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MCHIP Vietnam

End-of-Project Report

October 2011–June 2014



Submitted on:

July 1, 2014

Submitted to:

United States Agency for International Development
Under Cooperative Agreement # GHS-A-00-08-00002-00

Submitted by:

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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health, and health systems strengthening.

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Country Summary: Vietnam



Selected Health and Demographic Data for Vietnam

GDP per capita (USD)	1,543
Total population	90,388,000*
Maternal mortality ratio (deaths/100,000 live births)	56
Skilled birth attendant coverage	88%
Antenatal care, 4+ visits	29%
Neonatal mortality rate (deaths/1,000 live births)	12
Infant mortality rate (deaths/1,000 live births)	19**
Under-five mortality (deaths per 1,000 live births)	24
Treatment for acute respiratory infection	73%***
Oral rehydration therapy for treatment of diarrhea	57%**
Diphtheria-pertussis-tetanus vaccine coverage (three doses)	95%**
Modern contraceptive prevalence rate	80%
Total fertility rate	1.8**
Total health care expenditure per capita (USD)	93**
Number of pregnant women tested for HIV	480,814

Source: State of the World's Midwifery 2011–Vietnam

* worldpopulationstatistics.com/vietnam-population-2013.

**World Bank data, 2011

*** factfish.com–Vietnam 2011

Major Activities by Program

- Established the Advisory and Technical Team
- Developed the National Guidelines and a National Training Package for the Care of Newborns and Children Exposed to and Infected with HIV
- Organized series of workshops/meetings to comment for the drafts of the National Guidelines and Training Package
- Conducted a field test and a trial training to get inputs, comments from the health workers in provincial level.
- Finalized and submitted the National Guidelines and the Training Package)

Program Dates	October 1, 2011–June 30, 2014					
Total Mission Funding to Date by Area	\$190,000					
Total Core Funding to Date by Area	N/A					
Geographic Coverage	No. (%) of provinces	Country wide	No. of districts	N/a	No. of facilities	N/a
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Acronyms and Abbreviations

ABC	Abacavir
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Azidothymidine, also called zidovudine
CDC	Centers for Disease Control and Prevention
CD4	Cluster of Differentiation 4; a blood test determines the CD4 count, which is used by medical professionals to decide when to begin treatment during HIV infection
CHAI	Clinton Health Access Initiative
CTX	Cotrimoxazole
EFV	Efavirenz
FHI	Family Health International
FTC	Emtricitabine
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
INGO	International Nongovernmental Organization
INH	Isoniazid
LPV/r	Lopinavir/Ritonavir
MCH	Maternal and Child Health
MCHD	Maternal and Child Health Department
MCHIP	Maternal and Child Health Integrated Program
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
NGO	Nongovernmental Organization
NVP	Nevirapine
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission of HIV
TDF	Tenofovir Disoproxil Fumarate
3TC	Lamivudine, also called Ebivir
UN	United Nations
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly's Special Session on AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
VAAC	Vietnam Administration of HIV/AIDS Control
WHO	World Health Organization

Acknowledgments

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

We would like to thank the Maternal and Child Health Department (MCHD), Vietnam Administration of HIV/AIDS Control (VAAC), and the Scientific and Training Department within the Ministry of Health (MOH), and Professional Associations at the national level for their support in developing the training packages.

We are also grateful to the National Hospital of Pediatrics, the National Hospital of Obstetrics and Gynecology, the National Hospital of Clinical and Tropical Diseases, and the National Institute of Nutrition for their technical input to develop the guidelines.

The project could not have been completed without the support of staff in the provincial health care system, who assisted in pilot testing the training packages with their health care staff.

Most importantly, MCHIP/Vietnam would like to express its special gratitude to USAID for its financial support in implementing the project.

Executive Summary

The Vietnamese Government developed the Ninth Action Program to control the spread of HIV/AIDS among different target groups. A specific aim is to increase access to antiretroviral (ARV) prophylaxis for HIV-positive individuals. Although technical guidance and protocols for HIV prevention and ARV treatment already exist for several target groups, there are no official guidelines concerning the provision of holistic care for HIV-exposed and infected children at the health center level. The lack of guidelines has resulted in limited implementation of holistic care and confusion among health care staff regarding procedures.

