



## USAID Assistance on HIV Prevention, Care & Treatment Helps to Save Lives in Vietnam



Photo: SMART TA

HIV prevention materials developed with USAID assistance are shared at district health centers.

### USAID Partners with the GVN to Build a Strong HIV/AIDS Response

July, 2015. The Government of Vietnam's (GVN) National Strategy on HIV/AIDS Prevention and Control calls for a full range of actions to ensure a robust HIV/AIDS response. The strategy includes guidelines on: governance and leadership; the policy and legislative environment; multi-sectoral collaboration among 17 ministries and agencies of the government; an institutional framework for prevention, treatment, care service delivery in hospitals and outpatient clinics in all provinces/districts; and the involvement of civil society. The country's leadership has demonstrated strong commitment to the fight against HIV/AIDS. Vietnam's national response suggests that the epidemic has been and continues to be viewed as a shared responsibility with vital assistance provided by international donors.

### HOW USAID IS HELPING

Under the "Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance" (SMART TA) cooperative agreement implemented by FHI 360, PEPFAR/USAID provides technical assistance and support to the Ministry of Health (MOH) at national, provincial, district and site levels. SMART TA is a five-year \$45 million activity with an overarching purpose to contribute to and support the GVN's capacity to provide quality and effective programs and services for prevention, treatment, care and eventual eradication of HIV/AIDS.

**Key Findings.** USAID assistance provided through SMART TA has operationalized high quality, often innovative systems for HIV/AIDS prevention, testing, care, and treatment. The services have contributed to the reduction of HIV prevalence, morbidity and mortality. SMART TA has worked effectively to build the technical skills sets of HIV service personnel, and management capacities in strategic information systems. The activity is on track to surpass the COAG required transition target of 40% of costs, personnel and sites by the end of SMART TA. The GVN has been a supportive partner in implementing SMART TA activities.

### THE STORY

There are an estimated 258,524 people living with HIV in Vietnam. While no national epidemic appears imminent; the persistent and shifting dynamics of HIV among high-risk populations in Vietnam requires continued attention to avoid the threat of HIV spreading from high-risk groups to the general population.

USAID financial, technical and programmatic assistance is intended to help Vietnam move toward its goals to eliminate AIDS by reducing acquisition and transmission of HIV among key populations, to reduce mortality of people living with HIV and to improve their quality of life.

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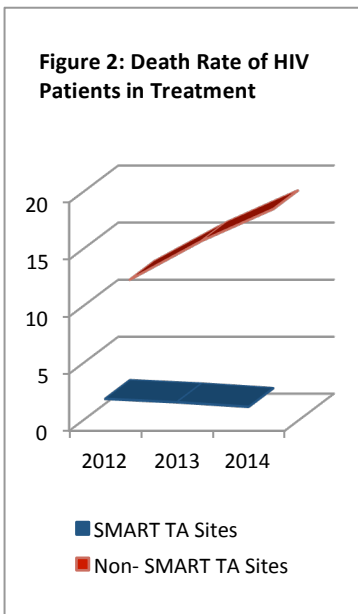
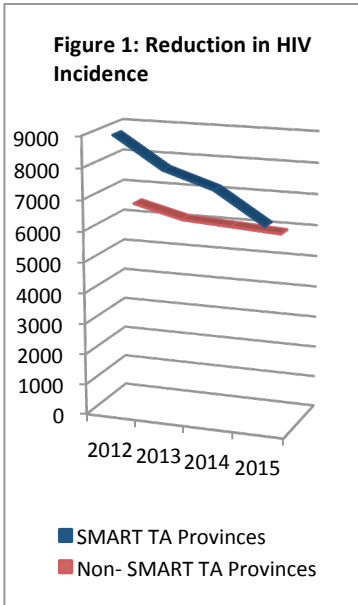
### BAROMETERS OF PROGRESS

The objectives of the evaluation, developed to measure performance, include:

- Understand the extent to which the interventions have been consistent with beneficiaries’ needs, and GVN expectations and interests (Relevance).
- Identify/explain the causality of interventions and the impacts they have had on improving the delivery of services (Effectiveness).
- Assess the benefits in the lives of persons living with HIV (Impact).
- Evaluate progress in sustaining positive impacts of the interventions (Sustainability).

