



Annual Report Vietnam

GHN-I-00-09-00006-01, Task Order 01
(or TB IQC Task Order 2015)

October 1, 2012 through September 30, 2013

Submitted to:

US Agency for International Development

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Summary

COUNTRY	Vietnam	REPORTING PERIOD	October 1, 2012 - September 30, 2013
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FUNDING SOURCE	TO2015 FY12 funds (PEPFAR)
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OVERVIEW

PATH has collaborated with the Vietnam NTP and the Hai Phong PHD to implement a PPM model for TB control in the province since late 2007, with financial support from USAID. Based on success in Hai Phong, PATH expanded the PPM model to three additional provinces: Nghe An, HCMC, and Can Tho. Through PEPFAR, we have established and strengthened linkages between private pharmacies/clinics, non-TB public facilities, and public TB and HIV services to detect, manage, and prevent TB and HIV. Overall priorities for FY12 are TB/HIV case detection and notification and integration of PPM activities into annual NTP plans to build toward sustainability.

ACHIEVEMENTS

Expanded PPM network results in more TB patients put on treatment

During this reporting period, the PPM referral mechanism was expanded from 14 to 21 districts in three provinces: Nghe An, HCMC, and Can Tho. In addition, the PPM diagnosis and diagnosis and treatment models were implemented in selected private/public non-NTP facilities. In Hai Phong, implementation of the PPM referral model successfully transitioned to the PHD in March 2012, and the percentage of PPM contribution remains high at 18.5% during January-June 2013 (see Table 3 in Tab 4 for additional data). With the expansion, 368 new private/non-NTP facilities were added to the referral system, bringing the total number of private/non-TB facilities to 1,010 (462 pharmacies, 518 private hospitals and clinics, and 30 non-TB public hospitals). The efforts of these facilities resulted in the screening of 9,345 persons presumed to have TB, of which 1,138 (12.2%) were confirmed with active TB and 852 (74.9%) of those were confirmed smear positive, from October 2012 to September 2013. Within the same period, 989 (86.9%) TB patients were tested for HIV (see Table 1 in Tab 4 for additional data).

Pilot of HIV referral model helps to increase access to HTC services for key populations in Vietnam

In Hai Phong, 52 private facilities (including 28 STI/OB/GYN and general clinics and 24 pharmacies) and one of the biggest TB units in four urban districts participated in the HIV referral system. The project launched in early February 2013, and 39 facilities (73.6%) are already referring key populations (KPs) to HTC services through this system. Of the 895 KPs referred to HTC sites, HTCs received and tested 278 people (31.1%) for HIV. Ten people (3.9%) were diagnosed with HIV (see Table 2 in Tab 4 for additional data). During consultation at private facilities, private-sector providers identified sex workers (2.5%) and their partners (14.4%); IDUs (11.1%) and their partners (5.4%); MSM (5%); partners of HIV+ (3.6%); people engaging in unsafe sexual relationships/STI (45%); and others. The results indicate the new model could increase uptake of HTC services, resulting in early access to HIV services for KPs, including those at risk of TB.

Diagnosis and treatment model implemented in a private facility in HCMC

In collaboration with the NTP and PHDs, PATH conducted an assessment of the feasibility of introducing PPM models beyond just referral in 10 selected private hospitals/clinics in HCMC (8) and Can Tho (2). Based on key findings and through discussions with the NTP, Phoi Viet Clinic, a lung clinic in HCMC, was selected to pilot the diagnosis and treatment approach. PATH, in collaboration with the NTP, provided support to implement the diagnosis approach while the NTP continues to support the treatment approach due to the limited timeline of this project. Under the NTP's supervision, Phoi Viet Clinic can now provide quality diagnosis and treatment services that comply with the NTP's requirements/protocols. In addition, the NTP supplies TB drugs to the facility, so patients can decide whether they would like to receive NTP drugs or imported drugs after consulting with doctors. From April 15 to September 30, 2013, the clinic helped diagnose 109 TB cases; among those, 51 were identified as AFB+. The Lot Quality Assurance System results showed correct diagnosis for all tested slides. Phoi Viet Clinic registered 89 TB patients and referred 20 patients to the NTP system for treatment registration. Among the 89 registered at the clinic, 14 decided to receive the NTP's TB drugs. After only 3 months of implementation and evaluation, Phoi Viet Clinic was certified by the NTP in September, becoming the first private facility to implement the diagnosis and treatment model in HCMC.

