately 80% of national HIV burden.

- HIV recency surveillance, now reaching provinces with approximately 85% of national HIV burden.
- Key Population Size Estimates.

These surveillance activities are implemented through national and provincial health agencies, regional public health institutes, with TA supported by PEPFAR and implementing partners. HIV case and recency surveillance are used to identify epidemic patterns that signal potential clusters of transmission, activating a PHCR with the ultimate goal of preventing new transmission. PHCR uses an identify-investigate-respond-review framework to organize a time-bound response that involves coordinated activities between provincial CDCs, health facilities, and communities. Introduced by PEPFAR in COP21 and activated in two provinces without PEPFAR direct service delivery support, initial results of PHCR showed promising increases in the uptake of HIV prevention and case finding services and improvements in the standards of HIV care and treatment. In November 2022, MOH/VAAC adopted national SOPs for PHCR, set thresholds for PHCR activation, identified roles and responsibilities for coordinated response, and established a national PHCR TWG to institutionalize PHCR as part of the National Strategy to End AIDS. In COP23, PEPFAR will continue to scale up PHCR, in accordance with the national SOPs, as an important element in public sector capacity to achieve and maintain epidemic control. In addition, PEPFAR will support an evaluation of the early implementation of PHCR, results of which will inform the guidance for thresholds for PHCR activation, monitoring and closure of active PHCRs, and priority activities and responsibilities.

In COP23, PEPFAR will continue to support these surveillance activities to incorporate the most updated methodologies, especially for KP, and to scale programs in line with GVN surveillance strategies. In addition, PEPFAR will implement a one-time KP survey co-designed with civil society and GVN to fill the most urgent KP information needs not addressed by current surveillance activities.

PEPFAR has supported the implementation of the Stigma Index 2.0 by the Vietnam Network of People Living with HIV, Quality Improvement for S&D elimination, and Community Scorecards to strengthen the evidence base to understand the impact of S&D on PLHIV and KP. Results from these assessments have been used to inform national guidelines and policies at the national level, and to change specific practices and behaviors at the site level. In COP23, PEPFAR will continue to support these activities, including an additional round of the Stigma Index.

In COP22, PEPFAR initiated the "Factors Involved in The Decision to Select and Maintain PrEP and ART Treatment Services of Target Populations" study to investigate the complex factors influencing the uptake and retention of ART and PrEP services among KPs in Vietnam. The study's focus on MSM, TG women, FSW, PWID, and their sexual partners is expected to provide valuable insights into the unique needs and preferences of each KP group, as well as the barriers and facilitators that impact their engagement with healthcare services. Using a mixed-method approach and the RDS method, the study aims to achieve a comprehensive and nuanced understanding of the factors shaping KP behaviors and decision-making processes. The resulting insights could inform the development of more effective and responsive healthcare interventions for KPs in Vietnam.

The introduction of CAB-LA for HIV prevention has received strong support with GVN and other stakeholders including UNAIDS and GF as a core biomedical innovation as part of a WHO-endorsed comprehensive prevention program in Vietnam. PEPFAR has supported preference studies highlighting the high acceptability of and demand for CAB-LA among KP in Vietnam. To date, co-development with GVN stakeholders has led to development of a draft implementation plan which would include private sector and KP led public sites to study the impact of CAB-LA introduction beginning in COP 23.

Strategic Enablers

Community Leadership

The CLM initiative will move into the fourth year in COP23. Building on the experience from the first three years, CLM will increase monitoring, research and data analysis capacity among community members and enrich a database for community solutions to structural issues such as access, retention, S&D, and quality. PEPFAR will strengthen data sharing and collaboration between the CLM team and stakeholders for advocacy (MOH/VAAC at the national level) and quality improvement (Implementing partners and provincial health authorities/clinics).

CLM continues to work closely with GVN-led or agency-specific community engagement mechanisms, i.e., CAB and C2P, getting baseline data to select sites for monitoring, planning of the actual monitoring, verifying data, and sharing results for identified issues and suggested solutions. With the third cohort of community individuals joining the CLM work, COP23 will be the time for the community and stakeholders to jointly review the methodology, potentially expanding it from quantitative and qualitative semi-structured surveys to something broader so it can better capture the diversity and dynamics of client satisfaction and expectation. PEPFAR will focus on identifying inequity to reduce gaps in programming. CLM alumni will support potential CLM focus in the GF program.

Four community representatives representing the key KPs (PLHIV, PWID, MSM and TG) driving the epidemic in Vietnam engaged in the COP planning process. The four individuals contributed to and enriched COP in person meeting discussions with insights of the local communities. They played a critical role in providing input to the LIFT UP equity proposal and will help plan additional KP surveys. The four community representatives also worked closely with the interagency team to develop a longer-term vision for a PEPFAR community support strategy to build up a community ecosystem that allows CBOs to receive support for their specific TA needs and get introduced/connected to partnerships with networks, local and national authorities, and private sector businesses and philanthropies. Besides PEPFAR-initiated CLM, PEPFAR agencies support CABs and C2P, models for community systems strengthening for community feedback and program improvement to address the needs of the KP.

Innovation

PEPFAR has supported several country-led innovations that have accelerated HIV epidemic control in Vietnam, as highlighted in the Pillars sections of the SDS. PEPFAR and other stakeholders have supported the approval of a new examination and treatment law by the GVN, which codifies some of the most recent innovations into national policy. In COP23, PEPFAR will further support institutionalization of HIV program innovations by:

- Assisting VAAC in expediting the implementation of telePrEP, a new approach transforming the provision of healthcare services.
- Continuing to explore the feasibility of using a social contracting mechanism for case finding and applying the cost norm endorsed by the GVN. This approach aims to reduce inefficiencies and eliminate unhealthy competition among different implementing partners, particularly in overlapping sub-national units with GF.
- Providing support for the review of existing policies that allow private and community providers to distribute essential medicines and evidence-based prevention interventions. This includes community PrEP, community pharmacy, and self-pay models for PrEP.
- Establishing new partnerships with public, private, and community organizations that possess complementary capabilities to the PEPFAR program. These partnerships aim to facilitate a novel approach to work towards advancing strategic priorities. For example, PEPFAR will strengthen partnerships with provincial CDCs, factories, companies, schools, universities, and community partners to raise awareness about HIV risks as well as implement specific interventions serving KPs including mobile KP, factory workers, students and their partners.

Leading with Data

HIV epidemiologic and program data are used by PEPFAR to refine its strategy for COP23. The PEPFAR focus provinces designated in COP18 now account for about 52% of the national PLHIV estimate, and 56% of the national ART cohort. Unadjusted for private and self-pay treatment and VL coverage, population VL suppression in PEPFAR focus provinces may be estimated at about 74%, compared with 68% nationally and 62% in provinces excluding the PEPFAR focus provinces. Furthermore, national case reporting data show that about 70% of new cases reported in 2022 come from the South, including several Mekong Delta provinces without PEPFAR support. Trends in UNAIDS estimates of new infections by key populations show steep declines in new infections amongst PWID, declining and low absolute new infections amongst FSW, but increasing and high absolute new infections amongst MSM and only small declines in new infections amongst TG.

Taken together, these epidemiologic patterns suggest that for PEPFAR to best support Vietnam to reach and sustain HIV epidemic control, PEPFAR must balance the following priorities:

- Close the remaining gaps in the 1st and 2nd 95 in PEPFAR focus provinces while transitioning support for treatment to technical assistance;
- Support additional provinces with technical assistance to translate some of the high impact interventions from focus provinces; and
- Strengthen national, provincial, and community systems for data and surveillance, program quality, financing, and commodities security.

Since COP21, PEPFAR has supported Vietnam to implement PHCR outside of PEPFAR focus provinces as an initial strategy to respond to the epidemiologic signals of increased active transmission in Mekong Delta provinces and amongst MSM. Promising initial results from PHCR activations in 2 provinces (Can Tho and Kien Giang), including increased uptake of HIV testing and combination prevention services amongst MSM; improved service delivery core standards such as same day ART and multi-month dispensation; and, strengthened provincial leadership and coordination with communities, spurred MOH/VAAC to codify PHCR nationally through interim guidelines and SOPs issued in November 2022. In February 2023, the national PHCR TWG selected two additional Mekong Delta provinces (Soc Trang and Dong Thap) for PHCR activation, and PEPFAR is supporting these responses in the remainder of COP22

and into COP23. In reviewing surveillance data under the PHCR framework, MSM represented 8/13 (62%) RITA-positive cases in these two provinces, providing further evidence for the high proportion of new infections occurring amongst MSM.

Building off the initial success of PHCR, PEPFAR will expand its TA support to additional provinces in response to signals from national data and surveillance systems suggesting stagnant or slow improvements in the 95-95-95 cascade. These signals include increases in new case reporting and recency surveillance (metrics partially captured by PHCR activation thresholds), decreases or plateaus in treatment linkage, continuity, VL coverage, and suppression, and increased numbers of unidentified PLHIV where reliable provincial estimates are available. These epidemiologic signals will be triangulated with other data, including analysis of SHI operationalization and private sector and community assessments to prioritize high-burden provinces where additional PEPFAR support can be most impactful to improving the 95-95-95 cascade and reaching epidemic control.

Once additional provinces for PEPFAR support have been identified, technical assistance will strengthen the technical, financial, and operational capacity of provincial CDCs, facilities, KP-led CBOs, and the private sector to close gaps in the 95-95-95 cascade and sustain epidemic control. This includes leveraging existing resources to assure standards of care defined by national guidelines, introducing high-impact HIV service models already implemented in PEPFAR focus provinces, improving sustainable financing and commodities security, expanding private sector service delivery points into priority locations, and reinforcing national data and surveillance systems.

Monitoring and accountability of PEPFAR's TA efforts through PHCR and additional TA will be based on the national reporting systems for case reporting, treatment, VL, and PrEP, which are authorized by national guidelines and policies. The interim PHCR national guidelines include a monitoring framework that PEPFAR will assist in implementing, evaluating, and refining to best capture program impact while minimizing unnecessary reporting burden beyond existing requirements. The annual UNAIDS estimation exercise will help define the impact of program results in closing the 95-95-95 gap nationally and potentially in some provinces, though sub-national units will remain a challenge due to unavailable data inputs and precision.

In addition to the national monitoring and evaluation systems, systems strengthening metrics will be used to monitor program performance. Examples of systems strengthening metrics include:

- GVN-led recency and case surveillance implementation: number of provinces/sites implementing recency and case surveillance to detect alerts for response
- National, regional and provincial technical teams strengthening: number of provinces implementing GVN led PTT model for CQI
- Private sector engagement: % contribution of private providers to delivery of HIV services & commodities
- Community systems strengthening: DQA of community TA support for prevention services and treatment cascade; CBO graduation metrics; % financial contribution of provincial GVN for social contracting efforts
- SHI/Universal Health Coverage Performance Metrics: KP SHI card coverage, SHI co-payments for MMD & VLC

Some of these systems strengthening metrics may be monitored in the short-term to understand the impact of PEPFAR support, without expectation that these will be continued by GVN in addition to

established national monitoring systems. During COP23, PEPFAR VN team will provide updates on the national monitoring results and sustainable systems response performance metrics through POART.

In COP23, PEPFAR will work with stakeholders on the broader and more sustainable HIS strategy as part of the complete and long-term transition of HIV programming under the leadership of VAAC, MOH, and the GVN. PEPFAR envisions working with VAAC, as the national leader for HIV policies and programs, to articulate a clear vision for HIV information systems, data reporting and use, and program monitoring by 2030. PEPFAR will then look to the VAAC's leadership to map backwards a detailed strategy, including the appropriate contribution of resources and responsibilities, from PEPFAR, GF, national and provincial resources, to realize this vision. Given donor and domestic budget constraints, it is imperative that we jointly prioritize, find efficiencies, and adopt innovations that will ensure a manageable HIV HIS portfolio under full GVN ownership by 2030.