In 2011–2012, with technical assistance from the Centers for Disease Control and Prevention (CDC), the Maternal and Child Health Integrated Program (MCHIP) through Save the Children in Vietnam collaborated with the Ministry of Health (MOH) to develop National Guidelines on care for HIV-infected pregnant women and children exposed to and infected with HIV. These National Guidelines will constitute a framework for health care workers to provide health care and treatment for pregnant women, exposed infants, and HIV-infected children. In 2013–2014, with additional funding from the United States Agency for International Development (USAID), MCHIP through Save the Children in Vietnam assisted the MOH in developing a National Training Package for the Care of Newborns and Children Exposed to and Infected with HIV. This training package is designed to equip providers with the skills needed to perform the functions outlined in the 2012 National Guidelines.

The purpose of the project was to develop and obtain approval for National Guidelines and a National Training Package for the Care of Newborns and Children Exposed to and Infected with HIV. The guidelines collected information on care and treatment of HIV-positive individuals in the Vietnamese health care infrastructure. The guidelines include information from many policy and practice documents on HIV/AIDS prevention and treatment and provide concise and consistent procedures for health care workers interacting with these groups. Based on the initial assessment of the government's existing documents, the guidelines provide updated information about care and treatment of pregnant women and children exposed to and infected with HIV/AIDS. These guidelines are derived from the World Health Organization (WHO) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) standards and guidelines.

With technical input from the Vietnam Administration of HIV/AIDS Control (VAAC), Maternal and Child Health Department (MCHD), and other international nongovernmental organizations (INGOs), training packages were developed. These packages were based on the National Guidelines with updates from the new guidance and HIV/AIDS treatment protocols from WHO, as well as Vietnam's MOH, which were issued after the National Guidelines were approved. Special emphasis was placed on treatment for HIV-positive mothers to prevent transmission to their infants. Local experts on HIV/AIDS were consulted to ensure that the training contents were contextually appropriate, understandable, and could be followed by the trainees.

Several INGOs and HIV/AIDS programs in Vietnam are conducting training and developing different training materials on similar issues, such as Family Health International (FHI), the Global Fund to Fight AIDS, Tuberculosis and Malaria, Life Gaps, UNICEF, and the Clinton Health Access Initiative (CHAI). Therefore, these groups were invited to provide input and share their training materials or references as part of the development of this training package. These programs and organizations expect to have standardized training materials that can be pilot tested and used by everyone.

Many meetings were organized to obtain input and feedback from these stakeholders regarding the development of the National Guidelines and the complementary training package. The National Guidelines were officially approved and distributed throughout the health care system on March 19, 2013. After the second draft of the training package was completed, a trial training course was conducted to pilot test the package content before it was finalized and submitted to the MOH Scientific Committee for final review. Thereafter, the training package was approved by VAAC, the MCHD. The approval from MOH will need more time, it is anticipated that this process will be completed by the end of 2014.

Introduction

Ministry of Health (MOH) statistics for 2011 reveal that 210,703 people in Vietnam were infected with HIV and 61,669 were diagnosed with AIDS. During the same year, 63,372 people died of AIDS-related complications. The MOH estimated that the number of children between the ages of 0–15 living with HIV would increase from 5,100 in 2010 to 5,700 in 201¹; the *primary mode of infection would be through mother-to-child transmission*.¹

In response to the HIV situation in Vietnam, the government developed the Ninth Action Program to control the epidemic among different target groups and has increased access to antiretroviral (ARV) prophylaxis to HIV-positive individuals. Furthermore, the Vietnamese Government has extended approval of the National Strategy on HIV/AIDS Prevention and Control to 2020 and Vision–Longer Term to 2030.² The strategy focuses on the implementation of four key projects in 1) HIV/AIDS Prevention; 2) Comprehensive Care, Support, and Treatment in HIV/AIDS; 3) Capacity-Building for the HIV/AIDS Prevention and Control System; and 4) Supervision, Monitoring, and Evaluation of the HIV/AIDS Prevention and Control Program.