CHALLENGES

Challenge	How is PATH addressing this challenge?
<p>Piloting new referral system for HIV: Despite having a high awareness about HTC services, and given many other ongoing HIV prevention interventions (e.g., peer education, social network models), KPs are reluctant to go for testing. Further, during implementation, pharmacies found it difficult to identify KPs due to lack of time and privacy, which also affected interacting with this target population once identified. Finally, due to PITC policy, HIV testing is not available at TB units for KPs without TB.</p>	<p>PATH mapped private pharmacies and clinics in collaboration with the PHD and PAC, district health bureaus, and PEPFAR partners working in Hai Phong, in order to identify relevant facilities to participate in the pilot. The biggest TB unit in this referral system was included so that people with presumptive TB who are confirmed as non-TB and identified as KPs can be referred to HTC sites. The project: (1) selected appropriate IEC materials from other USAID implementers to supplement the information provided to clients (particularly pharmacy clients), and modified the referral card for PPM TB to ensure anonymity for HIV referral; (2) provided training on HIV, stigma reduction, benefits of HTC services, and communication and consultation skills to selected pharmacies/clinics; and (3) conducted supportive supervision visits and quarterly meetings to improve pharmacy staff communication and information skills and keep the private sector motivated. PPM providers were encouraged to repeatedly approach KPs reluctant to seek HTC services.</p>
<p>Piloting diagnosis and treatment model in private sector: Although other PPM models have been implemented in the public sector (non-NTP public hospitals) for many years, implementation in the private sector remains challenging due to a lack of (1) legal documents; (2) an established referral/tracking system between the NTP and this sector; and (3) motivation to implement PPM models beyond referral, especially for treatment. Additionally, the private sector normally sends their TB patients to other private facilities for HTC, which have not been certified by PAC.</p>	<p>PATH, in collaboration with the NTP, advocated for the Vietnam MOH Administration of Medical Services to develop a PPM circular and updated PPM guidelines under the Global Fund-supported project. The circular stipulates that participating in the TB control program through PPM approaches is required for all health care providers (private, public, NTP, and non-NTP); and all public/private health facilities that meet requirements for introduction of PPM models beyond the referral model can register to implement those models under supervision from the PHD and NTP. PATH and the NTP developed a training curriculum/agenda that provides updated information on the NTP system and goals, PPM, TB diagnosis and treatment, anti-TB drug management, and recording/reporting guidelines. The training schedule was arranged so as not to interfere with private facility working hours. Supportive supervision visits and quarterly meetings address challenges during implementation, provide onsite technical support, and keep private facilities motivated. PATH helped to establish the referral/tracking system between the NTP and Phoi Viet Clinic; all TB patients diagnosed in the clinic and wishing to register for TB treatment in the NTP system (free of charge) are referred to their local TB unit; their information is provided to the NTP for the purpose of tracking and gaining feedback. In addition, clinic staff participated in training on counseling for HIV testing so they can provide proper counseling to TB patients and refer them to HIV PITC in the NTP system.</p>

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
<p>Added an HIV component to the work plan, with an additional \$90,000 budget.</p>	<p>USAID/Vietnam requested PATH Vietnam to include an HIV component in the work plan, with an additional \$90,000 budget.</p>	<p>USAID approved this change on October 22, 2012.</p>

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for assessments, training, and provision of supportive supervision. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

Global Indicators

NATIONAL LEVEL

Vietnam

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	50,992 (2012) & 25,185 (Jan-Jun 2013)	NTP report (unpublished data)	2012 & Jan-Jun 2013
Smear positive notification rate (new SS+)	55.9/100,000 population (2012) & 27.8/100,000 population (Jan-Jun 2013)	NTP report (unpublished data)	2012 & Jan-Jun 2013
Number of new SS+ TB cases successfully treated	47,062 (2011) & 23,563 (Jan-Jun 2012)	NTP report (unpublished data)	2011 & Jan-Jun 2012
Smear positive treatment success rate (new SS+)	92.86% (2011) & 92.27% (Jan-Jun 2012)	NTP report (unpublished data)	2011 & Jan-Jun 2012
Number of MDR/XDR-TB cases diagnosed	619 (Jan-Jun 2013)	NTP report (unpublished data)	Jan-Jun 2013
Number of MDR/XDR-TB cases who initiated treatment	713 (2012) & 381 (Jan-Jun 2013)	NTP report (unpublished data)	2012 & Jan-Jun 2013
Number of new TB patients tested for HIV	68,259	NTP report (unpublished data)	2012
Percentage of new TB patients tested for HIV	65.90%	NTP report (unpublished data)	2012
Number of TB/HIV patients on ART	2,232	NTP report (unpublished data)	2012
Number of health care providers trained in TB/HIV elements	Male: 153 Female: 187 Total: 340	PATH report (number of health care providers trained) National-level data not available	Oct 2012-Sep 2013

Hai Phong

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Note: TB-related activities in Hai Phong have been fully transitioned to local authorities. Therefore, only indicators for remaining project-supported activities (HIV related) are included for Hai Phong.		
Smear positive notification rate			
Number of new SS+ TB cases successfully treated			
Smear positive treatment success rate			
Number of MDR/XDR-TB cases diagnosed			
Number of MDR/XDR-TB cases who initiated treatment			
Number of TB patients tested for HIV	1,553	All TB patients Source: NTP report for 2012 (data disaggregated by sex not available)	Jan-Sep 2012
Percentage of TB patients tested for HIV	89.90%	All TB patients Source: NTP report for 2012	Jan-Sep 2012
Number of TB/HIV patients on ART	85	Provincial NTP report	2012
Number of health care providers trained in HIV elements	Male: 22 Female: 73 Total: 95	PATH report (number of health care providers trained) District-level data not available	Oct 2012-Sep 2013