PEPFAR has supported GVN to establish systems and practices for the routine collection, analysis, and use of HIV program data for program monitoring and quality improvement. PEPFAR supports GVN efforts to advance a national, unified health information ecosystem, featuring integrated, longitudinal, person-level data. PEPFAR will work with stakeholders more broadly on creating and enforcing new data management policies and digital tools. PEPFAR will support the national HIV information system (HIV INFO), HIV Case Surveillance System (HIV INFO 4.0), ARV and patient management systems such as HMED and eLMIS. PEPFAR will work with GVN to strengthen the capacity to sustain the investment. PEPFAR will support central and provincial levels with M&E training and guidance on the use of digital tools to capture and use HIV program data.

As 93% of ART patients are enrolled in SHI, the Vietnam Social Security (VSS) eLMIS database is the largest available real-time database for HIV treatment, and following the most recent MOH decision, VSS data will also include non-SHI patient data by September 2023. It is currently capable of providing aggregated data on patient monitoring and supply chain. This functions alongside HMED ARV Logbook, which applies PEPFAR-supported software integration to become the most extensive individual-level ARV patient database, covering SHI and non-SHI patients. PEPFAR will support the establishment and institutionalization of a data sharing mechanism between MOH/VAAC and VSS, in accordance with GVN regulations and a mutual agreement between both entities. This will facilitate more routine MOH/VAAC access to VSS data.

PEPFAR will also support the GVN to improve the capacity of national and provincial staff for data-driven decision-making for activities such as CQI and epidemiological data analysis, including geographical distribution and network analysis of key populations. PEPFAR's support to certain focus provinces has included establishing routine practices for integrating epidemiological and surveillance data, program performance, and patient management data at the provincial level. Combining and analyzing multiple data streams concurrently, when supported by and aligned with the national strategy, can aid provincial CDCs in comprehending the epidemic situation in their respective provinces, identifying program gaps, and closely monitoring the status of all cases as well as systems-level bottlenecks like supply chain.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)***	**New Infections (FY23)****	**Expected Current on ART (FY23)**	**Current on ART Target - TX_CURR (FY24)**	**Newly Initiated Target - TX_NEW (FY24)**	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Attained	Blank	Blank	Blank	Blank	Blank	Blank	Blank
Scale-Up Saturation	89,900	Blank	73,294	75,173	7,171	84%	Blank
Scale-Up Aggressive	33,100	Blank	24,602	25,261	1,008	76%	Blank
Sustained	Blank	Blank	Blank	Blank	Blank	Blank	Blank
Central Support	6,500	Blank	5,214	5,265	Blank	81%	Blank
Commodities (if not included in previous categories)	Blank	Blank	Blank	Blank	Blank	Blank	Blank
No Prioritization	120,300	Blank	Blank	Blank	Blank	Blank	Blank
Total	**249,800**	**6,147**	Blank	Blank	Blank	Blank	Blank

** AEM for Vietnam, the 2023 round of estimations, which serves as input for PEPFAR's COP23 Target Setting Tool*

*** VAAC presentation at PEPFAR Stakeholder meeting, February 2023*

Target Table 2 Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 KP-PREV Target**	**FY25 KP-PREV Target**
FSW	36,663	1,694	3,610	1,200
MSM	200,368	26,756	45,445	70,000

PWID	74,330	10,795	15,120	1,500
TG	16,603	1,469	7,836	3,000
Military	Blank	Blank	50,000	50,000
Priority population	Blank	Blank	57,382	53,693
TOTAL	**327,964**	**40,714**	**179,393**	**179,393**

**The Target Setting Tool has been populated with this data, which was estimated and triangulated based on both results from size estimation activities and program reporting numbers.*
Blank – Data is not available

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.

In Vietnam, self-testing for HIV is legal and available for purchase at pharmacies and online retailers. The MOH has issued guidelines for self-testing implementation, which include recommendations for counseling, linkage to care and quality assurance. Many HIV clinics and CBOs are implementing the approach. However, there is a need to increase awareness and understanding of self-testing among the general population, particularly among KPs who may be at higher risk for HIV. PEPFAR has played an important role in supporting the implementation of index testing services, including TA, training, and financial support for implementation rollout and the development of national guidelines and policies for index testing.

All PEPFAR-supported HIV testing facilities and CBOs that deliver community-based HIV testing apply the WHO 5C's principles to ensure that testing services are voluntary, confidential, correct, and clients are linked to relevant services upon counseling. Index testing is offered to all PLHIV, from which positive partners are linked to ART and negative individuals linked to effective prevention strategies, such as PrEP. Screening for potential intimate partner violence is strongly encouraged and can be assisted by counselors at health facilities or trained community lay providers. CQI is conducted by both facility and community partners to ensure safe and ethical testing services.

Self-testing continues to be an effective strategy to increase testing access, especially among individuals who would otherwise not get tested. With an additional HIV self-test kit approved and licensed for use in Vietnam, PEPFAR partners are working closely with the manufacturer and distributor to decide on a reasonable price that will help further diversify choices for the clients.

In COP23, PEPFAR in Vietnam plans to work with national partners to expand access to self-testing among KP, including MSM, TG, PWID, and sex workers. This will include training HCWs and CBOs on the implementation of index testing services working with health facilities, and working with CBOs/CSOs, pharmacies and online retailers to increase the availability and affordability of self-testing kits, as well as developing and disseminating information on self-testing through awareness campaigns and other outreach activities. While implementing index testing services at health facilities, health workers can encourage index cases to take self-tests and distribute them to their contacts or high-risk associates. PEPFAR will also work to strengthen referral systems to ensure that individuals who test positive

through self-testing and their partners are linked to appropriate care and treatment services. PEPFAR will also work to ensure safe and ethical index testing services implementation, with a focus on protecting the confidentiality and rights of index clients and their partners. Additionally, PEPFAR will support efforts to strengthen the integration of self-testing into the broader HIV prevention and treatment cascade.

2. **Fully implement "test-and-start" policies.**

   When an individual is screened positive for HIV, that person is immediately linked to confirmatory testing, either accompanied by a community lay provider if tested in the community or transferred to the nearest health facility with HIV confirmation authority.

   PEPFAR supported the MOH/VAAC with the development of the national care and treatment guidelines in 2017 which fully endorsed test-and-start policies. The guidelines also clearly state that same-day ART initiation should be offered to individuals with confirmed HIV test results and with no symptoms of TB and/or cryptococcus. All health facilities are putting in place service procedures that allow infected HIV clients to start receiving treatment within the same day of diagnosis. Health facilities continue to leverage support from CBOs and lay counselors to support treatment linkage and continuity. PEPFAR will continue supporting MOH/VAAC to expand HIV confirmatory labs to assure short turn-around time of HIV confirmatory results to facilitate same-day ART initiation. PTTs have been trained to review key treatment program indicators to identify gaps in test-and-start performance, and to implement quality improvement plans accordingly.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**

   Counseling for PrEP is an integral part of the post-test counseling package for all clients who test negative for HIV. Clients can access PrEP through a range of differentiated PrEP service delivery models at public, private and KP-led clinics. In COP23, PEPFAR will continue to advocate for the community and pharmacy-based PrEP models. Given the increased HIV transmission among young MSM and adolescents, demand generation campaigns targeting university and college students and industrial zones workers, along with mobile PrEP delivery, will ensure that PrEP is readily available to high-risk individuals. It is expected that TelePrEP, after a one-year pilot period, will be scaled nation-wide in COP23, integrating the use of HIV self-test kits to effectively meet the needs of PrEP clients.

   Clients with negative HIV test results who disclose a risk of HIV exposure within the last 72 hours are counseled about and encouraged to take PEP. Under current policies, PEP for non-occupational exposure to HIV is not covered by the state budget, therefore, the cost is on the clients. Once the clients complete their PEP regimen (after 28 days), if they remain HIV-negative and self-identify to be at continued risk of HIV infection, they will be referred to PrEP as an effective prevention strategy to maintain the HIV-free status.

4. **Orphans and vulnerable children (OVC):** No OVC programming in Vietnam.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**

   Vietnam's SHI plan includes routine clinical examinations, ART services, and other treatment for HIV-associated opportunistic diseases. However, under Vietnam's universal health insurance system, individuals are required to pay a 20% copayment for each visit exceeding $9.5. This government policy is not considered user fees. People deemed poor by the government are exempt from paying these

copays, while those in the near-poor category contribute a 5% copayment for each visit exceeding $9.5. Donor funds currently support preventative healthcare services like PrEP and active HIV screening for at-risk populations (not for clinical purposes) at both public facilities and KP private clinics.

6. Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.

Vietnam has made great advancements in ensuring that KPs benefit from focused interventions and support within the political framework in the country. The National HIV Strategy centers KPs' well-being and stigma-free services as the ultimate goal. Three national indicators to monitor stigma have been approved for collection. The 2021 Vietnam Stigma Index findings provide community-generated recommendations on key actions and gaps. The HIV law now allows HIV testing without consent for individuals aged 15 and up. However, the HIV law still requires mandatory disclosure of HIV status in certain situations. The Gender Affirmation Law is still under consideration by the National Assembly despite multiple drafts being submitted. While policies mandate protections for those who face stigma in healthcare settings, there is no formal redress system should violations occur. PEPFAR will continue to advocate for the approvals and updates of these laws, as well as monitor stigma at community and facility levels. In COP23, the 4th round of the Stigma Index will be implemented to provide real-time data on stigma and discrimination experienced by KP and PLHIV. The results will provide new evidence on barriers and on-going or new challenges to inform policy gaps and focus.

7. Optimize and standardize ART regimens.

PEPFAR has been working with the MOH/VAAC to revise national comprehensive HIV prevention and treatment guidelines, adopting WHO recommendations and other regional and country specific recommendations when applicable for Vietnam. The most notable recent revisions were in November 2019, and then December 2021, with ART optimization as a key update. DTG-based regimens are offered as preferred first line options for both adults and children from 4 weeks of age, including for pregnant women and adolescents. The guidelines also recommend switching to DTG-based regimens from other regimens as part of an ART optimization strategy.

Following the publication of the national guidelines, PEPFAR and partners have been supporting VAAC, provincial CDCs, and sites to implement the guidelines. PEPFAR worked in different aspects, including supply chain, training, mentorship to clinicians, and counseling to clients to ensure adherence to the ART optimization strategy. As of March 2023, over 80% of 170,000 clients on ART in Vietnam are receiving DTG-based regimens. As DTG 10 mg and 50 mg supplies have arrived in November 2022, PEPFAR is working with VAAC to switch eligible children to DTG-based regimens in accordance with the national guidelines.

In COP23, PEPFAR will keep working with VAAC and partners to continue to support implementation and monitor the progress of the ART optimization strategy. PEPFAR will also work closely with VAAC to provide scientific updates, including any updated guidelines from WHO, the U.S., and other countries, to inform any updates to the national comprehensive guidelines. Possible updates are anticipated to the following topic areas: (1) new ARV formulations (i.e., long-acting ARVs) for prevention and treatment; (2) 2nd-line adult ART regimen updates, in accordance with evidence supporting the use of DTG-based regimens and recycling nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs); and (3) updates in recommended protease inhibitors based on efficacy, tolerability, and cost. PEPFAR will support implementation of any revised guidelines with support for training, job aides, and other tools.

In 2023, VAAC plans to conduct an acquired drug resistance (ADR) survey using the 2021 WHO guidance, updating ADR data since the most recent survey in 2017-2018. PEPFAR participates in the national drug resistance technical working group and will provide TA for the implementation of the ADR survey. Results are expected to be available in FY24, and PEPFAR will work with VAAC to use survey results for program and policy updates.