To facilitate the implementation of the strategy and the projects, the MOH has issued technical guidance and protocols for HIV prevention and ARV treatment programs, including prevention of mother-to-child transmission of HIV (PMTCT). In 2012, the United States Agency for International Development (USAID) funded the Maternal and Child Health Integrated Program (MCHIP) to support the MOH in its efforts to develop, field test, and finalize the National Guidelines for Care of Newborns and Children Exposed to and Infected with HIV. These guidelines provide concrete recommendations to health care staff at all levels regarding the care of children 0–15 years old who have been exposed to and infected with HIV. In order to equip providers with the necessary skills to implement the guidelines, a complementary national training package outlining the care of children aged 0–15 years was essential.

¹ Vietnam HIV Estimates and Projections 2007–2012.

² Vietnam United Nations General Assembly's Special Session on AIDS (UNGASS) 2010 Progress Report.

Major Accomplishments

MCHIP Vietnam developed National Guidelines and a complementary national training package to meet a critical need identified within the public health care system: to have a standardized and updated training package to train all health care workers involved in providing HIV-related services to pregnant women, newborns, and children exposed to and infected with HIV. The guidelines, developed with MCHIP's support in 2012, were adopted by the MOH; the training package, developed by MCHIP in 2014, is expected to be implemented first in high HIV prevalence provinces in Vietnam, and then scaled up to all 63 provinces. The approved training package will be used within the public health care system and will serve as a reference for UN agencies, international nongovernmental organizations (INGOs), nongovernmental organizations (NGOs), and other partners implementing HIV programs in Vietnam.

I. NATIONAL GUIDELINES DEVELOPMENT

The processes by which MCHIP developed and secured approval for the National Guidelines are described below:

1. Formation of the Project Management Board (October 2011–February 2012)

The MOH issued a decision to establish a Project Management Board, whose members include officers from relevant MOH departments and institutes as well as leaders from other institutes specializing in HIV/AIDS prevention and treatment. In addition, a technical team (including specialists from hospitals and institutes providing care for children exposed to and infected with HIV) was formed to develop the guidelines. It took several months to receive approval of the Board by the MOH, given that they had to collect opinions from various relevant departments before submitting to the Minister of Health.

2. Assessment of current practice (March–April 2012)

The technical team developed assessment tools to review current practices in five cities/provinces with high rates of HIV infection. The assessment results identified two areas that needed improvement.

Management structure

- a. The division of responsibilities between HIV/AIDS Centers and the Maternal and Child Health (MCH) system is not clear, especially in the management of care for HIV-infected pregnant women. The role of the Reproductive Health Centers is negligible.
- b. Each HIV/AIDS initiative requires different indicators and different reporting requirements; these differences have caused confusion. Systematic data collection at health centers is problematic.
- c. Care for HIV-infected pregnant women and children is practiced only at the provincial and central levels within the health care system; it is not practiced at the district level.

Knowledge, Training on Guidelines for Care, and Compliance with Care Guidelines

- a. Updated information and training on appropriate care for HIV-positive individuals and children is lacking, and the existing guidance is confusing.
- b. No regular training system has been instituted for staff, and new hires do not receive proper training on care.

- c. Early infant diagnostic testing (of children under 18 months) and testing of women who are 14 weeks pregnant (to detect their HIV status as soon as possible) are not available in some health centers.
- d. In some health centers, health care staff members consider the care of individuals who are HIV-positive or diagnosed with AIDS to be part-time work, and little time is devoted to these tasks.

3. Principles for the development of the guidelines (May 2012)

Based on the above findings, the technical team developed an outline for the National Guidelines following these principles:

- a. The new guidelines will be based on current regulations and other official materials relating to the care for HIV-positive pregnant women and children exposed to and infected with HIV.
- b. Updated World Health Organization (WHO) treatment guidelines will be incorporated.
- c. Requirements for the guidelines:
 - The content should be simple, clear, easy to read, and practical.
 - The information should be translated to facilitate understanding and should be illustrated with diagrams.
 - Crucial information should be replicated on posters and cards.
 - The guidelines should be distributed widely and used at different health centers, such as Obstetrics, Pediatrics, and Outpatient Consultant/Care, etc.