Ho Chi Minh City			
Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	2012 (Male: 4,584, Female: 1,821, Total: 6,405); Jan-Jun 2013 (Male: 2,293, Female: 923, Total: 3,216)	Provincial NTP report	2012 & Jan-Jun 2013
Smear positive notification rate	85.16/100,000 population (2012); 42.77/100,000 population (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of new SS+ TB cases successfully treated	5,997 (2012) & 2,557 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Smear positive treatment success rate	84.8% (2011) & 86.4% (Jan-Jun 2012)	Provincial NTP report	2012 & Jan-Jun 2013
Number of MDR/XDR-TB cases diagnosed	350 (2012) & 246 (Jan-Jun 2013)	Provincial NTP report (data included patients from other provinces)	2012 & Jan-Jun 2013
Number of MDR/XDR-TB cases who initiated treatment	401 (2012) & 193 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB patients tested for HIV	10,396 (2012) & 5,190 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Percentage of TB patients tested for HIV	81% (2012) & 83% (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB/HIV patients on ART	1,094 (2012) & 491 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of health care providers trained in TB elements	Male: 31 Female: 38 Total: 69	PATH report (number of health care providers trained) District-level data not available	Oct 2012-Sep 2013

Can Tho			
Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Male: 954 (2012) & 509 (Jan-Jun 2013) Female: 293 (2012) & 144 (Jan-Jun 2013) Total: 1,247 (2012) & 653 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Smear positive notification rate	104/100,000 population (2012) & 108/100,000 population (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of new SS+ TB cases successfully treated	1,176 (2011) & 594 (Jan-Jun 2012)	Provincial NTP report	2012 & Jan-Jun 2013
Smear positive treatment success rate	93.85% (2011) & 93.54% (Jan-Jun 2012)	Provincial NTP report	2012 & Jan-Jun 2013
Number of MDR/XDR-TB cases diagnosed	35 (2012) & 23 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of MDR/XDR-TB cases who initiated treatment	35 (2012) & 23 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB patients tested for HIV	1,183 (2012) & 650 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Percentage of TB patients tested for HIV	94.86% (2012) & 99.54% (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB/HIV patients on ART	71 (2012) & 48 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of health care providers trained in TB elements	Male: 82 Female: 50 Total: 132	PATH report (number of health care providers trained) District-level data not available	Oct 2012-Sep 2013

<i>Nghe An</i>			
Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Male: 751 (2012) & 420 (Jan-Jun 2013) Female: 262 (2012) & 123 (Jan-Jun 2013) Total: 1,013 (2012) & 553 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Smear positive notification rate	35/100,000 population (2012) & 18/100,000 population (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of new SS+ TB cases successfully treated	1,018	Provincial NTP report	2011
Smear positive treatment success rate	95.20%	Provincial NTP report	2011
Number of MDR/XDR-TB cases diagnosed	28 (2012) & 7 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of MDR/XDR-TB cases who initiated treatment	0 (2012) & 4 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB patients tested for HIV	1,828 (2012) & 970 (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Percentage of TB patients tested for HIV	76.5% (2012) & 78.6% (Jan-Jun 2013)	Provincial NTP report	2012 & Jan-Jun 2013
Number of TB/HIV patients on ART	Data not available		
Number of health care providers trained in TB elements	Male: 18 Female: 26 Total: 44	PATH report (number of health care providers trained) District-level data not available	Oct 2012-Sep 2013

Activity Monitoring: Outcomes**TO2015 FY12 Vietnam Work Plan - Tuberculosis Component**

Goal: Increase case detection and notification and access to quality TB and HIV care services.

OUTCOME	OUTCOME TARGETS	RESULTS AS OF SEPTEMBER 30, 2013
Increased TB case detection, case notification, and initiation of treatment in HCMC, Can Tho, Nghe An	650 PPM facilities collaborating with NTP	1,010 PPM facilities collaborating with NTP
	100 health care providers trained (PEPFAR indicator H2.3.D)	340 health care providers trained
	455 PPM facilities actually referring people with presumptive TB to NTP facilities	685 PPM facilities actually referring people with presumptive TB to NTP facilities
	6,200 people with presumptive TB referred by PPM facilities	12,561 people with presumptive TB referred by PPM facilities
	3,100 PPM-referred people with presumptive TB received and tested at NTP facilities	9,345 PPM-referred people with presumptive TB received and tested at NTP facilities
	620 TB cases (all forms) confirmed by PPM model	1,138 TB cases (all forms) confirmed by PPM model
	434 smear-positive cases contributed by PPM facilities	852 smear-positive cases contributed by PPM facilities
	558 TB confirmed cases referred by PPM facilities registered for treatment	1,137 TB confirmed cases referred by PPM facilities registered for treatment
	434 TB confirmed cases tested for HIV	989 TB confirmed cases tested for HIV