8. Offer differentiated service delivery models.

Same-day ART (SDA) and Multi-month dispensing (MMD) were first introduced in 2017 when PEPFAR worked with VAAC to revise national guidelines and develop SOPs for implementation. SDA and MMD are now routine practice at PEPFAR-supported sites. In PEPFAR focus provinces, SDA among newly ART clients is approximately 60-70%, which is at the optimal level for the country context. Aside from ARV supply, the other key system factor affecting MMD uptake is VL test result documentation, as the eligibility criteria for MMD are: PLHIV on ART for at least 6 months, documented VL suppression, and reported high adherence. Constraints in ARV supplies during the COVID-19 epidemic have resulted in many clients temporarily receiving only 1-2 weeks of ARVs during a visit, even if they met eligibility criteria for MMD. Delays in VL reagent procurements affecting many laboratories and provinces have also adversely affected MMD uptake. MMD uptake at PEPFAR-supported sites was 40% of TX_CURR in Q1FY23, lower than the 70% target. Despite these challenges in MMD uptake, PEPFAR-supported sites have maintained high treatment continuity and VL suppression through site- and provincial-level solutions.

In COP23, PEPFAR will continue joint advocacy efforts with MOH and VAAC to resolve procurement issues affecting the whole of the health system, including HIV-related commodities such as ARVs and VL reagents. At the same time, PEPFAR will continue working with VAAC, regional institutes, GF, and provincial CDCs to decentralize VL testing options, including leveraging GF-supported new PCR systems installed for COVID-19 testing. Using these PCR systems for HIV VL testing involves several steps, including building capacity of provincial labs, supporting labs for accreditation, and supporting provinces to contract these labs with SHI. Meanwhile, PEPFAR will continue to work on supply chain management to ensure commodities security sufficient to support full MMD implementation.

9. Integrate tuberculosis (TB) care.

Vietnam has integrated intensified case finding (ICF) and TB preventive treatment (TPT) for PLHIV into routine healthcare services since 2012. In 2021, PEPFAR has provided intensive TA for the development of the national ICF/TPT and HIV guidelines, adopting the latest WHO recommendations on applying various TB screening and diagnostic tools such as C-reactive protein (CRP) tests, urine LF-LAM tests as a point-of-care triage tests, and shorter TPT regimens that are proven to be non-inferior to the longer regimen with INH. PEPFAR has been financially and technically supporting a demonstration of new TB screening and diagnostic tools (point-of-care CRP, urine LF-LAM) and short TPT regimen (3HP) recommended by the MOH, and jointly with other stakeholders providing TA to the National TB Program (NTP) to increase the accessibility of WHO-recommended molecular TB diagnostic tests (e.g., Xpert MTB/RIF, Ultra) and establish Xpert EQA program and connectivity network nationwide. Due to delayed procurement of commodities, the demonstration of 3HP started in mid FY21 and supply is expected to

meet the need till end of FY24, while point-of-care CRP tests and urine LF-LAM tests will be available at sites in Q3 or Q4 of FY23 and could be used until FY24.

During FY17-22, PEPFAR implementing partners have made great progress to improve TPT uptake among PLHIV. Q4 FY22 results show that the TPT completion rate among those who initiated TPT in previous reporting period and the coverage of TPT initiation and completion among PLHIV active in care met program targets (91% and 94%, respectively). From the initial 12 HIV outpatient clinics (OPCs) that introduced 3HP, a total of 70 OPCs have provided 3HP to eligible PLHIV in 9 of 11 provinces. Preliminary data showed an increased proportion of PLHIV who completed the course of 3HP over time, with less than 1% incompletion rate and no severe adverse events reported. In FY22, PEPFAR also started conversations with GF, the NTP and VAAC to begin planning for the transition of TB/HIV commodities from external to domestic funding sources (e.g., SHI and state budget). However, NTP, who leads this effort, has currently prioritized transition of 1st line TB drugs for SHI coverage.

In FY23, PEPFAR provided TA to the NTP and VAAC to forecast and include procurement plans for 3HP and urine LF-LAM test kits for PLHIV under GF funding requests for 2024-2026. In line with COP23 guidance and national ICF/TPT guidelines, PEPFAR will continue supporting MOH to deploy 3HP, TB screening algorithms and tools (i.e., TB symptoms in combination with CRP tests or chest x-ray), and rapid TB diagnostic tools (urine LF-LAM), along with improved accessibility to molecular tests (e.g., Xpert MTB/RIF, Ultra, Truenat) as initial TB diagnostic test for PLHIV with presumptive TB. At site level, PEPFAR partners will support PLHIV not eligible for SHI reimbursement who need to screen for TB, using CRP tests or chest x-ray to demonstrate the implementation of the national ICF/TPT guidelines during the transition phase. PEPFAR will also develop and implement a TB infection control plan, addressing gaps identified from Site Improvement through Monitoring System (SIMS) visits. PEPFAR partners will continue providing TA to sustain high TPT initiation and completion coverage through improved TB/HIV collaboration and coordination, and strengthened commodity supply chain management at all levels. COP23 resources will be allocated to support NTP and VAAC to work with SHI and other relevant stakeholders to evaluate the feasibility and costs of urine LF-LAM and 3HP, which will inform the decision to include these commodities in the SHI reimbursement list. In addition, PEPFAR will support VAAC to standardize TB/HIV monitoring tools and integrate these tools into standardized HIV treatment monitoring to improve the TB/HIV cascade.

10. Diagnose and treat people with advanced HIV disease (AHD).

The current national treatment guidelines indicate CD4 testing and clinical assessment for all new ART clients and re-started treatment clients. The definition of AHD is aligned with WHO guidelines as CD4 <200 copies/mL or clinical stage 3 or 4 for adults and children over 5 years of age, and all children less than 5 years regardless of CD4. Management of AHD also follows WHO recommendations which focus on TB screening and management, cryptococcus antigen screening and diagnosis, cotrimoxazole prophylaxis, fluconazole prophylaxis, treatment for cryptococcus and ART initiation.

PEPFAR has supported AHD activities in Vietnam to reduce mortality and improve treatment outcomes for PLHIV. Despite improvements in ART coverage and early ART initiation, evidence from one PEPFAR-supported province shows that AHD is still a concern, with 11% (n=255) of patients newly initiating ART having CD4 <200. TB screening is recommended for all clients regardless of CD4; however, cryptococcus antigen testing is not routinely performed, primarily due to lack of testing availability. Additionally, treatment of cryptococcus with amphotericin-B is very expensive in Vietnam. In FY23, PEPFAR is working

with VAAC and partners to strengthen CD4 testing for all clients newly initiating, clients re-initiating treatment after interruption, and clients with treatment failure, following national guidelines. PEPFAR works with partners to implement AHD at select PEPFAR-supported sites and will have a review workshop for lessons learned and experience sharing to inform scale up plans in COP23.

In COP23, PEPFAR will continue working with partners to integrate AHD into the core service package through a phased approach in current focus provinces and in select sites.

11. Optimize diagnostic networks for VL/EID, TB, and other coinfections.

During the COVID-19 pandemic, the molecular diagnostic network in Vietnam was expanded, including point-of-care PCR instruments (e.g., GeneXpert) and Real-time PCR systems that were employed for SARS-CoV-2 testing. During this time, GF supported the installation of 31 Real-time PCR systems in provincial CDCs. Additionally, Vietnam now has more than 300 GeneXpert instruments across 63 provinces, which have been decentralized to the district level. Currently, there are 24 VL labs in 16 of 63 provinces and 2 central EID labs. There is a need to expand the network to ensure patient-centered approaches, and to increase testing efficiency and reduce turn-around time.

In coordination with VAAC, NTP, and the GF, PEPFAR is supporting the optimization of COVID-19 Real-time PCR systems in provincial labs in FY23 to perform HIV VL testing and diagnostic integration with multi-disease testing, including HCV and HBV.

In COP23, PEPFAR will continue to provide technical support to partners to allow the appropriate selection, placement, and integration of the Real-Time PCR systems in provinces or GeneXpert systems in districts or remote areas for HIV VL and other related testing. This approach will not only increase the national EID and VL testing coverage and ensure the return of results within the recommended turn-around time, but will also support the expansion of OSS models for integrated services for KP and PLHIV. In addition, this should increase the instrument use in lower titers (for GeneXpert), while reducing the work burden at the central level. The network includes private and public laboratories that can provide testing services through SHI, ensure quick turnaround time, and commit to providing long-term services. This also includes a detailed mapping and referring system between SHI accredited lab and clinics at all levels.

12. Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.

PEPFAR investments in quality management are aligned with national quality management programs for HIV prevention, treatment, and laboratory services. PEPFAR supports these national standards to align with PEPFAR core standards and technical guidance, and for updating QA and CQI tools and processes accordingly. Translating national quality management standards to the provincial and site levels is done through support to provincial CDCs in focus provinces, and to PTTs in other provinces. In select provinces, the program quality monitoring dashboard has been used as a tool for decision-making paired with CQI with provincial leaders to ensure early warnings regarding bottlenecks within the system.

PEPFAR has supported the GVN to strengthen lab systems to ensure testing quality. With the successful establishment of a lab quality management system, all labs, including HIV confirmatory and VL testing labs, need to follow national or international standards for quality management systems. Standardized checklists are used for quality supervision visits, and external quality assurance checks are done twice a

year for recency, confirmatory, VL and EID testing. In COP23, PEPFAR will continue to provide TA to strengthen the quality assurance system, focusing on ensuring adherence to national or international standards through the implementation and integration of CQI not only for lab systems, but also for the clinic–lab interface CQI by introducing practices to improve patient continuity through the diagnostic cascade, patient access to timely testing services, and results use for clinical action; increase disease program capacity to implement or scale testing services; improve coordination and communication between clinic and laboratory staff; and strengthen integration of clinical and testing services across disease programs.

Additionally, as the national HIV program has progressively expanded access to community testing and self-testing services, PEPFAR has provided training to community workers to ensure that testing services are provided in compliance with national and international biosafety standards. In COP 23, PEPFAR will continue to provide TA to ensure that HIV testing will be provided safely for both clients and providers.

The COVID-19 pandemic reinforced the importance of IPC in successful pandemic and outbreak response. While many trainings were provided to HCWs in Vietnam to ensure compliance with IPC regulations, these trainings were mostly targeted to the curative system and inpatient clients. In COP23, PEPFAR will use the SIMS tool to identify any gaps in infection prevention and control at PEPFAR supported sites. Quality Improvement plans will be developed and implemented to address the identified gaps using IPC experts in the country.

13. Offer treatment and viral-load literacy.

Vietnam's K=K program is recognized globally for its leadership and comprehensive programming centering U=U in the National HIV Strategy and applying this lens in all steps of the HIV cascade. Building off the success of K=K, PEPFAR has supported Vietnam to introduce Status Neutral messaging to improve the uptake of HIV prevention and treatment services. In COP23, PEPFAR will expand K=K knowledge and dissemination among health providers in non-HIV healthcare settings through pre-service training and counseling guidelines so that all KP and PLHIV receive consistent K=K messaging no matter where they go in the health system.

K=K also plays a crucial role in supporting individual counseling for ART clients on the benefits of VL monitoring, and the significance for their health and the community. PEPFAR will continue scaling-up health literacy efforts on the importance of maintaining an undetectable VL and when VL testing is necessary. The program will continue to promote treatment continuity and VL testing, and closely monitor the data as a bellwether for issues arising from ARV insecurity and cessation of SHI co-payment support. Responding to community concerns about younger MSM and KP's lack of knowledge on HIV and PrEP, CBOs will be supported to disseminate tailored K=K and Status Neutral messages and information to these groups.

14. Enhance local capacity for a sustainable HIV response.

In COP23, PEPFAR will prioritize strengthening the capacity of various local organizations, such as provincial governments, national and regional public health institutions, non-governmental organizations, private sector, and community partners.

Based on feedback from stakeholder meetings, PEPFAR will tailor TA packages to meet the specific needs of partners. Building a strong community ecosystem remains a top priority for PEPFAR. The program will continue to strengthen the capacity of CBOs, social enterprises, and KP-led private clinics to deliver quality and people-centered HIV and PEPFAR will work with these partners to develop tailored TA plans to support all aspects of their institutional development, including their financial and administrative capacity. This includes providing support for registration as a legal entity, which would allow an organization to apply for social contracting. PEPFAR will work closely with relevant GVN agencies to review and address existing policy gaps that hinder the community and private sector's contribution and participation in the national HIV response.