Guidance from the MOH used in developing the National Guidelines and revised content based on WHO Guidelines are outlined in Table 1.

Table 1. National Guidelines Development—Revised Content

Update of the guidance from MOH Decisions (Numbers 3003 and 4139) and references from WHO standards and guidelines include:		
Guidance from MOH Decision Number 3003 August 19, 2009	Guidance from MOH Decision Number 4139 November 2, 2011	Revised Content Based on WHO Guidelines 2012
1. Cotrimoxazole (CTX) prophylaxis for adult/pregnant women and children		
Including treatment standards	Updated treatment standards	Additional standards for CTX withdrawal for pregnant women and children
Including standards for treatment withdrawal <i>Adult/pregnant women:</i> Stop CTX prophylactic treatment for patients with a CD4 cell count > 200/mm ³ at least six months or more. If not undertaking CD4 testing, stop the prophylactic treatment when patients take antiretroviral therapy (ART) at least one year, show good compliance, and have no clinical signs related to HIV. <i>Children:</i> Children take ART and those aged one to five years will have CD4 cell count above 25%, and those above age five will have more than 200 cells for six months	No standards for treatment withdrawal	Including standards for treatment withdrawal <i>Adult/pregnant women:</i> Stop CTX treatment when CD4 cell count > 350/mm ³ (during the first six months of CTX treatment) <i>Children:</i> Stop CTX treatment when taking ART for at least six consecutive months and CD4 cell count is over 25% of the total number of immune-system cells (children aged one to five), CD4 cell count above 350/mm ³ (children above age five)

2. Antiretroviral therapy (ART) and prevention of mother-to-child transmission of HIV (PMTCT)		
Antiretroviral (ARV) treatment for pregnant women with HIV		
Mothers: Indicate ARV treatment as adults Regimen is similar to adults but: - Do not use EFV in the first three months - Do not use TDF in ART for pregnant women	Mothers: Indicate ARV as adults ARV regimens for pregnant women are the same as those of MOH Decision Number 3003	Mothers: Use EFV and TDF in ARV treatment for pregnant women and breastfeeding mothers Regimen: Combined tablets TDF + 3TC/FTC + EFV (<i>WHO Guidelines 2012</i>)
Children: AZT two times per day from birth to four weeks of age		Children: Daily NVP or AZT two times per day from birth until four to six weeks of age, regardless of feeding method
ARV Regimens for mother and child in PMTCT		
Mothers: AZT from 28 weeks + AZT/single dose NVP at birth + AZT/3TC first week after birth	Mothers: AZT from 14 weeks + AZT/single dose NVP at birth + AZT/3TC first week after birth Addition notice for regimen AZT + 3TC + LPV/r: Daily from 14 weeks or once confirmed HIV positive after 14 weeks until delivery. Stop if no breastfeeding, and continue until one week after stopping breastfeeding completely	Mothers: Take ARV from 14 weeks of gestation and continue until the delivery, or if practicing breastfeeding, continue until one week after stopping breastfeeding completely. The recommended regimens include: AZT + 3TC + LPV/r, or AZT + 3TC + ABC (Abacavir), or AZT + 3TC + EFV, or TDF + 3TC (or FTC) + EFV
Children: Single dose NVP 6mg at birth + AZT 4mg/kg one week from birth to four weeks later, if the mother is not receiving ARV prophylaxis more than four weeks before birth	Children: Single dose NVP 6mg at birth + AZT 4mg/kg at four weeks after birth	Breastfed Children: Daily NVP from birth until at least four to six weeks, and until one week after stopping breastfeeding completely Formula-fed Children: Daily NVP or single dose NVP + AZT twice a day from birth until four to six weeks old
3. Revision in treatment guidelines for children over two and <12 Years		
No standard related to using TDF for children over two years of age and under 12 years of age	Use TDF for children over two years of age and under 12 years of age and in ARV regimens and monitoring	

Note: The ARV medications listed in the table are Cotrimoxazole (CTX), Efavirenz (EFV), Tenofovir Disoproxil Fumarate (TDF), Azidothymidine (AZT), Nevirapine (NVP), Lamivudine (3TC), Lopinavir/Ritonavir (LPV/r), Emtricitabine (FTC), and Abacavir (ABC).