TO2015 FY12 Vietnam Work Plan - HIV Component

OUTCOME	OUTCOME TARGETS	RESULTS AS OF SEPTEMBER 30, 2013
Increased HIV case-finding in select high HIV burden districts in Hai Phong	50 private facilities collaborating with HIV program	53 facilities collaborating with HIV program (52 private facilities and 1 TB unit)
	50 health care providers trained on HIV referral system (PEPFAR indicator H2.3.D)	95 health care providers trained on HIV referral system
	35 private facilities actually referring KPs to HTC sites (70%)	39 private facilities actually referring KPs to HTC sites
	315 KPs referred by private facilities	895 KPs referred by private facilities
	TBD KPs received and tested at HTC sites	278 KPs received and tested at HTC sites
	TBD HIV-positive cases contributed by HIV referral system	10 HIV-positive cases contributed by HIV referral system

Activity Monitoring: Outputs

TO2015 FY12 Vietnam Work Plan

Objective 1: Increase case detection through scaling up referral model in USAID-supported provinces.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
1.1	Review of existing PPM partner facilities to identify and address key factors affecting their participation.	Review completed and used to address key factors affecting participation.	Dec-12	Completed	The list of collaborating PPM providers and referral results have been reviewed by PHDs, district health bureaus, provincial TB hospitals, and PATH. To continue to improve referral rates, PATH worked with PHDs to review criteria for selecting facilities for the referral model. Through supportive supervision and quarterly meetings between private sector and district health bureaus, we are strengthening participation and maintaining the motivation of the private sector, focused on both good- and poor-performing facilities. Challenges identified and addressed through discussions in the meetings.

1.2	Identify and evaluate appropriate approaches to motivate and engage private providers, with focus on non-financial incentives.	Appropriate approaches for motivating and engaging private providers identified and used to inform decision-making.	Sep-13	Completed	<p>A formative assessment was conducted to identify an appropriate incentive system for motivating the private sector to participate in TB control (conducted with Global Fund funds); it has been used to inform USAID-supported project efforts. Based on this assessment, appropriate non-financial incentives for the private sector could include accreditation, feedback, referral of non-TB confirmed cases to private clinics for treatment, participation in TB workshops, and consideration of PPM participation as a requirement for registering with the PHD. Through quarterly meetings and mid-term and final review workshops at the district level, accreditation has been given to good-performing PPM facilities in order to keep them motivated. Feedback is also important as a recognition of PPM contribution and is always provided during supportive supervision visits. All lessons learned have been shared with local partners in order to help them sustain PPM work after the project ends.</p>
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1.3	Expand PPM referral model to three additional districts in two provinces: one in HCMC and two Can Tho.	PPM referral model expanded to three additional districts in two provinces: one in HCMC and two in Can Tho.	Sep-13	Completed	The PPM referral model has been expanded to three additional districts, one in HCMC and two in Can Tho. PATH provided technical support to expand the PPM network to two new districts in Nghe An and two new districts in Can Tho. PATH also provided support to implement the diagnosis model in some public district hospitals in Nghe An. Training was conducted in Nghe An for ten laboratory staff and 16 doctors from public general hospitals. Training on supportive supervision was provided to district health bureau and TB staff for the new districts in Nghe An.
1.4	Conduct regular supportive supervision to maintain and augment private and public non-TB providers' engagement.		Sep-13	Completed	Supportive supervision visits are conducted monthly with participation from the PHDs, district health bureaus, TB hospitals/units, and PATH. These visits are important to keep the private sector motivated and help to address challenges during implementation.
1.5	Provide training on PPM M&E system, following standardization by the NTP (standardization supported by Global Fund Round 9).		Mar-13	Completed	At the national level, PATH worked with the NTP to standardize and integrate PPM indicators into the NTP M&E system, supported by the Global Fund project. The new version of the NTP recording/reporting system (with integrated PPM indicators) has been finalized and approved. The NTP will conduct training on the new system.
1.6	Collaborate with district health bureaus to ensure the quality of recording and reporting, and validation of referral data.	Improved quality of recording and reporting, and validation of referral data.	Sep-13	Completed	Through supportive supervision visits, PATH helped district health bureaus to validate referral data and improve the quality of recording/reporting. An Excel database has been developed and used at the district and provincial levels for better data management.

1.7	Strengthen coordination between district TB units and district health bureaus in tracking and providing timely feedback to PPM facilities.	Coordination between district TB units and district health bureaus strengthened.	Sep-13	Completed	Coordination between district TB units and district health bureaus has been strengthened. The supportive supervision visits have been conducted with participation from both TB unit and district health bureau staff. Data exchange/sharing on referral numbers (from district health bureaus), received numbers and confirmed TB cases (from TB units) could help to track the progress of PPM work and provide timely feedback to PPM facilities. As stipulated clearly in the PPM circular, this coordination will be continued for PPM expansion in all districts.
1.8	Collaborate with the HIV health care system to strengthen referral and feedback mechanisms between TB and HIV systems.	Referral and feedback mechanisms between TB and HIV systems strengthened.	Sep-13	Completed	Through supportive supervision visits and quarterly meetings, the referral and feedback mechanisms have been strengthened between the two systems at the provincial and district levels.