The amount of direct funding to local partners has continued to trend upwards since FY21, with 46% of the COP23 budget allocated to local partners, up from 44% the previous year. In addition, a significant amount of funding allocated to international partners is passed on to local CBOs and provincial governments through sub-grants and sub-contracts.

15. Increase partner government leadership.

The COP23 development process engaged the GVN at all points. Throughout the year, the national and sub-national technical teams maintain regular meetings with the VAAC leadership and technical leads. Joint visits will be conducted to ensure high levels of engagement from central to provincial authorities in identifying and addressing the challenges for program success.

PEPFAR will continue strengthening government program capacities and capabilities from central to provincial levels to design, lead and manage the programs effectively. Following the successful transition of HIV treatment and procurement of ARVs to SHI, in COP23 PEPFAR will stop supporting site level treatment service delivery and instead provide TA to enhance local ownership. PEPFAR will continue to advocate for domestic resources for prevention services. PEPFAR will continue building government capacity from central to provincial levels in planning, monitoring programs through CQI approaches, and provide responsive TA to bring the quality of programs in the country to a level comparable with the high-quality programs in the 11 PEPFAR supported provinces.

16. Monitor morbidity and mortality outcome.

At present, clinical data such as morbidity and mortality are recorded at ART facilities and centralized provincial CDCs. To help routinize morbidity and mortality data collection and use, the national case surveillance system (HIVInfo 4.0) is being updated to capture morbidity and mortality data for PLHIV, and to serve as a central hub at the national level. This system aims to leverage the data for program quality improvement, effective planning, and public health response.

17. Adopt and institutionalize best practices for public health case surveillance.

HIV case surveillance is one component of comprehensive HIV public health surveillance as described in Pillar 5. Vietnam's HIV case surveillance system, HIV Info 4.0, includes case reporting and has been scaled up to sites covering approximately 80% of PLHIV on ART. The case reporting system is linked with treatment data to provide longitudinal, individual-level monitoring.

USG Operations and Staffing Plan to Achieve Stated Goals

Staffing: PEPFAR 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 the NEZ and HCMC Metro. The team continues to increase Locally Employed Staff (LES) leadership within agencies, in the interagency and government TWG, and in key strategic planning discussions of program activities. No new positions are requested in COP23. There are no changes to the DOD or PCO staffing.

CDC currently has two vacant positions in Hanoi and one in HCMC. All are in various stages of recruitment and are LES. In Hanoi, they include a TB/HIV Program Officer under Lab Services, and a Surveillance Officer. The position in HCMC is a Program Services Officer; this position was repurposed from a Hanoi Program Services position.

USAID is currently hiring for several positions: one vacant HIV Program Management Specialist Position in HCMC; two HIV Program Management Assistant positions, one in Hanoi and one in HCMC to replace two administrative positions and provide a higher level of partner management; and one Financial Analyst position, which will replace the current staff member who will be retiring in late 2023.

CODB: All cost of doing business (CODB) areas are re-examined and reduced when possible. There are no notable changes to CODB from COP22 to COP23. The PEPFAR Management and Operations (M&O) COP22 budget represents 28 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.

APPENDIX A -- PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

Figure A.1

APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Intervention	Budget		
	2023	2024	2025
	$37,500,000	$38,900,000	$37,500,000
	$37,500,000	$38,900,000	$37,500,000
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$2,361,235		
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		$850,000	$850,000
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Military		$20,400	$20,400
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$90,000	$0
ASP>Human resources for health>Non Service Delivery>Key Populations	$146,515	$366,515	$196,515
ASP>Human resources for health>Non Service Delivery>Military	$251,675	$265,500	$265,500
ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$628,585	$268,585	$380,111
ASP>Laboratory systems strengthening>Non Service Delivery>Key Populations	$250,000		
ASP>Laboratory systems strengthening>Non Service Delivery>Military	$130,989	$120,000	$120,000
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$445,716	$650,000	$650,000
ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		$1,550,000	$1,000,000
ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$393,500	$690,000	$690,000
ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$2,907,200	$2,857,200
ASP>Management of Disease Control Programs>Non Service Delivery>Military		$119,136	$119,136
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$360,000	$360,000
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$450,000	$350,000	$350,000
ASP>Public financial management strengthening>Non Service Delivery>Key Populations		$280,000	$280,000
ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations		$160,000	$110,000
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$1,742,000	$1,633,000
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$1,035,000	$850,000
C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$1,393,356	$106,000	$416,111
C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$835,103	$1,135,000	$1,285,000
C&T>HIV Clinical Services>Service Delivery>Key Populations	$1,993,856	$561,242	$561,242
C&T>HIV Clinical Services>Service Delivery>Military	$21,550	$16,200	$16,200
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations		$973,260	$973,260
C&T>HIV Laboratory Services>Non Service Delivery>Key Populations		$411,637	$60,000
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$231,440	$142,000	$142,000
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		$50,000	$60,000
C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$170,000		
HTS>Community-based testing>Service Delivery>Key Populations	$973,138	$1,189,079	$1,189,079
HTS>Community-based testing>Service Delivery>Non-Targeted Populations		$231,000	$29,400
HTS>Facility-based testing>Non Service Delivery>Military	$85,000	$84,469	$84,469
HTS>Facility-based testing>Service Delivery>Key Populations	$881,594	$523,913	$523,913
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$353,920	$555,520
PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$40,000		
PM>IM Program Management>Non Service Delivery>Key Populations		$103,175	$50,000
PM>IM Program Management>Non Service Delivery>Military	$138,000	$138,000	$138,000
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$5,123,729	$4,615,183	$4,544,902
PM>USG Program Management>Non Service Delivery>Key Populations	$472,944	$468,513	$469,374
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$7,351,384	$10,119,383	$10,203,867
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$1,318,289	$1,273,289
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Military		$156,770	$156,770
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations			$40,000
PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$409,600	$361,884
PREV>Not Disaggregated>Non Service Delivery>Key Populations	$287,500	$260,000	$260,000
PREV>Not Disaggregated>Service Delivery>Key Populations		$296,825	$0
PREV>PrEP>Non Service Delivery>Key Populations	$376,805	$470,000	$450,000
PREV>PrEP>Service Delivery>Key Populations	$2,657,573	$2,942,206	$2,923,858
PREV>PrEP>Service Delivery>Non-Targeted Populations	$30,951		
	$9,377,862		

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Program	2023	2024	2025
	$37,500,000	$38,900,000	$37,500,000
	$37,500,000	$38,900,000	$37,500,000
C&T	$5,048,236	$3,395,339	$3,513,813
HTS	$2,913,335	$2,382,381	$2,382,381
PREV	$5,920,966	$5,853,690	$5,465,801
ASP	$10,491,406	$11,824,336	$10,731,862
PM	$13,126,057	$15,444,254	$15,406,143

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

	Budget		
Targeted Beneficiary	2023	2024	2025
	$37,500,000	$38,900,000	$37,500,000
	$37,500,000	$38,900,000	$37,500,000
Key Populations	$17,523,928	$16,756,194	$15,355,465
Military	$920,475	$920,475	$920,475
Non-Targeted Populations	$19,055,597	$21,223,331	$21,224,060

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative*

**Due to changes in the FAST budgeting tool, certain program areas can no longer be counted towards the surveillance and public health response initiative in COP23. Therefore, the budget numbers provided here do not reflect all COP23 program investments in surveillance and public health response.*

	Budget		
Initiative Name	2023	2024	2025
	$37,500,000	$38,900,000	$37,500,000
	$37,500,000	$38,900,000	$37,500,000
Community-Led Monitoring	$300,000	$330,000	$330,000
Core Program	$34,379,508	$34,868,000	$34,862,000
KP Survey		$400,000	$0
LIFT UP Equity Initiative		$1,000,000	$0
Surveillance and Public Health Response	$2,820,492	$2,302,000	$2,308,000

B.2 Resource Projections

PEPFAR used the FAST to generate IM-level strategic interventions, initiatives, and budgets using the incremental budgeting approach. Based on previous years' results, the latest EPP data, and the strategic focus of epidemic control in the two urban regions, the TWGs developed the COP23 targets by site and SNU. Those targets were put into the Target Setting Tool and assumptions and coverage rates were

reviewed and verified for feasibility. The interagency PEPFAR 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.

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

APPENDIX C – Above site and Systems Investments from PASIT and SRE

The systems areas and PASIT activities were selected based on analysis of current systems gaps, as well as consultations with key stakeholders, including GVN and community members.

For COP23, PEPFAR VN above-site activities will address systems gaps as follows:

- Local technical capacity and leadership of provincial HIV program and health staff
- Data availability and quality for case surveillance, PHCR, and program quality & improvement
- Community systems for meaningful leadership and contribution to local HIV responses
- Diversity of domestic financing mechanisms and sources
- Supply chain management strengthening and commodity security
- Laboratory system strengthening
- Person-centered differentiated care models, service quality and friendliness, and expansion of PrEP and other services (e.g., mental health, NCD)

As described above in the SDS, PEPFAR Vietnam is in the process of evolving the program from direct service delivery towards locally driven and led technical assistance. In line with this shift, PEPFAR is working to bolster the systems investments of both the GVN and other donors, such as GF, to lean into comparative strengths for gap-filling support throughout the country.

PASIT interventions are specific, measurable, achievable, realistic and timebound.

In COP23, PEPFAR will support integrated and interoperable systems, with digital health investments that will address key program needs and effectively tackle digital health gaps. Above-site investments focus on improving IT infrastructure, optimizing system functionality, fortifying system and data security measures, and strengthening government capacity to improve and sustain the national HIV information system. Investments will streamline data entry and reduce duplication of efforts by implementing integrated and interoperable systems that enable seamless data exchange. PEPFAR Data Health Inventory (DHI) will support the **development of systems** that enable data sharing beyond reporting purposes, allowing for data to be used for actionable insights and for informed decision-making and addressing key program needs: for PHCRs, expanding access to services, and community efforts in case finding and treatment continuity.

As part of the sustainability roadmap that is expected to be co-developed with GVN in COP23, PEPFAR will work with all stakeholders to define measures of success.

As described above, PEPFAR will support new Surveys, Surveillance, Research and Evaluation (SRE) activities to strengthen the strategic information needed for sustainable HIV epidemic control. These activities are summarized in the table below, and are in addition to ongoing support for robust public health surveillance continuing from prior years.