4. Completion of the first and subsequent drafts (June–November 2012)

Each member of the technical team contributed content based on his/her experiences and expertise. Comments were collected, and the second and third drafts were produced.

5. Conduct of field tests (October 2012)

Field tests of the new guidelines were conducted in provinces of Kien Giang, Khanh Hoa, Son La, and Quang Ninh provinces and Ho Chi Minh City after the third draft. Findings from this field test were incorporated into the fourth and final draft. Feedback from health centers included the suggestion that the health care staff should be explicitly mentioned in the guidelines as providers of care. Suggestions were also made for the format and content of the guidelines and production of the handbook and posters, as noted below.

Format of the guidelines

- Guidelines should be clearer and more coherent so that readers can follow them.
- Main content should be more concise and grouped in a matrix format.
- Theme font should be consistent and the layout should be more eye-catching.

Content

- a. New definitions should be added (e.g., what is meant by exposure), technical terms should be clarified, and jargon avoided.
- b. Images should be edited to be clearer.
- c. Test tables or test routines should be added.

Production of the handbook and posters

- a. The guidelines handbook should be printed on A4 size and bound in hardcover.
- b. Posters should be produced for health centers and handbooks for managers and health care workers.

6. Organization of a national workshop (November 2012)

A workshop was organized to collect comments to be incorporated into the final version. The final guidelines include three chapters:

- Chapter 1: Overview of HIV/AIDS Prevention from Mother-to-Child Transmission
- Chapter 2: Care and Prophylaxis Treatment for HIV/AIDS Transmission from Mother To Child
- Chapter 3: Care, Treatment, and Support of Children Exposed to and Infected with HIV/AIDS.

7. Submission of the final draft:

The final draft was submitted to the Vice-Minister of Health in December 2012 and officially approved on **March 19, 2013**.

II. NATIONAL TRAINING PACKAGE DEVELOPMENT

The process by which MCHIP developed the complementary national training package is described below:

1. Formation of the Technical Advisory Board and Technical Team (January 2014)

MCHIP/Vietnam engaged the Vietnam Administration of HIV/AIDS Control (VAAC) and the Maternal and Child Health Department (MCHD) in the entire process of training package development. VAAC was selected to be the focal point for coordination. The Technical Advisory Board was established with members from the MOH's relevant departments and institutes and with leaders from other institutes specializing in HIV/AIDS prevention and treatment. In addition, a technical team (including specialists from hospitals and institutes providing care for children exposed to and infected with HIV) was formed to develop the training package. This team includes key national trainers and representatives of the MCHD, Treatment Department, VAAC, National Hospital of Pediatrics, National Hospital of Obstetrics and Gynecology, National Institute of Infectious Diseases, and experts from related institutes and international organizations such as MCHIP, WHO, UNICEF, and UNFPA.

2. Review of existing training materials (February 2014)

The technical team collected and reviewed available training manuals from national institutes and international organizations on the care of children aged 0–15 exposed to and infected with HIV, as well as training materials on PMTCT and the integration of PMTCT into the Reproductive Health Care System. Those materials were used as references for the development of the national training package.

3. Development of draft training package (April 2014)

The technical team took the findings from the desk review and developed an outline of the training package following these principles:

- a. The completed training package will be based on approved National Guidelines under the first phase of MCHIP support.
- b. Updated WHO treatment guidelines will be incorporated.
- c. Requirements for the training package:
 - The content should be simple, clear, easy to read, and practical.
 - The information should be translated so that it can be easily understood and followed.
 - The training package will include the text version and PowerPoint files.
 - The training package should be widely used to train health care workers in different sectors, such as HIV/AIDS, Reproductive Health, Pediatrics, etc.