“Now I feel as healthy as I did before I got sick. I remember how bad I was before I got treatment. At that time, I was almost dead. Being on treatment not only makes me function well, but also makes me feel like a normal person in society, it rids me of my self-stigma and I am much more confident.”

— HIV/AIDS patient, HCMC.



### BEST PRACTICES

#### *HIV/AIDS Prevention, Testing, Care & Treatment that Produces Results*

SMART TA was found to be performing well. SMART TA has a particular ability to go into the epicenter of the epidemic, reach the most at-risk people living with HIV, and get results. SMART TA has operationalized effective service models/approaches that work well in Vietnam.

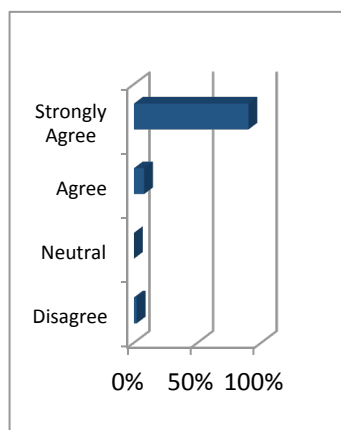
In the nine provinces in which SMART TA provides assistance, the trend line shows a more substantial reduction in incidence than in the other provinces (Figure 1). This data suggests that the epidemic among key populations in SMART TA-assisted provinces is declining at a rate that can be characterized as having the epidemic under control.

SMART TA contributed to the reduction of morbidity. Annual death rates among ARV patients who are enrolled at SMART TA supported clinics have declined from 2.8 percent to 2.1 percent (Figure 2) significantly lower than the national rate which ranges from 11.6 percent after the first year to 17.8 percent after several years of treatment. There are two primary reasons for why SMART TA: SMART counseling program helps keep patients in treatment; and, SMART is able to more quickly test, identify, refer and start treatment earlier when it can be most effective.

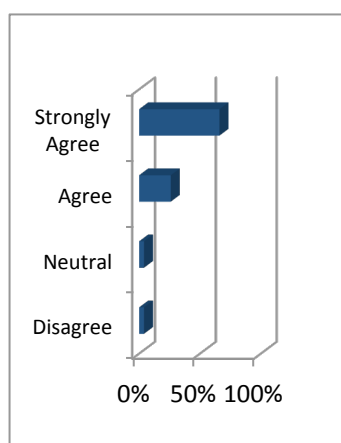
SMART TA has introduced several innovative approaches to improve the effectiveness of the HIV response. SMART TA has introduced a model Methadone Maintenance Therapy (MMT) program that has proven highly effective in bringing addicts, the primary at-risk population, into the health care system and linking them to HIV testing, counseling and treatment. The integrated clinic model – methadone treatment, HIV testing, counseling and HIV care and treatment all in one facility – has a higher success rate in getting MMT HIV+ patients into, and retaining them on treatment. Interviews with MMT patients indicated an improved quality of life, and reduced enrollee morbidity and mortality.

To measure the effects of USAID assistance, HIV staff interviewed in field visits were asked if they agreed with statements about SMART TA assistance. Key results are shown below and on the following page.

Introduced activities that reduced the acquisition and transmission of HIV ?



Generated and used data to improve quality of services ?



Tuberculosis (TB) is a major cause of AIDS-related death. SMART TA’s out-patient clinics now perform TB screening for ART patients and help TB-diagnosed patients get treatment by linking them to locally provided TB services.

SMART TA developed and assisted provincial partners in implementing an enhanced outreach approach. The EOA is designed to help local implementing partners better reach, test, treat and retain key populations in the HIV service system using locally available resources. In this model, outreach workers are commissioned to reach only high-risk individuals. The model was developed in consultation with multiple stakeholders, including local partners.

The decentralized “Reach, Test, Treat and Retain (RTTR)” initiative for mountainous and rural areas is a critical SMART TA activity. To address geographical and language barriers that prevent key populations in rural mountainous areas from accessing HIV services, SMART TA has worked with Provincial AIDS Center (PAC) in Nghe An to develop a model to mobilize the existing network of hamlet health workers. Hamlet health workers are responsible for outreach in areas with limited HIV service. When high-risk individuals are identified, they are referred for testing and if identified HIV-positive, are referred to care and treatment services.