Table 1. Summary of new SRE activities supported by PEPFAR VN in COP23

Title	**Brief Description**	**Implementing Agency**
Stigma Index 2.0	Technical and financial support to the Vietnam Network of People Living with HIV to implement the second round of Stigma Index 2.0. Support VNP+ capacity in generating and ownership of science, implementation, documentation, dissemination, and publication/sharing in scientific platforms.	HHS/CDC
Key Populations Survey	Key Populations (KP) survey, including biobehavioral surveillance and population size estimates in select provinces and KP groups. Survey will include estimates of HIV prevalence and incidence, viral load suppression, coverage of HIV services, stigma and discrimination, and sexual and drug-use risk behaviors. Results will be used to inform HIV prevention and treatment cascades and program interventions.	HHS/CDC
Evaluation of TB/HIV innovations	Evaluation of TB/HIV innovations to advise GVN policies for inclusion in national policies and coverage in Social Health Insurance. Evaluation is for urine LF-LAM as a diagnostic test and for 3HP as short-course TB preventive therapy.	HHS/CDC
Evaluation of Public Health Cluster Response	Evaluation of the early implementation of Public Health Cluster Response (PHCR) in Vietnam, with focus on epidemic indicator metrics used for activation, ongoing monitoring, and closure of HIV clusters as defined by national SOPs. Results will be used to guide policies and practices for PHCR as part of national implementation.	HHS/CDC

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PASIT, SRE Summary Table

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Activity Budget	Budget Continuation for Year 2
Health Management Information Systems (HMIS)	Military	Training and TA for military site staff on collecting, analysis and use of program data, SIMS and MER metrics; continue advocacy for and increase military HIV program data sharing, integrating to the national/provincial platforms for PHCR	1) 100% of in-charge staff are trained on training on data collection, reporting, analysis and use based on national and PEPFAR MER and SIMS requirements; 2) HIV/AIDS program data from 02 additional military sites to be shared with respective provincial data portal for PHCR	1) 100% of in-charge staff are trained on training on data collection, reporting, analysis and use based on national and PEPFAR MER and SIMS requirements; 2) HIV/AIDS program data from 02 additional military sites to be shared with respective provincial data portal for PHCR	Data collection, reporting, analysis and use at 80% of 30 participating military facilities will be strengthened through improvement of staff knowledge and skills. HIV data from 2 additional military facilities will be shared with the national/provincial systems for concerted program planning and improvement.	$20,400	$20,400
Human resources for health	Military	HTS training and TA for military trainers/mentors/supervisors in HMZ, NEZ and military medical schools to become the military system's own pool of TA trainers/providers (fully competent of all program services and recommendations, joining national efforts including especially recency and PHCR)	80% of participating HTS facilities and schools attain a second fully-capable HTS trainer and their trainers will provide training and mentoring to own facility staff (due to new, untrained staff getting assigned to program positions frequently)	90% of participating HTS facilities and schools attain a second fully-capable HTS trainer and their trainers will provide training and mentoring to own facility staff	90% of 33 participating military facilities including hospitals and medical schools have 2-3 key staff who will be fully competent as HTS trainers and can provide training and mentoring to own facility staff in quality HTS provision	$34,000	$34,000
Human resources for health	Military	TA support for updating the national training material in HIV prevention messaging for new soldiers; provide refresh training for military trainers in HMZ, NEZ and beyond in line with all national guidelines/ recommendations and with emphases in especially recency and PHCR	80% of participating military regiments and military schools attain 03 fully capable trainers each who will provide training and mentoring for the program at own facilities (due to new, untrained staff getting assigned to program positions frequently)	90% of participating military regiments and military schools attain 03 fully capable trainers each who will provide training and mentoring for the program at own facilities	90% of 53 participating military facilities including regiments and military schools have 2-3 key staff who will be fully competent as trainers and can provide training and mentoring to own facility staff in conducting HIV prevention communication for new soldiers	$82,000	$82,000
Human resources for health	Military	Training and TA for military hospitals/OPCs and medical schools, implementation of all treatment core standards and national guidelines; patient centered service delivery; sustaining treatment with service co-integration and SHI reimbursements; linkages with private clinics and civilian services/CBOs; joining national efforts on recency and PHCR	1) 100% in-charge military staff received refreshed training or mentoring on HIV/AIDS CTx	1) 100% in-charge military staff received refreshed training or mentoring on HIV/AIDS CTx	i) 100% military HIV treatment clinics follow the updated national guidance on HIV/AIDS treatment and PEPFAR core standards, including test and start, NCDs, mental health, VL tests for HIV patients. ii) Military-led provision of training and site mentoring on CTx	$28,000	$28,000
Human resources for health	Military	Training and TA on IPC and patient safety teaching and mentoring capacity for IPC lead staff and practitioners in HMZ and NEZ and military medical schools	75% of lead IPC staff working in HIV/AIDS at military and selected civilian facilities and military medical schools receive training and TA on IPC (including TB/HIV/emerging infectious diseases) and patient safety and are competent of providing peer-teaching back at their facilities	85% of lead IPC staff working in HIV/AIDS at military and selected civilian facilities and military medical schools receive training and TA on IPC (including TB/HIV/emerging infectious diseases) and patient safety and are competent of providing peer-teaching back at their facilities	80% of 43 participating facilities including military and civilian ones will have their trained staff conduct teach-back and/or mentoring to own facility staff in IPC, with little or none support from civilian trainers/mentors.	$62,000	$62,000
Human resources for health	Military	Training and TA to build patient care teaching and mentoring capacity for continuous quality improvement, strengthen program leadership and management, rolling out innovative models and practices (patient centered/QI/CQI), eliminating S&D practices and making consistent progress toward equity	75% of lead nursing staff working in HIV/AIDS at military and selected civilian facilities and military medical schools receive training and TA on quality patient care, leadership and management, S&D, and CQI and are competent of providing peer-teaching back at their facilities.	85% of lead nursing staff working in HIV/AIDS at military and selected civilian facilities and military medical schools receive training and TA on quality patient care, leadership and management, S&D, and CQI and are competent of providing peer-teaching back at their facilities	80% of 43 participating facilities including military and civilian ones will have their trained staff conduct teach-back and/or mentoring to own facility staff in quality patient care, CQI and S&D with little or none support from civilian trainers/mentors	$59,500	$59,500

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Laboratory systems strengthening	Military	Continue supporting the military lab system including i) extra labs to perform HIV confirmatory, VL and recency testing; ii) select labs to be put on PT mentoring towards accreditation; iii) enhancement of PT/accreditation content in pre-service/CME training curriculum; iv) build military's own pool of PT trainers/mentors.	i) 03 military sites to be authorized to perform HIV confirmatory testing ii) PT practices to be maintained in all accredited labs; others to improve scoring by 10% against previous year; iii) PT training package and modules developed in select military schools; iv) pool of trainer/mentor receive advanced training towards full competency	i) 03 additional sites to be authorized to perform HIV confirmatory testing ii) PT practices to be maintained in all accredited labs; others to improve scoring by 10% against previous year; iii) PT training package and modules delivered in select military schools; iv) pool of trainer/mentor with advanced training to roll out teaching/mentoring;	i) 06 military sites to be authorized to perform HIV confirmatory testing ii) PT practices to be maintained in all accredited labs; others to improve scoring by 20 % against previous year; iii) PT training package and modules delivered in select military schools; iv) pool of trainer/mentor receive advanced started to roll out teaching/mentoring;	$120,000	$120,000
Management of Disease Control Programs	Military	Support updating/revising technical guidelines and CME/pre-service training curriculum on IPC, patient safety and critical SOPs (standard precaution, injection safety, IPC's supervision ...)	IPC guidance revision finalized and approved to inform revision of related training curriculum and all related SOPs	IPC training curriculum revised accordingly, and all of 43 participating facilities reflect the revisions in their IPC SOPs	100% military facilities provided HIV service follow the updated national and PEPFAR guidance on IPC	$36,500	$36,500
Management of Disease Control Programs	Military	Support updating/revising technical guidelines, CME/pre-service training curriculum on patient care, SOPs for continuous quality improvement, rolling out innovative models and practices (patient centered/QI/CQI)	Technical guideline in patient care including HIV/AIDS patient care and support is revised, finalized and approved to inform revision of related training curriculum and SOPs	Training curriculum in patient care including HIV/AIDS patient care and support is revised accordingly and all of 43 participating facilities reflect the revisions in their SOPs.	100% of 43 participating facilities including military and civilian ones reflect the updates from the revised patient care guidance in their related SOPs to inform their teach-back/mentoring to own staff.	$22,500	$22,500
Management of Disease Control Programs	Military	TA support for i) revising/updating the HTS guidelines, iii) technical support for critical military communication campaigns to raise HIV/AIDS awareness, prevention, case identification and treatment (cross-cutting activity), ii) development/refinement of HTS core content in pre/in-service training at military medical schools;	i) TA provided to 3 - 5 additional sites on refinement of HTS services per the revised guidelines and updated recommendations. ii) advocacy made towards inclusion of HTS core content in pre/in-service training at military medical schools Iii) technical support provided to campaigns at 7 - 10 sites (cross-cutting activity).	i) TA provided to 3 - 5 additional sites on refinement of HTS services per the revised guidelines and updated recommendations. ii) HTS core content integrated in pre/in-service training at 2 military medical schools iii) technical support provided to campaigns at 7 - 10 different sites (cross-cutting activity).	i) SOPs to provide full HIV services from testing to treatment at 6-10 military facilities will be refined per the revised HTS guidelines and trained to related staff to allow for quality HIV services throughout ii) HTS core content integrated in pre/in-service training at 2 military medical schools ready for rolling out iii) Crucial HIV prevention messages communicated to a total of 3000 - 4000 participants of 14 - 20 military units and/or schools (cross-cutting activity).	$15,000	$15,000
Management of Disease Control Programs	Military	Advocacy and TA for i) expanding the HIV prevention messaging program into military schools and integration into the new soldiers training package; iii) TA for communication campaigns to raise HIV/AIDS awareness and uptake of testing and treatment; iv) finalization of HIV prevention e-learning platform for military-wide use	i) 2-3 additional schools participate in the program; advocacy conducted for institutionalization of the program into the new soldiers training package. ii) technical support provided to campaigns at 2 - 3 sites (cross-cutting activity), iii) HIV prevention e-learning platform finalized.	i) 2-3 additional schools participate in the program; advocacy conducted for institutionalization of the program into the new soldiers training package. ii) technical support provided to campaigns at 2 - 3 sites (cross-cutting activity), iii) HIV prevention e-learning platform to fully function and used widely.	i) 4-6 additional schools participate in the program; advocacy conducted for institutionalization of the program into the new soldiers training package. ii) technical support provided to campaigns at 4 - 6 sites (cross-cutting activity), iii) HIV prevention e-learning platform to fully function and used widely.	$45,136	$45,136
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Support to the KP Survey: Lab and survey methodology quality TA to KP survey implementation in the north and central region including for the BBS, and KP size estimates activities.	KP survey completed for TGW and MSM including BBS and size estimates in northern and central provinces	NA	Nationally endorsed updated cascades for MSM and TG to inform program planning, design and resource allocation.	$45,000	

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Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Technical assistance in the north and center for sustainable HIV epidemic monitoring with robust public health surveillance, including case surveillance, recency, drug resistance, and HSS+ system. Utilize data to quickly identify public health issues for response. Training on outbreak investigations for HIV systems to provincial and district staff	•Provide TA for CS in 4 PEPFAR focus provinces •Provide TA for HIV INFO for 24 northen provinces •Provide TA for FSW HSS+ in 7 provinces and MSM HSS+ in 2 provinces	•Provide TA for 1 PWID PSE and 1 FSW PSE •Provide TA for CS in 4 provinces •Provide TA for HIV Info in 24 northen provinces •Provide TA for HSS+ in 11 provinces •Provide TA and lab tests for 1 FSW HSS+ using RDS •Provide TA and Lab tests for 1 MSM HSS+ using RDS	Sustainable HIV epidemic monitoring established with robust public health surveillance, including case surveillance, recency, drug resistance, BBS, and KP size estimates for identifying public health issues for response	$130,000	$100,000
Human resources for health	Key Populations	Scale up treatment literacy network through the Vietnam Network of PLHIV, including a national treatment literacy framework. Community technical capacity building in CDC-supported provinces.	VNP+ learning platform established; updated online resources with plan for outreach to public. 40% of VNP+ cadres trained in updated HIV knowledge and communications.	National treatment literacy framework finalized, with clear roadmap for collaboration with VAAC to implement.	40% of VNP+ leaders trained; website updated; national treatment literacy framework developed.	$125,000	$125,000
Human resources for health	Key Populations	Support national cadre of community PHCR champions under the national TWG. Support implementation of National SOPs for community response. Instiutionalize community champions within VUSTA for sustainable expertise and collaboration at national level. Community support in CDC provinces.	PHCR community learning network established with links to National TWG. M&E framework for person-centered community response SOPs. Documentation of PHCR lessons.	National SOPs updated with community perspectives. CDC-province PHCRs receive TA from VUSTA for monitoring and documentation. 12 national-level community champions trained and deployed.	National PHCR SOPs and all accompanying guidance reflects community-based 'do no harm' principles. Indigenous community expert capacity established through training and learning network.	$71,515	$71,515
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Evaluate the implementation of 3HP and urine LF-LAM test	The evaluation is completed	NA	The evaluation of 3HP and LF-LAM provides evidence informing TB/HIV service package reimbursed by SHI	$100,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Technical assistance for robust case surveillance including recency in private sectors. Routine on-site technical assistance, and collaboration with stakeholders for regular hands-on training and troubleshooting to healthcare workers at facilities to use software systems for data collection, management, and reporting of clients/patients	'-Initiated HIV reporting from private treatment sites into national reporting system -Improved provincial capacity for data quality assurance and data use in CDC-supported provinces encompassing HCMC, key EPIC and PHCR provinces	'-Increased # of private treatment sites reporting into HIVINFO -Provincial CDC/M&E PTT prorvides TA to sites to ensure data quality quality and promote routine data use for program improvement	HIV epidemic monitoring established icl robust case surveillance including recency incl private sector for identifying public health issues for response. Facility-level healthcare workers in CDC-supported provinces will demonstrate improved proficiency in utilizing electronic data systems for program implementation, as assessed through standardized evaluation metrics, and reported data will meet the required quality standards, as determined by routine data quality reviews and program monitoring.	$182,000	$187,000
Laboratory systems strengthening	Non-Targeted Populations	Providing technical assistance and guidelines to enhance the quality management system of laboratories providing HIV testing services.	Guidelines on quality management system will be updated according to WHO recommendations	Training will be provided to HIV testing labs on updated guidelines	National guidelines on quality management system will be updated according to WHO recommendations	$30,000	$30,000