Objective 2: Assess the feasibility of introduction of TB PPM models other than the referral model in private hospitals in HCMC/Can Tho, where the private sector is highly developed.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
2.1	Collaborate with the NTP to review and assess the capacity, willingness, feasibility, and challenges of the selected facilities to introduce other PPM models in private hospitals in HCMC and Can Tho.	Assessment of the capacity, willingness, feasibility, and challenges of the selected facilities to introduce other PPM models completed for private hospitals in HCMC and Can Tho.	Dec-12	Completed	The rapid assessment was conducted in eight private hospitals/clinic centers in HCMC and two private hospitals in Can Tho, in collaboration with the PHD and NTP, in January 2013. Primary assessment areas included facility capacity, feasibility, and willingness to introduce PPM models other than the referral model. Based on key findings and consultation with the PHD and NTP, one lung clinic center in HCMC was selected to pilot the PPM diagnosis approach.
2.2	Conduct a consultation with the NTP, PHD, and private sector to discuss the feasibility of introduction of other PPM models than referral model.	Consultation conducted with the NTP, PHD, and private sector.	Mar-13	Completed	A consultation meeting was conducted following the assessment with representatives from the PHD, NTP, and private facilities (January 2013). Key findings were shared and challenges for introduction of other PPM models than the referral model and the NTP's plan/approaches were discussed.

2.3	If feasible and agreed upon later, pilot PPM diagnosis model and evaluate preliminary results in one or two private hospitals.	PPM diagnosis model piloted and preliminary results evaluated in one or two private hospitals.	Sep-13	Completed	Phoi Viet Clinic, a lung center in HCMC, was selected to pilot the PPM diagnosis approach. Training on the NTP system and goals, PPM, TB diagnosis and treatment, anti-TB drug management, and recording/reporting was provided to clinic health staff. Supportive supervision and Lot Quality Assurance for sputum testing are conducted monthly. After three months of M&E, the clinic was certified by the NTP as the first private facility to provide quality TB care services in HCMC.
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Objective 3: Support provinces to prepare for continuing and sustaining PPM in the future.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
3.1	Contribute to the development and finalization of PPM toolkits, guidelines, and M&E system to standardize PPM implementation package in collaboration with NTP, Global Fund Round 9 for TB, and other partners.	PPM toolkits, guidelines, and M&E system finalized.	Jun-13	Completed	PPM guidelines were finalized and issued by the MOH, together with the PPM circular, with support from the Global Fund project and technical contributions from the USAID project. The final PPM toolkit was submitted with the semi-annual report. The PPM M&E system was standardized, with support from the Global Fund project and technical contributions from the USAID project.
3.2	Facilitate utilization of research findings on barriers to access to and use of TB diagnostic services to inform future PPM implementation plan.	Research findings on barriers to access to and use of TB diagnostic services used to inform future PPM implementation plan.	Sep-13	Completed	The research findings were disseminated in the workshop in November 2012 with participation from the MOH, PHDs, and NTP at the national and provincial levels. The barriers and action plan were identified, discussed, and developed among participants.
3.3	Collaborate with PPM working groups at provincial level to identify financial needs and develop budget plans for PPM activities with provincial NTPs.	Budget plans for PPM activities developed with provincial NTPs.	Sep-13	Completed	PATH helped PHDs and provincial TB programs to develop plan for PPM expansion from 2013-2016 and identify financial needs for this.

3.4	Support planning workshops to integrate PPM activities into provincial NTP annual work plans with financial support from the local government.	Three planning workshops completed.	Sep-13	Completed	PPM planning workshops were conducted in HCMC, Nghe An, and Can Tho. Representatives from the PHD, provincial TB program, district health bureaus, and district TB units participated in the workshops. The PPM results, circular, and plan for 2013-2016 were presented and discussed. All PPM plans were submitted to the PHD for approval.
3.5	Advocate to local authorities for providing no-cost sputum testing for TB diagnosis through advocacy workshops with key stakeholders at provincial and district levels.	No-cost sputum testing for TB diagnosis provided to people with presumptive TB at district TB units.	Sep-13	Completed	Advocacy workshops for PPM were integrated into midterm/annual review workshops at the district and provincial levels. Currently, no-cost sputum testing is provided in all districts in project provinces as a result of advocacy work during PPM implementation.

Objective 4: Share experiences and lessons learned from implementing TB PPM in USAID-supported sites with NTP and PPM stakeholders.					
Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
4.1	Document PPM experiences and lessons learned from different settings, including using different models, and among different types of providers.	Documentation of PPM experiences and lessons learned completed.	Sep-13	Completed	PPM experiences and lessons learned from the USAID-supported project were documented and shared with local partners in order to help them sustain and expand the PPM work after the project ends.
4.2	Conduct annual review workshops at provincial level for USAID-supported sites to share experiences in implementing PPM.	Annual review workshops held in HCMC, Can Tho, and Nghe An.	Sep-13	Completed	Final review workshops took place at the district level in HCMC in August 2013 and at the provincial level in Nghe An and Can Tho in September 2013, with participation from PHDs, the provincial TB program, district health bureaus, district TB units, and PPM providers. The results of three years of implementation and lessons learned were shared and discussed. All districts committed to sustaining and expanding PPM networks after the project ends. The closing workshop for this project will take place in November 2013.
4.3	Support participation of USAID-supported provinces in relevant PPM workshops and seminars organized by NTP/Global Fund.	TBD as supported by Global Fund project.	Sep-13	Completed	USAID-supported provinces were invited to attend the review workshop for the Global Fund project, conducted in December 2012. The experiences for PPM implementation were shared among the provinces. This activity will continue with support from the Global Fund-funded project.