The major technical update included in the training package is the introduction of option B+ in PMTCT, briefly described below (see Table 2):

Table 2. National Training Package Development—Revised Content

Antiretroviral Treatment for Pregnant Women and Prevention of Mother-to-Child Transmission of HIV (PMTCT)		
	National Guidelines (March 2013) <i>PMTCT</i>	Revised Content based on WHO Guidelines for PMTCT and Breastfeeding (2013) <i>PMTCT B+</i>
Regimen	Three regimens for mothers, one regimen for children (two types of syrup)	Simpler: One regimen for mothers and one regimen for children (one type of syrup)
ARV supply and dispensation	Three types of pills for mothers (AZT, NVP, AZT/3TC) and two types of syrup for children (NVP, AZT) <ul style="list-style-type: none"> • High risk of expired pills • There is a retail inventory of pills at the local health care services. 	One type of pill for mothers (TDF-FTC), one type of syrup for children (NVP) <ul style="list-style-type: none"> • Decrease the risk of expired pills. • There is no retail inventory of pills at the local health care services.
Coverage		<ul style="list-style-type: none"> • Can cover to commune level. • Need training, guidance for providers of health care services in provinces.
Treatment	<p><i>Mothers:</i> Taking ARV, starting at 14 weeks of gestation and continuing until delivery, or if practicing breastfeeding, continue until one week after stopping breastfeeding completely. The recommended regimens include: AZT + 3TC + LPV/r, or AZT + 3TC + ABC, or AZT + 3TC + EFV, or TDF + 3TC (or FTC) + EFV</p> <p><i>Children:</i> Daily NVP or AZT two times per day from birth until four to six weeks of age</p>	<p><i>Mothers:</i> TDF/3TC/EFV 300/300/600mg. Take one pill a day.</p> <p><i>Children:</i> NVP 50mg/5ml Once a day until six weeks of age. Drink right after or less than 72 hours after birth. Child weight 2000–2499g: 10mg x one time/day Child weight ≥ 2500g: 15mg x one time/day Child weight <2000g: 2mg/kg x one time/day</p>

4. Completion of the first and subsequent drafts (May 2014)

Each member of the technical team contributed content related to his/her experience for the first draft. PowerPoint files were developed based on the comments, and the text was developed at the same time. It took more time to create the text version. Trainers need the PowerPoint slides to conduct trainings. Several meetings were held to secure additional feedback. The draft was sent to the Advisory Board, and then the technical team revised the draft based on their comments and suggestions. This process was repeated twice for the second and third drafts.

5. Conduct of the trial training course (May 2014)

The trial training course was conducted in Ho Chi Minh city, from 28-31 May, with participation of 25 health workers from 5 provinces (HCMC, Tay Ninh, Long An, Dong Thap and Can Tho). These health workers came from both HIV/AIDS and maternal and child health systems. Most of the consultants who developed the training package participated in this training as trainers/facilitator. This training was co-facilitated by VAAC and MCHD leaders. In the training, participants were provided update knowledge and technical information relating to PMTCT as well as treatment, care and support to newborns and children exposed to and infected with HIV. After each session, a plenary discussion was open for comments, inputs for content revision, if any. After the training, a meeting conducted to consolidate comments and get agreement among Technical Team to finalize the training package together.

6. Organization of a national workshop to collect comments for the final version (June 2014)

Due to the limited time, a department level meeting was organized with participation of different departments of MOH. This meeting aimed to get final comments from different stakeholders for the training package before submission to top leaders of VAAC and MCHD for approval.

7. Final draft submitted to VAAC–MOH for approval (June 2014)

The final draft of the training package was submitted to VAAC–MCHD under MOH for approval in June 2014. It had been anticipated that the approval would be secured by month's end, however this was not possible. VAAC and MCHD will continue to work with the MOH for approval; Save the Children will inform USAID as soon as approval is secured.

Recommendations and Way Forward

After the approval of the guidelines, the MOH directed all provincial health centers, including Reproductive Health Centers where there is currently limited care for HIV-positive individuals, to follow the guidelines.

Once approved, the training package should be used by the MOH to train all health care workers who are involved in providing HIV-related services to pregnant women, newborns, and children exposed to and infected with HIV. The training package should also be used by other INGOs, NGOs, UNFPA, and UNICEF, which implement HIV programs for these populations.