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Human resources for health	Non-Targeted Populations	On-going technical collaboration with VAAC in HIV program quality and biomedical innovation. Scale up KP-competent care, CQI, and health and treatment literacy at provider and client levels in CDC-supported provinces.	KP-competent standards and innovations in all CDC-supported sites for all HIV health providers; Documented improved treatment, viral load and HIV health literacy among clients and PEPFAR-supported sites; K=K and Status Neutral messages updated.	NA	By FY24 relevant guidelines, including treatment guidelines, are updated and aligned with PEPFAR and global best practices. KP competent standards routinely implemented in public sites supported by CDC	$268,585	
Laws, regulations & policy environment	Key Populations	LIFT UP EQUITY INITIATIVE: Establish KP-led advocacy hubs to strengthen political empowerment at the provincial level: Introduce KP/community-led SOGIE and stigma elimination programs; creative equity solutions through community-designed and led grants.	1- Up to 10 provincial advocacy hubs map issues, gaps and needed multi-sectoral partnerships- with outreach to key provincial GVN entities 2- KP/PLHIV creatively address locval gaps through focused efforts in communications, sensitization in stigma and SOGIE , and through scale up of local protection and redress systems	NA	Increased KP leadership and engagement with non-HIV political actors at provincial level to promote SOGIE and stigma awareness. Advocacy-driven policy adoption and/or program uptake, adaption or scale up for the improved well-being of young MSM and TGW	$300,000	
Health Management Information Systems	Non-Targeted Populations	Standardize TB/HIV data collection tools and quality assurance	TB/HIV monitoring tool is standardized	TB/HIV monitoring tool is routinely used	The standardized TB/HIV monitoring tools will be deployed nationwide	$90,000	
Human resources for health	Key Populations	Assure high-quality data collection system for program monitoring at all levels of epidemic monitoring, including site, provincial and national. Collect program monitoring data to meet MER requirements; conduct data review by site and SNU for program planning and intervention; support and ensure program data quality nationally	Program Monitoring Data (MER) data will be collected monthly and quarterly in 127 sites in 6 TA provinces. Program data in at least 3 provinces with PHCR activated will be collected and prepared for data use at both site and provincial level	NA	Surveillance and program data are used routinely to measure and monitor performance and inform the HIV public health response.	$170,000	
Laboratory systems strengthening	Non-Targeted Populations	Ensure high quality data reporting for recency through the establishment of standard operating procedures, training, technical assistance, and quarterly review and evaluation of the use of recency for public health reponse. Support the expansion and accessibility of VL testing through SHI	By the end of FY24, there is an established procedure for recency data reporting and monitoring, recency data is monitored at least quaterly by technical assistance providers. Increase number of SHI acrredited lab, expand the access to VL testing through SHI	NA	High quality recency data will be reported, monitored and used at different levels for public health response. An evaluation of the programatic usage of recency testing will be conducted to ensure adherence to the testing algorithm, testing quality, and quality of data reporting. Increase number of SHI acrredited lab, expand the access to VL testing through SHI	$80,000	
Laboratory systems strengthening	Non-Targeted Populations	Strengthen competency for laboratory directors/managers on leadership and management skills through the implementation of the Global Laboratory Leadership Program (GLLP). HIV testing service improvement through clinic-lab interface quality improvement CLICQ	By the end of FY24, GLLP will be introduced and training will be provided to laboratory leaders in 11 PEPFAR provinces. CLICQ will be adopted and quality improvement project will be implemented at 3 provinces in Hanoi, Thai Nguyen, Hai Phong	NA	Laboratories leaders will be trained on laboratory leadership competency framework and will apply those skills in their daily job as lab manager	$90,000	
Managem	Key	1) Develop national CQI model for HIV	Con closing managerial technical	N/A	By FY24, at least 17 high needs	$400,000	

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Management of Disease Control Programs	Key Populations	1) Develop national CQI model for HIV services; 2) Support other high need provinces through strengtheing PTTs and through operationalization of PHCR	Gap-closing responsive technical assitance to at least 17 high-needs provinces (including those with PHCR activated) and strengthening of PTTs in at least 17 provinces	N/A	By FY24, at least 17 high-needs provinces with strengthened provincial management of data use and CQI	$400,000	
Management of Disease Control Programs	Key Populations	Scale up recency-driven public health cluster response under the National SOPs. Ensure fidelity in implementation, monitoring and documentation in PEPFAR focus and other high-need provinces under the direction of the VAAC/National HIV program. Coordinate national TWG to oversee implementation, amplify best practices, and remedy gaps.	Activation of PHCR where needed based on thresholds in SOPs, PHCR close-out indicators finalized and completed, and documentation of implementation for revision of SOPs as needed.	N/A	By 2024, National SOPs disseminated to all provinces; up to 6 PHCRs activated; PHCR implemented with fidelity to SOPs	$187,200	
Public financial management strengthening	Non-Targeted Populations	National level monitoring and support to CDC provinces for financial sustainability plans, treatment continuity through systems strengthening, and community engagement in delivery of person-centered services	All CDC-supported provinces have provincial financing plans and receive robust national level-monitoring of transition of SHI co-payments.	N/A (move to new line) All CDC-supported provinces have provincial financing plans that address gaps in health insurance and other systems pressures.	By FY24, all CDC-supported provinces have approved financial sustainability plans as well as advocacy and monitoring roadmaps for SHI co-payment transition.	$160,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Implement KP survey: VAAC national coordination, protcol development and approvals, monitoring of trainings and report writing and dissemination. Implement KP survey in up to 8 provinces.	KP survey for MSM and TG, including BBS and size estimates in up to 9 provinces.	NA	Nationally endorsed updated cascades for MSM and TG to inform program planning, design and resource allocation.	$200,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Update policies and guidelines to support HIV epidemic monitoring. Expansion of robust public health surveillance, including case surveillance, recency, drug resistance, BBS and KP size estimates. Utilize data to quickly identify public health issues for response. Strengthen HIV information system to monitor epidemic and improve programs	Sustainable HIV epidemic monitoring with robust case surveillance in 15 provinces, recency, drug resistance, and strengthen HSS+ system	NA	New and revised policies and guidelines issued to support sustainable HIV epidemic monitoring with robust public health surveillance, including case surveillance, recency, drug resistance, and KP size estimates for identifying public health issues for response	$354,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Technical assistance for sustainable HIV epidemic monitoring with robust public health surveillance, including case surveillance, recency, drug resistance, BBS, and KP estimates. Utilize data to quickly identify public health gaps for response.	Sustainable HIV epidemic monitoring with robust case surveillance in 15 provinces, BBS in 6-MSM and 4-TGW provinces, and size estimates in 4-TGW provinces	NA	Sustainable HIV epidemic monitoring established with robust public health surveillance, including case surveillance, recency, drug resistance, BBS, and KP size estimates for identifying public health issues for response	$100,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Enhance the national HIV CS data system: Optimize system functionality, expand systems linkage, improve IT infrastructure for security and efficiency, provide routine technical support, and build capacity of govt. staff. Expand the OpenMRS-based system for multiple diseases/locations and enhance the one-stop mobile app to improve patient care.	HIV Info upgraded with digital signatures, improved records matching, lab test and treatment datahub and interoperability piloted; IT infrastructure upgraded, system security training and routine technical assistance provided; Customized OpenMRS piloted in lower settings and for relevant epi reporting, and enriched mobile app features and coverage.	SOP issued for expansion of treatment, lab test data linkage and digital signature, tools developed to enable automatic case verification, AI-based algorithm developed for early epi warning, and IT refresh training provided to govt. staff; Customized OpenMRS scaled up for other relevant diseases, and mobile app integrated into other programs.	By September 2025, the data system for case surveillance will reach a level of maturity, 100% national and provincial health institutions and 80% lower level health facilities utilize the system, and longitudinal data of 70% ART patients linked with reported case records to facilitate program monitoring and case surveillance; the customized OpenMRS is fully functional, used for epi prevention nationwide, and ready to report other disease data; the mobile app reaches 25% ART patients	$780,000	$780,000

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Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Expand the OpenMRS-based electronic medical record system (EMR) for HIV and multiple diseases management across diverse settings. Enhance and scale up the one-stop-shop mobile app to elevate the quality of patient care.	The customized OpenMRS piloted in lower settings and used for relevant HIV epidemic reporting and program improvement. Enriched mobile app features and coverage.	The customized OpenMRS scaled up and has functionality to support data management of HIV and comorbidities, and the mobile app integrated into other programs (e.g NCD).	The customized OpenMRS is fully functional, used for patient management and program improvement at nationwide scale, and ready to report HIV-related disease data to help enrich the national unified person level data ecosystem for case surveillance and program monitoring; the one-stop-shop mobile app reaches 25% ART patients nationwide.	$205,000	$205,000
Laboratory systems strengthening	Non-Targeted Populations	Provide training, testing services, and technical assistance to ensure high quality recency testing, viral load testing, and high quality recency data. Develop and implement HIV drug- resistance surviellance. Support to establish the national HIVDR database and cluster analysis	Training and technical assistance will be provided to labs that provide HIV testing services to ensure adherence to national guidelines on testing and data reporting, Protocol for both acquired HIVDR and pre-treatment HIVDR will be developed for approval	Training and technical assistance will be provided to labs that provide HIV testing servicess to ensure adherence to national guideline on testing and data reporting, VL results will be returned though electronic system, HIV-DRS will be conducted according to written protocol	Recency testing quality will be assured through quality control, external quality assurance and technical visits. Training will be provided to ensure data reporting quality, VL test turnaround time is reduced for viral load testing and faciliating clinical action, HIVDR burden will be estimated	$120,000	$120,000
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Support to the KP Survey: Lab and survey methodology quality TA to KP survey implementation in the southern region including for the BBS, and KP size estimates activities.	KP survey completed for TGW and MSM including BBS and size estimates in southern provinces	NA	Nationally endorsed updated cascades for MSM and TG to inform program planning, design and resource allocation.	$95,000	
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Technical assistance for sustainable HIV epidemic monitoring with robust public health surveillance, including case surveillance, recency, drug resistance, BBS, and KP size estimates. Utilize data to quickly identify public health issues for response. Training on outbreak investigations for HIV systems to provincial and district staff	•Provide TA for CS in 11 PEPFAR-supported southern provinces •Provide TA for HIV INFO in 9 southern provinces •Provide TA for FSW HSS+ in 6 provinces and MSM HSS+ in 5 provinces in the south	•Implement FSW HSS+ with RDS in HCMC •Implement FSW and PWID PSE in HCMC •Provide TA for CS in 11 PEPFAR supported southern provinces •Provide TA for HIV INFO in 9 southern provinces •Provide TA for MSM PSE in 2 provinces	Sustainable HIV epidemic monitoring established with robust public health surveillance, including case surveillance, recency, drug resistance, BBS, and KP size estimates for identifying public health issues for response	$100,000	$155,000
Laboratory systems strengthening	Non-Targeted Populations	Provide training, testing services, and technical assistance to ensure high quality recency testing, viral load testing, and high quality recency data. Viral load expansion using POC/GXpert instruments.	Lab system- 20 labs- in HCMC is strengthened in quality management systems- documentation, HR, equipment, inventory, process and info management- to provide high-quality HIV testing services to support treatment quality and PHCR	20 laboratories in the HCMC system is strengthened to conduct facility and safety assesements, CQI, and improved customer services, to provide timely, high-quality testing services to HIV serices and treatment program and PHCR	Maintain robust lab testing system to help achieve 95-95-95 in 2030 in HCMC	$70,000	$70,000
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	1. Collect program monitoring data at site/district levels to meet PEPFAR MER requirements; 2. Conduct data abstraction and reporting for monitoring program performance, service quality and coverage; 3. Conduct data review by site for identification of programc gaps, quality improvement, and intervention/remediation activities.	MER Reporting Requirement- Updated provincial reporting platform can provide seamless, validated and updated data to MER and HIV national reporting system. Provincial CDC M&E and PTT routinely analyze quarterly data, focusing on HIV care and treatment, for triangulation, epidemic monitoring and for program improvement.	MER Reporting Requirement- Provincial reporting platform routinely updated into national system. Provincal CDC/PTT provides responsive technical assistance to HCMC sites in data quality, analysis of epidemic trends and for identifying programmatic gaps and solutions to respond to them.	Provincial program and HIV data are regularly collected and analyzed to track the public health response.	$80,000	$80,000