Objective 5: Increase HIV case-finding by piloting an HIV referral model engaging private pharmacies and clinics in select high HIV burden districts in Hai Phong.					
Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE

5.1	Collaborate with the PHD, PAC, district health bureaus, and PEPFAR partners working in Hai Phong (e.g., Population Services International, FHI 360) to map private pharmacies and clinics and identify relevant facilities to participate in the pilot.	Mapping activity complete.	Dec-12	Completed	Mapping was conducted in collaboration with the PHD, PAC, district health bureaus, and PEPFAR partners working in Hai Phong in December 2012. The project identified 52 potential private STI/OB/GYN and general clinics and pharmacies to include in the HIV referral system.
5.2	Adapt or utilize existing training/IEC materials and referral cards while maintaining anonymity for HIV referral.	Adapt or utilize existing training/IEC materials and referral cards for HIV.	Dec-12	Completed	The project reviewed existing IEC materials from other PEPFAR partners and selected one document from FHI 360 to reprint for this system. The project team modified the TB referral card to ensure anonymity of HIV referral. Training materials on HIV, stigma reduction, benefits of HTC services, and communication and consultation skills were developed.
5.3	Create linkages between private facilities and HTC sites for HIV case-finding referral and feedback.	Linkages between private facilities and HTC sites developed.	Mar-13	Completed	Linkages between private facilities and HTC sites were developed and tracking system designed to collect data on this referral system.
5.4	Conduct an orientation workshop and trainings on HIV, stigma reduction, HTC services, referrals, and communication skills for selected private pharmacies/clinics in collaboration with the PHD and PAC.	Orientation workshop completed. Training courses conducted.	Mar-13	Completed	70 representatives from the PHD, PAC, district health bureaus, TB hospital, and the private sector participated in an orientation/launching workshop in late January 2013. Two training courses were conducted for 20 pharmacy staff and 27 health staff in the private sector in early February 2013. 48 HTC staff received training on the HIV referral system and recording/reporting.
5.5	Conduct regular supportive supervision visits to maintain and augment private provider engagement.	Supportive supervision conducted monthly.	Sep-13	Completed	Supportive supervision for PPM providers and HTC sites were conducted monthly with participation from the PHD, PAC, and district health bureaus. These visits helped to address challenges during implementation and keep the private sector motivated.

5.6	Support quarterly coordination meetings among key stakeholders, including PHD, PAC, Provincial TB and Lung Hospital, district health centers, district health bureaus, and HTC sites.	Three quarterly meetings conducted.	Sep-13	Completed	The project conducted three quarterly coordination meetings with participation from the PHD, PAC, TB hospital, district health centers, district health bureaus, and HTC sites. Participants shared and discussed the referral results, challenges and solutions, and next steps. These meetings helped to address challenges and improve this new HIV referral model.
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5.7	Identify and implement appropriate non-financial incentive system to keep private sector and clients motivated.	Appropriate non-financial incentive system implemented.	Sep-13	Completed	Based on lessons learned from implementing the PPM TB network, the project provided appropriate non-financial incentives to the private sector in order to keep them motivated. These included feedback provided during supportive supervision and quarterly meetings, and recognition and awards given during mid-term and year-end review workshops.
5.8	Conduct an annual review workshop with the PHD and PAC and other provincial stakeholders to draw lessons learned and make recommendations for future directions.	Annual review workshop conducted.	Sep-13	Completed	The team conducted annual review workshops in September 2013 with participation from the PHD, provincial TB program, PAC, district health bureaus, district health centers, HTCs, and private facilities. Participants shared and discussed referral results, challenges, and lessons learned during the workshop, and provincial stakeholders showed their commitment to sustain the model after the project ends in September 2013.

TO2015 Vietnam (FY11 carryover activities completed Sep-Dec 2012)

Objective 4.1: Identify and analyze barriers to access to TB care services.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
4.1.1	Literature review conducted.	Report on barriers to access to and use of TB services in Vietnam.	Dec-12	Completed	The report was submitted to USAID this reporting period.
4.1.2	Research protocol and tools developed and approved, data collected and analyzed, and report written.	Research protocol and tools developed and approved, data collected and analyzed, and report written.	Dec-12	Completed	Study findings were shared in a dissemination workshop in November 2012 and are being used to inform policy and program. The team finalized and disseminated the report to key stakeholders in early 2013.