The process to secure approval from the MOH for training materials is lengthy. Given time limitations, the training package will be approved first by VAAC and MCHD, which are directly responsible for all HIV-related programs as well as PMTCT work integrated with Maternal and Child Health Care. These departments, with continuous support from Save the Children in Vietnam as well as other INGOs and NGOs, will continue to pursue the MOH approval, which is anticipated by the end of 2014.

List of Materials and Tools Developed or Adapted by the Program

MCHIP Vietnam drew upon the following Ministry of Health decisions and guidance documents in developing the National Guidelines and draft training package:

1. HIV/AIDS Treatment with ARVs. Attachment with Decision Number 2051/QD-BYT, June 9, 2006, Ministry of Health.
2. Guidelines for HIV Diagnosis and Treatment, issued with Decision Number 3003/QD-BYT, August 19, 2009.
3. Coordination in Diagnosis, Treatment, and Management of Tuberculosis and HIV Patients, issued with Decision Number 3116/QD-BYT, August 21, 2007, Ministry of Health.
4. Instructions for the Active Detection of TB and TB Preventive Therapy with Isoniazid (INH) in People with HIV, issued with Decision Number 2495/QD-BYT, July 18, 2012, Ministry of Health.
5. HIV Treatment and HIV Prevention from Mother-to-Child Transmission. Decision Number 4361/QD-BYT, November 7, 2007, Ministry of Health.
6. Guidelines on HIV Prevention from Mother-to-Child Transmission. Decision Number 2816/QD-BYT, August 5, 2010, Ministry of Health.
7. Manual Guidelines for Management of HIV/AIDS Prevention and HIV/AIDS Carriers Treatment at District Level, 2010, under the Global Fund for HIV/AIDS Prevention.
8. National Guidelines for Reproductive Health Care Services, issued with Decision Number 4620/QD-BYT, November 25, 2009, Ministry of Health.
9. HIV Laws—64/2006/QH11.
10. Decree Number 188/2007/ND-CP, December 27, 2007, Of the Government Defining the Functions, Tasks, Powers, and Organizational Structure of the Ministry of Health.
11. Decision Number 608/QD-TTg, February 25, 2012, Of the Prime Minister, approved by the National Strategy on HIV/AIDS by 2020 and Vision Longer-Term to 2030.
12. Circular, 01/2010/TT-BYT, June 1, 2010. Defined Responsibilities, Procedures to Announce Positive HIV Test Results.
13. Decision on Addition and Amendment of Number 4139/QD-BYT, November 22, 2011, to Decision Number 3003/QD-BYT, Ministry of Health, August 19, 2009.
14. Decision Number 1053/QD-BYT, April 2, 2010. Guidelines for HIV Testing for Children Who Are under 18 Months.
15. Decision Number 872/QD-BYT, March 19, 2013. Approved National Guidelines of Care, Treatment, and Support for HIV-infected Women, Newborns, and Children Exposed to and Infected with HIV.
16. Circular 32/2013/TT-BYT, October 17, 2013. Guidance on Management, Monitoring, and Treatment of People Exposed to and Infected with HIV.
17. Decision Number 647/QD-BYT, July 22, 2007. Guidelines on Voluntary Counseling and Testing.
18. Handbook of Care for Children Exposed to and Infected with HIV, Ministry of Health, 2009.

19. Guidance on Care and Nutritional Support for People Infected with HIV/AIDS. Ministry of Health, 2010.
20. Guidelines for HIV Counseling and Testing for Children Exposed to and Infected with HIV. Ministry of Health, 2012.
21. Update on Prevention and Treatment of HIV/AIDS. World Health Organization, June 2013.
22. Update on Early Treatment for HIV-infected Pregnant Women. World Health Organization, October 2013.
23. Orientation on Global Strategy on HIV/AIDS at the United Nations General Assembly.
24. PMTCT training materials in Vietnam, developed by Life Gaps, CHAI, FHI, and the Global Fund Program on HIV/AIDS Prevention in Vietnam.