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Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	1. Capacity building for the local workforce to support national case surveillance (CS) system. 2. Ongoing technical support & strengthening for implementation of CS at provincial and distrcit levels, and use of data for public health cluster response.	All HCMC districts and 70% of communes input high-quality data into the CS system. Provincial HCDC workforce regularly analyze CS data to monitor the epidemic and respond with program intervention.	All districts and 100% of communes in HCMC report to CS with high quality data input. Provincial CDC/PTT supports district level workforce to regularly analyze CS data to interpret the epidemic and to plan and monitor program	Use of high quality data successful implementation of PHCR and CQI	$110,000	$110,000
Laboratory systems strengthening	Non-Targeted Populations	Ensure high quality TB diagnostics through provision of QC, EQA, technical assistance for data management and data use. TB testing service improvement through clinic-lab interface quality improvement.	QC and EQA panel will be produced and used for LF-LAM test quality assurance, nasal pharyngeal aspirate will be validated for use in Xpert testing, technical assistance is provided to ensure high quality TB/HIV diagnostics, CLICQ will be adopted and quality improvement will be implemented at 3 provinces in HN, TN, HP	QC and EQA panel will be produced and used for LF-LAM test quality assurance, Xpert test with nasal pharyngeal aspirate will be implemented at PEPFAR supported sites , technical assistance is provided to ensure high quality TB/HIV diagnostics, CLICQ will be adopted and quality improvement will be implemented at 3 provinces in HN, TN, HP	High quality LF-LAM test will be provided for PLHIV at risk of having TB, optimal use of data systems for monitoring of the TB testing quality, TB and TB HIV testing service will be improved by technical assitance and CLICQ implementation.	$100,000	$100,000
Laws, regulations & policy environment	Non-Targeted Populations	Every year the PEPFAR Coordination Office (State) leading the inter-agency team solicits applications from CBOs to implement HIV public diplomacy programs (small grants). Community-led monitoring (CLM) is carried out by community members to measure client satisfaction of PEPFAR supproted services and identify equity gaps in access and retention.	6 small grants for HIV public diplomacy About 35 PEPFAR supported sites monitored by community members 1,000 clients surveyed for satisfaction level Equity gaps in service access among KPs are identified.	6 small grants for HIV public diplomacy About 40 PEPFAR supported sites monitored by community members 1,200 clients surveyed for satisfaction level Equity gaps in service access among KPs are identified.	Raised public awareness reflected by programs implemented, # participants, other qualitative indicators Improved service quality by showing client's satisfaction of PEPFAR supported services via specific indiciators for public and private sites, comparable among sites and provinces. Equity gaps in services access are idientified and shared with policy makers and prorgams managers, e.g., drop-out, lack of adherence, strucutal barriers (documentation for social health insurance, etc.)	$330,000	$330,000
Laws, regulations & policy environment	Key Populations	LIFT UP:Co-design advocacy interventions proposed by VNTG member community-based organizations including advocacy actions related to promoting advancement of the draft Gender Affirmation Law	01 IEC package developed on how to change one's gender identity 03 Discussion forums organised with key policy makers and GVN leaders to discuss human rights concerns, share programmatic updates and needs from the transgender community, and provide inputs into legal reform	NA	Laws and policies protecting human rights of TG network are made available to enable TG friendly services	$50,000	$49,965
Laws, regulations & policy environment	Key Populations	Based on findings from national PSE assessment on total market approach for PrEP, establish a hybrid model in private and/or public sites for self-pay with summary of outcomes on those hybrids model to provide evidence for policy revision.	HIV domestic financing mechanism is co-developed with VAAC and related partners/ stakeholders. Pilot plan for PrEP co-financing developed	Pilot plan for Prep co financing is implemented	Service package on person-centered care for different population sub-segments published	$70,000	$69,951
Laws, regulations & policy environment	Key Populations	Support evaluation study of PrEP CAB-LA with ViiV donated drugs at USAID private sector/KP-led and public clinics. Secure import of CAB-LA donations, support product market entry, and national CAB-LA reporting system development. Assist VAAC to develop and implement a CAB-LA implementation plan, national training and SOPs.	CAB-LA implementation plan developed	CAB-LA reporting intergrated in HMED	National guidelines on CAB-LA available	$350,000	$349,754

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Activity Budget	Budget Continuation for Year 2
Laws, regulations & policy environment	Key Populations	Support market expansion analysis including proposing market shaping interventions including policy development opportunities. Support entry for new HIV products including self-test kits and PrEP drugs with proposed implementation plan on sustainability of HIV self test kits and PrEP drugs in priority provinces.	Market expansion analysis available	Self test kits and PrEP drugs included in the proposed implementation plan on sustainablility of priority provinces	Increase the access to HIVST and other essential HIV commodities	$200,000	$199,859
Laws, regulations & policy environment	Key Populations	Support strengthening of PSE including review of policy, legal framework and regulations on private sector engagement to increase innovation in HIV services coupled with strategic purchasing models as well as increase PrEP service availability by establishing a network of prescribers for KP access including telemedicine.	By FY24, A report of reviewing policy, legal framework and regulations on private sector engagement to increase innovation in HIV services available	A network of prescribers for KP access including telemedicine ebtablished	Provincial PSE plans are developed, implemented and monitored in 3 PEPFAR and 3 non-PEPFAR provinces	$80,000	$79,944
Management of Disease Control Programs	Key Populations	LIFT UP: Strengthen the technical, management, and administrative capacity of TG-led CSOs and advocacy networks	The VNTG (Vietnam Transgender) network receiveds direct mentoring from the regional transgender network and clinic in Thailand on service flow, clinic management and business development. VNTG & 02TG/CBOs are trained for organizational and financial management, demand creation, HIV-related and health counseling, business development	NA	Improved capacity for Members of the Vietnam TG network for organizational and financial management, demand creation, HIV-related and health counseling, business development.	$50,000	$46,988
Management of Disease Control Programs	Key Populations	Continue to support social enterprise graduation pathway development including: 1. Establishing KP-led community of practice and knowledge management platform to share best practices and disseminate knowledge on key health related services and 2. Strengthen incubator for newly formed SE or KP led clinics.	TA package for each KP-Led clinic category available	KP-led community of practice and knowledge management platform ebtablished	By FY24, At least 2 and Up to 5 new KP-led health service SEs/businesses established, trained and officially certified to provide HIV/PHC services By FY24 Package of tools for SEs TA and development documented and housed at VAAC (landing page on PSE/ SEs development)	$250,000	$234,940
Management of Disease Control Programs	Key Populations	Continue to support TA at national level and USAID provincial levels on demand generation, online digital marketing & health dissemination platforms through public-private partnerships. Support development of online support network in USAID provinces for sexual reproductive health knowledge sharing for adolescents and young people.	Sexuality education toolkit developed. Communication campaigns for adolescents conducted in 3 PEPFAR and 3 non-PEPFAR provinces.	communication campaigns for adolescents conducted in 3 PEPFAR and 3 non-PEPFAR provinces.	Inproved online digital marketing & health dissemination platforms through public-private partnerships	$200,000	$187,952
Management of Disease Control Programs	Key Populations	New activity: Provide TA outside 11 PEPFAR provinces on private sector service delivery and support operationalization of findings from national PSE assessment in coordination with VAAC.	# of training/Technical assistant visits/workshop on on private sector service delivery provided to non-pepfar provinces	# of training/Technical assistant visits/workshop on on private sector service delivery provided to non-pepfar provinces	By FY24, 3 non-PEPFAR provinces implement differentiated PrEP models	$200,000	$187,952

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Management of Disease Control Programs	Key Populations	Support revision of policy framework for community based differentiated service delivery models including community PrEP and pharmacy-based services for decentralized drug distribution.	# of workshop on policy framwork for community based differentiated service delivery models conducted	# of workshop on policy framwork for community based differentiated service delivery models conducted	Community Pharmacy - PrEP/nPEP model for drug distribution service delivery approved by VAAC	$130,000	$122,169
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Finalize PSE assessment focusing on demand for KP services inclusive of HIV and PHC (mental health, STIs, viral hep, NCDs) and questions related to ability and willingness to pay for PrEP, ART, HIV testing and PHC services in 9 provinces. Identify the strengths and weaknesses of the policies/regulations, and any barriers to effective implementation	Report on demand-side assessment of KP service preferences, ability, and willingness to pay available Report on policy assessment available	Benchmarks for the PSE plan finalized	Improved quality and coverage of KP health services due to finalized benchmarks for the PSE plan.	$75,000	$75,000
Health Management Information Systems (HMIS)	Key Populations	Continue to provide TA to DNai and HCMC to operate& utilize CHIS data for community systems strengthening as well as to enhance community-public partnership. Strengthen community component within the existing national/provincial HIS system &promote its use in non-PEPFAR provinces for better programming design to meet the KP needs	Provincial/health facility staff and community group in Ho Chi Minh and Dong Nai applied CHIS data for public health response. Community health information system is strengthened within existing national/provincial HIS system in non-pepfar provinces.	Increased of availability and accessibility of community data which can inform evidence-based public health response and decision-making.	Comprehensive & interoperable health information system that include community data	$250,000	$250,000
Management of Disease Control Programs	Key Populations	Conduct CBO landscape analysis, implement SCANA, and provide tailored TA to build the technical, finanical and organizational capacity of CBOs in Binh Duong in collaboration with CDC EPIC	Analysis of CBOs in Binh Duong is available for planning	Capacity building and coaching plan is developed and implemented based on the analysis of FY 24	Binh Duong community system is strenghthened	$50,000	$50,000
Management of Disease Control Programs	Key Populations	Continue to build capacity of community-based organizations (CBOs) and social enterprises (SEs) to apply for and successfully implement social contracts with high quality services based upon national social contracting guidelines and expanding this programming to HCMC.	# of CBOs registered as SE & # of SE received and successfully implement social contracting	# of CBOs registered as SE & # of SE received and successfully implement social contracting	Results, success and lessons learned documented in these non-PEPFAR locations	$250,000	$250,000
Management of Disease Control Programs	Key Populations	Implement national community assessment to analyze, document and propose opportunities for community systems strengthening expansion in priority provinces based upon epidemic data	Report and recommendation of this assesement is available at the end of FY	National capacity building plan for Community strengthening is developed	Community Eco System Built and Strengthened to be a backbone of the national HIV program.	$60,000	$60,000
Management of Disease Control Programs	Key Populations	Strengthen client profiling platforms outside 11 PEPFAR provinces to support KP epidemic response in 02 provinces (An Giang & Dong Thap). Provide TA in collaboration with EpiC to ensure KPs access to HIV service (HIV testing, PrEP, linkages to ART& SHI systems-level support integrating community feedback for program quality management	Client profile data available in non-PEPFAR provinces for better programing tailor	Client profile data available in non-PEPFAR provinces for better programing tailor	Targeted programing for KP improved and better designed.	$100,000	$100,000