Objective 4.2: Support policy review and development for TB care.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
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4.2.1	Key research findings and recommendations shared.	Dissemination workshop.	n/a	Completed	Dissemination workshop conducted in November 2012.
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Photos, Graphs, Tables

Table 1. Data stratified by province from October 2012 to September 2013 (both referral and diagnosis models)

Indicator	Nghe An (8 districts)	Can Tho (9 districts)	HCMC (4 districts)	Total (21 districts)
Number of health workers trained	44	132	69	245
Number of PPM participants	457	168	385	1,010
Number of PPM participants referring TB suspects	284 (62.1%)	155 (92.3%)	246 (63.9%)	685 (67.8%)
Number of people with presumptive TB referred from PPM participants	5,380*	4,652	2,529	12,561
Number of referred TB/HIV suspects received at TB services	4,948 (92%)	3,188 (68.5%)	1,209 (47.8%)	9,345 (74.4%)
Number of active TB cases	384 (7.8%)	425 (13.3%)	329 (27.2%)	1,138 (12.2%)
Number of smear-positive cases	232 (60.4%)	374 (88%)	246 (74.8%)	852 (74.9%)
Number of TB cases tested for HIV	343 (89.3%)	424 (99.8%)	222 (67.5%)	989 (86.9%)
Number of HIV-positive cases	26	0	5	31
Number of TB confirmed cases referred by PPM facilities registered for treatment	384 (100%)	425 (100%)	328 (99.7%)	1,137 (99.9%)
Estimated number of total TB cases identified throughout the province	2,327	2,050	3,329*	7,706
Percentage contribution of PPM to total TB cases identified throughout the province (see note below for HCMC)	16.5%	20.7%	9.9%	14.8%

*It is difficult to collect referral data from private facilities in the large rural areas of Nghe An, so the number of referrals is under-reported.

**Estimated based on data from the 2012-2013 NTP report. Figures represent data from the entire province and are not limited to the PPM districts, with the exception of HCMC.

***Currently in HCMC, PPM referral activities are being implemented in 4 districts of 24, and PPM referrals are recorded only at the district level. The percentage contribution of PPM in HCMC, if calculated for the whole province, does not correctly reflect its value, as the much larger population of all 24 districts of HCMC outnumbers the population of the 4 project-support districts. Additionally, the PPM diagnosis and treatment model is being implemented in one clinic, located outside of those 4 districts. We therefore calculated the percentage contribution of PPM in the 4 project districts and estimated the average of the total TB cases detected in one district.

Table 2. Data stratified by province from February 2013 to September 2013 (HIV component)*

Indicator	Hai Phong (4 districts)
Number of facilities collaborating with HIV program	53
Number of health care providers trained on HIV referral system	95
Number of private facilities actually referring KPs to HTC sites	39 (73.6%)
Number of KAPs referred by private facilities	895
Number of KPs received and tested at HTC sites	278 (31.1%)
Number of HIV-positive cases contributed by HIV referral system	10 (3.6%)

*This HIV referral system just launched in early February 2013.

Table 3. Data for TB PPM referral system in Hai Phong from January to June 2013

Indicator	Hai Phong (4 districts)
Number of active TB cases	175
Number of smear positive cases	53
Estimated number of TB cases (all forms) diagnosed from entire TB program in province	947
Percentage of PPM contribution to entire TB program in province	18.5%

Evaluation and Operations Research							
Title	Purpose of study	Evaluation type and method(s)	PATH field contact	PATH DC contact	Partner	IRB status	Status/Results
Barriers to TB diagnosis and treatment in Vietnam: a literature review	To review existing published and unpublished articles and documents on barriers to TB diagnosis and treatment in Vietnam and provide recommendations to develop a research protocol and instruments for identifying barriers to access to and utilization of TB care services provided by the NTP.	Desk study	Le Nga	Fozo Alombah	n/a	Determined not research.	Complete. The final report has been shared with USAID and stakeholders.
Barriers to access and use of TB diagnosis service in Vietnam	To assess access to and use of public TB diagnostic services and the private sector in Vietnam. To identify and describe individual, provider, and health system barriers to access to and use of public TB diagnostic services in Vietnam.	Cross-sectional study	Vu Bao	Scott LaMontagne	Center for Creative Initiatives in Health and Population	IRB from NTP approved. PATH's Research Determination Committee has determined this protocol does not meet the US federal definition of research.	Complete. Study findings shared in dissemination workshop in November 2012 and being used to inform policy and program. The report was finalized and disseminated to key stakeholders in early 2013.