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Management of Disease Control Programs	Key Populations	Strengthen operational and financial sustainability of CBOs/SEs by supporting interested KP groups to develop sustainable business plans; support graduated CBOs with registration as a legal entity; and providing other supportive services to promote CBO graduation pathway to social enterprises in collaboration with other partners.	# of CBOs operational and financial capacity strengthened to be sustainable and capable to deliver qualified HIV and health related activities.	# of CBOs operational and financial capacity strengthened to be sustainable and capable to deliver qualified HIV and health related activities.	Community Eco System Built and Strengthened to be a backbone of the national HIV program.	$150,000	$150,000
Management of Disease Control Programs	Key Populations	PHCR: Support Can Tho and Kien Giang CBOs to complete foundational preparation and implementation of community systems strengthening. Enhance capacity for CBOs in Can Tho, Kien Giang & others provinces to actively participate in the PHCR	# of CBOs capacity built and actively participated in PHCR	# of CBOs capacity built and actively participated in PHCR	CSOs/SEs are confident and actively participate in PHCR	$170,000	$170,000
Health Management Information Systems (HMIS)	Key Populations	New activity: Support MoH HIS engagement for sustainability for HIV patient database through operationalization of Decision 130 through VSS Eclaim and eLMIS and upgrade ARV regular reports/analytic dashboard into eLMIS software	Data being uploaded to EIMIS and being able to used for Provincial management of treatment program	HIV Treatment outcome indicators available from this database	HIV information system stay in alignment with Government owned system	$250,000	$250,000
Laws, regulations & policy environment	Key Populations	Support social contracting (SC) central policy development using lesson learned from piloted provinces & support collaboration of SC midterm evaluation review with UNAIDS. Support development of broader preventive health services package to be delivered through PHC network and recommended public services for use with GVN funding	The full report of midterm SC Evaluation results are available to use for advocacy A policy brief and draft Primer Minister Decision that include HIV services to be Public services are made available	PM decision approved for HIV to be public services Pilot lesson learnt being available informing advocacy workshop and revision of GVN decree on procurement bidding for public services	Endorsement of social contracting is financing modality to directly channel GVN funding to CSO in providing essential HIV prevention services	$300,000	$300,000
Laws, regulations & policy environment	Non-Targeted Populations	Enhance Supply Chain Policies & Market Openness: Strengthen capacity of GVN-led procurement and supply chain management systems that ensure smooth ARV transition including TA on policy revision and procurement processes, advocacy for ARV market openness, and appropriate procurement mechanisms for different drug categories	Revised circulars for drug procurement ARV security plan for 5 years approved by MOH.	More MAs for ARV drug granted MA fast-track, online appraisal process, mutual recognition are in the draft Pharmacy Law 2024 Draft Local ARV production plan in accordance with PM Decision 376 (May 2021)	Vietnam have a complete legal framework for public commodities (especially ARV drugs) procurement and supply when no donor support in next 5 years. In addition, revised supply chain policies that prioritize procurement and supply of ARVs to underserved regions and populations could potentially increase access to quality assured and more affordable ARV drugs. Vietnam will also aim for 75% of ARVs to be domestically produced.	$300,000	$300,000
Management of Disease Control Programs	Key Populations	Promote ELMIS/HMED data use for a comprehensive HIV program monitoring at all levels including ARV treatment outcome (VL and MMD uptake) and supply chain monitoring. This includes trainings for capacity building and technical support to health facility/provincial staff on the use of eLMIS system to manage treatment program.	Reports generated through the eLMIS system for HIV program monitoring, including ARV treatment outcome, supply chain monitoring, and financial progress. eLMIS/HMED data regularly used at VAAC/provincial CDC to monitor ARV drug consumption and ARV treatment outcome	Evidence on the use of Elmis data for HIV treatment management and drug supply at provincial level .	HF staff and CDC provincial managers at 63 provincies regular use information from ELMIS to inform HIV program management including SHI reimbursement, copay, drug consumption, treatment data	$150,000	$150,000
Procurem	Non	Strengthen Supply Chain Operationalization:	E-bidding and procurement tool is	E-bidding and procurement tool is	The use of e-bidding at NDCPC can	$350,000	$350,000

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Procurement & supply chain management	Non-Targeted Populations	Strengthen Supply Chain Operationalization: Develop National ARV Security Plan with MoH; Support taskforce for ARV procurement, supply & distribution. Support NCDPC to upgrade e-bidding & procurement tool. Develop online training module on ARV drug management for provincial staffs. Review challenges for decentralized procurement of HIV commodities.	E-bidding and procurement tool is upgraded and used by NDCPC Online training module on drug management for health staff approved Enhanced price negotiation and open bidding capacity Procurement capacity of ARVs at provincial level is trained	E-bidding and procurement tool is regular used by NDCPC Online training module on drug management for health staff available for use	The use of e-bidding at NDCPC can improve transparency, reduce costs, and streamline the procurement process. Health staff with a better understanding of the principles and practices of ARV supply chain management that help them to identify potential supply chain issues and take appropriate actions to address them. ARV procurement and supply will be smoothly functioned at both, central and provincial levels	$350,000	$350,000
Public financial management strengthening	Key Populations	Provide national & provincial TA in collaboration with GVN stakeholders to address SHI bottlenecks & limited use of local funds; support reducing financial burden for subgroup of PLHIV accessing SHI treatment; Support mechanism to routinely monitor local GVN funding for HIV program with primary focus on prevention service gaps.	Evidence on Local budget allocated and used for HIV activities at provincial level. inputs and brief recommendation for policy revision	SHI and Local budget contribution to HIV increased	INcreased domestic financing for HIV	$280,000	$280,000
Health Management Information Systems (HMIS)	Key Populations	Provide TA to operationalize and expand social contracting monitoring dashboard system to Can Tho and Kien Giang, strengthen data use for decision making and capacity building for users to monitor the performance and provide lessons learned for social contracting pilot.	Social contract dashboard ebtablished and operated in Can Tho and Kien Giang	Social contracting dashboard operated in Can Tho and Kien Giang	Improved Social contracting program by data driven making	$50,000	$50,000
Health Management Information Systems (HMIS)	Key Populations	Provide TA to operationalize social contracting monitoring dashboard system to priority SC provinces (TN, DN, TG, HCMC), strengthen data use for decision making and capacity building for users to monitor the performance and provide lessons learned for social contracting pilot.	Social contract dashboard ebtablished and operated in 3 piloted Social contracting provinces	Social contract dashboard ebtablished and operated in all 8 piloted Social contracting provinces	Improved Social contracting program by data driven making	$100,000	$100,000
Health Management Information Systems (HMIS)	Key Populations	Tailor PQM and relevant HIS system in USAID provinces to ensure strengthening data quality standards and provide TA to strengthen provincial staff capacity on HIS and data use for decision making to identify program quality and systems-level issues through established CQI provincial teams.	Health staff in Dong Nai, Tay Ninh, Tien Giang and HCMc are trained for HIS and data use	Program managers and health staff at site level can identify program areas for improvement by using PQM indicators	Improved program effectiveness and efficiency, as evidence based for decision making	$200,000	$200,000
Laws, regulations & policy environment	Non-Targeted Populations	Provide TA for policy, guidance, and curriculum development for implementation of differentiated care delivery models including mental health, AHD, NCDs, PrEP including telePrEP, SHI VL testing, MMD, TPT, DDD, and hormone therapy counseling with referral. Respond to ad hoc requests from VAAC as needed to enhance national efforts.	# technical assisstance meeting provided to VAAC on policy, guidance, and curriculum development for implementation of differentiated care delivery models	# technical assisstance meeting provided to VAAC on policy, guidance, and curriculum development for implementation of differentiated care delivery models	# of policy, guidance, and curriculum development for implementation of differentiated care delivery models	$60,000	$60,000
Managem	Non-	Continue to lead and provide TA for the	QC activities contributed average of	10% increased of contribution from	Local government funding have been	$240,000	$240,000

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Management of Disease Control Programs	Non-Targeted Populations	Continue to lead and provide TA for the implementation of SC pilot provinces (TGiang, TNinh, DNai,); Strengthen provincial leadership, contracting management relationship and CBO performance under pilot; document lessons learned to inform policy development at national level and further expansion of SC packages and cost norms to HCMC.	SC activities contributed everage of provincial 15% casefinding, 20 % linkage to ART treatment and 7% kinkage to Prep. HCMC SC model is started with local funding commitment in their proposal	10% increased of contribution from SC targets to the HIV provincial response compared to FY 24 and evidence on $ local budget commitment	Local government funding have been allocated and used to contract out to eligible CBO in providing HIV case finding and linkage to ART and Prep treatment and contribute to epi control activities at provincial level	$240,000	$240,000
Management of Disease Control Programs	Non-Targeted Populations	Continue to lead and provide TA for the implementation of SC pilot provinces in GF supported provinces Kien Giang and Can Tho; Strengthen provincial leadership, contracting management relationship and CBO performance under pilot; document lessons learned to inform policy development	SC activities contributed everage of provincial 15% casefinding, 17% linkage to ART treatment and 7% kinkage to Prep.	Evidence of $commitment contribution from local funding for this activity	Local government funding have been allocated and used to contract out to eligible CBO in providing HIV case finding and linkage to ART and Prep treatment and contribute to epi control activities at provincial level	$120,000	$120,000
Management of Disease Control Programs	Key Populations	Provide TA for National circular on HIV monitoring and reporting (Cir 05 replacing Cir 03), PLHIV estimation and support to update national Data Quality Assessment Tool for HIV/AIDS Prevention and Control.	# of technical assisstance meeting provided to VAAC on national reporting C05/PLHIV/DQA guidelince	# of technical assisstnace meeting provided to VAAC on national reporting C05/PLHIV/DQA guidelince	National HIV reporting and data quality improved	$80,000	$80,000
Management of Disease Control Programs	Key Populations	Strengthen provincial HIV M&E capacity with focus on data use for effective response: Work with provincial CDCs, community groups and relevant stakeholders to regularly review epidemiological and programmatic data, including SHI/eLMIS data in each province to develop action plans for program quality improvement and epidemic response.	Epidemiological and programmatic data, including SHI/eLMIS data regularly reviewed by provincial M&E staff to develop action plans for program quality improvement and epidemic response.	# plans for program quality improvement and epidemic response developed by using SHI/eLMIS data and programmatic data	Treatment program quality and epidemic reponse have been improved by using SHI/eLMIS data and programmatic data	$100,000	$100,000
Management of Disease Control Programs	Key Populations	Strengthening SHI systems-level operations in 02 provinces with GF/VUSTA community beyond PEPFAR 11 provinces with focus on KP accessibility to SHI services including early ART, treatment continuity and VLC. This includes using eLMIS data for programmatic decisions and integrating community feedback in program quality management and improvement	Accessibility to SHI services including early ART, treatment continuity and VL are increased in 2 provinces with GF/VUSTA PR beyond PEPFAR 11 provinces	Community feedback mechanism intergrated in program quality management and improvement. Community groups and provincial staff in 02 provinces with GF/VUSTA PR use data (eLMIS and community feedback) for program quality monitoring and improvement	Epidemic control in new provinces is improved	$200,000	$200,000
Management of Disease Control Programs	Key Populations	Support continuous quality improvement by establishing procedures to utilize PQM dashboard & facility CQI data with CQI teams to address treatment interruption, index testing, HTC/PrEP uptake and treatment initiation, PrEP seroconversion and retention, and other systems-related bottlenecks.	5 USAID supported provinces have procedure to utilize provincial data for CQI activities in place	CQI meeting/workshop conducted as quarterly in all USAID provinces	Data in TA supported 24 sites/5 provinces showed lower treatment interruption, improved trend of index testing, HTC/PrEP uptake and treatment initiation, PrEP seroconversion and retention	$100,000	$100,000

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