TB TO2015 Annual Report - Vietnam

Deliverables				
TO2015 FY12 Vietnam Work Plan				
Deliverable	Target date of completion	Status as of September 30, 2013	Name of file	Dissemination
Provincial PPM annual work plans	Sep-13	Completed	Provincial workplans folder - Submitted in semi-annual report	Provincial and national authorities, USAID, local partners
Key findings of the assessment of feasibility of introduction of other PPM models in private sector	Sep-13	Completed	Rapid assessment report - Submitted in semi-annual report	Study findings shared in consultation workshop in January 2013
Document on PPM experiences and lessons learned from different settings	Sep-13	Completed	Case study folder	USAID, in-country stakeholders
Workshop, training reports	Sep-13	Completed	Training & Workshop folder	USAID
Barriers to TB diagnosis and treatment in Vietnam: a literature review	Dec-12	Completed	Literature review: Barriers to access - Submitted in semi-annual report	USAID, in-country stakeholders
Barriers to access and use of TB diagnosis service in Vietnam	Dec-12	Completed	TB Research report (available in English and Vietnamese) - Submitted in semi-annual report	Study findings shared in dissemination workshop in November 2012
IEC, training materials, referral tools for HIV referral system	Mar-13	Completed	HIV PPM Hai Phong folder - Submitted in semi-annual report	USAID, in-country stakeholders
PPM toolkit	Sep-12	Completed	PPM TB Toolkit - Submitted in semi-annual report	USAID, in-country stakeholders
Provincial PPM plan 2013-2016	Sep-13	Completed	PPM folder	Provincial and national authorities, USAID, local partners

Success Story

Pilot of HIV referral model helps to increase access to HTC services for key populations in Vietnam

Dr. Doan Thi Mui, owner of a private clinic in Hai Phong, provides counseling and consultation to clients seeking care for a wide variety of health issues, particularly issues related to venereology and dermatology. As the former deputy director of the Dermatology and Venereology Department of Hai Phong Medical University, her prestige elicits trust from clients and led to the decision to include her clinic in a new pilot on HIV prevention and care in Hai Phong. After undergoing training with the project team, she began participating in the HIV public-private mix model in Hai Phong in February 2013. Over the course of eight months, from February through September 2013, Dr. Mui counseled and referred 96 clients at high risk of HIV infection to an HIV testing and counseling (HTC) center. Of the 91 clients she referred, 46 reached the HTC and were tested for HIV.

Dr. Mui is just one of many private sexually transmitted infection clinic owners participating in the PPM model and contributing to the HIV/AIDS control program in Hai Phong, where according to 2012 HIV sentinel surveillance data, the trend of sexual transmission of HIV is increasing. In Vietnam, the HIV epidemic is concentrated primarily among three key populations: intravenous drug users, men who have sex with men, and female sex workers. However, according to the 2009 HIV/STI integrated biological and behavioral surveillance conducted in ten provinces including Hai Phong, only 18-35% of key populations were tested and aware of their HIV status. Leveraging the private sector to increase uptake of HTC can help increase detection of HIV and contribute to earlier access to HIV care. As noted by Dr. Dao Viet Tuan, deputy director of the Hai Phong HIV/AIDS Prevention and Control Center, "Increasing access to HIV testing and counseling services is one of the important strategies of HIV program control in Hai Phong."

With this information in mind, PATH, working with the Hai Phong Provincial Health Department and public- and private-sector providers, implements the HIV PPM referral approach in 4 high-burden districts of Hai Phong. A total of 52 private-sector providers have been trained in HIV prevention, counseling, and referral. For Dr. Mui and her colleagues, improving counseling skills allows them to better identify and advise people who are at greater risk for HIV. For instance, Vu Thi Vai, a retired doctor with more than 30 years of experience in dermatology and venereology, used the counseling skills she acquired through participation in the project to gain her clients' trust: "After counseling, they knew that everything I was advising was for their health and benefit," she explained. As a result, in the eight months Dr. Vai has been participating in the project, she has counseled and referred 123 clients to HTC and 90 (73.2%) of those clients received HIV testing and counseling, 4 of whom tested HIV positive.

Dr. Vai exemplifies the dedication to the PPM model necessary to make it effective. In fact, as a result of the enthusiasm shown by the pilot participants, as of September 2013, a total of 895 clients had been referred to HIV testing centers, of which 278 clients accessed HTC services and 10 cases were confirmed as HIV positive. Participants in the model see the benefits of this project, too. In fact, Dr. Nguyen Huu Thu, who has run a general clinic for more than 10 years, wishes to continue contributing to the project because he is "helping more and more people gain a better understanding of the risks of sexually transmitted diseases, including HIV."



Dr. Doan Thi Mui provides counseling for client. Photo credit: Dao

GeneXpert® Procurement

Not applicable for this project.

Inventory

Project commodities costing more than \$500 purchased during this reporting period.

No commodities costing more than \$500 were purchased during the reporting period.

Acronyms List

AFB	acid-fast bacilli
AIDS	Acquired Immune Deficiency Syndrome
ART	antiretroviral therapy
FY	Fiscal Year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GYN	gynecological
HCMC	Ho Chi Minh City
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IDU	intravenous drug user
IEC	information, education, and communication
IRB	institutional review board
KP	key population
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
MSM	men who have sex with men
NTP	National Tuberculosis Program
OB	obstetric
PAC	Provincial AIDS Center
PEPFAR	US President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PHD	Provincial Health Department
PLHIV	people living with HIV
PPM	public-private mix
SS+	sputum smear positive
STI	sexually transmitted infection
TB	tuberculosis
TB/HIV	tuberculosis and HIV co-infection
USAID	US Agency for International Development
XDR-TB	extensively drug-resistant tuberculosis