### *Technical Capacity Building that Advances GVN Ownership*

SMART TA’s capacity-building initiatives were designed to be integral to achieving the program’s goals of introducing/scaling up new and better service delivery models, in transitioning those models to GVN ownership and in sustaining GVN service delivery at high quality.

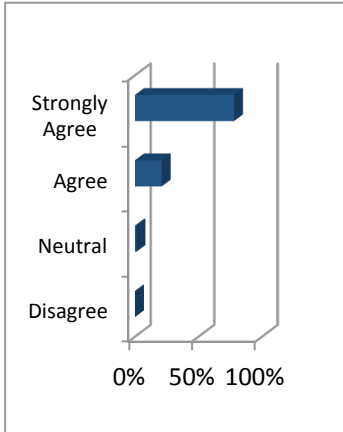
The primary SMART TA capacity-building objective has been to strengthen GVN technical capacity, but considerable effort has also gone into transferring tools and processes for effective management. SMART TA assists the GVN to understand and more effectively program their HIV response across the Continuum of Prevention and Care (CoPC) that includes outreach, testing, counseling, and referrals to methadone and/or ARV treatment services. Vietnam Administration of HIV/AIDS Control (VAAC) and PAC officials noted that the level of initial training was of major importance for upgrading skills and understanding how to best provide a high level of quality in basic HIV services.

### *Innovative Management Tools*

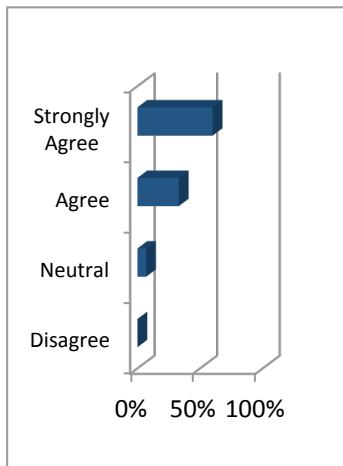
SMART TA’s Continuum of Prevention and Care “Cascade” analytical tool is a conceptual framework for identifying gaps in service delivery that influence prevention, care and treatment effectiveness. The Cascade model assesses the sequential stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression. By identifying, monitoring and targeting assistance to reduce “gaps,” health service systems have improved performance.

### *Effective Dual Approach to Facilitating Transition Planning and Implementation*

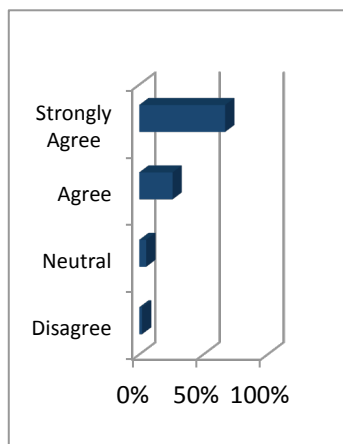
Innovations in outreach, counseling, care & treatment are effective ?



Built GVN technical capacities and ownership ?



Services are managed to meet the needs of local recipients ?



SMART TA has an effective, dual approach to facilitating transition planning which is focused on preparing individual DSD sites for transition and is designed to achieve: 1) financial cost reductions via programmatic, administrative and human resources efficiencies to align recurring operating costs (ROCs) with current and expected GVN budgets, and 2) the transfer of technical knowledge to help ensure that the quality of care is maintained during and after transition.

### LESSONS LEARNED

#### *Having Clear Goals and a Commonly Understood Definition of Success*

USAID HIV/AIDS assistance in Vietnam was designed and is being implemented to address both PEPFAR’s humanitarian goal of providing direct HIV/AIDS services to supplement what the GVN can afford to do, and a USAID development goal of building sustainable local systems and capacities. The focus and quality of interventions is shaped significantly by a clear articulation (or lack thereof) of the underlying goals of the program. The arc of the project has been to work towards the humanitarian goal at the beginning of the project and move quickly to operationalize 115 direct service delivery sites in order to identify and treat as many of the most at-risk populations as possible. Year 3 marked the start of transitioning services to the GVN with a developmental focus of preparing sites and staff to be assumed into Vietnam’s public health system.

If the latter development goal of building sustainable capacities had been the primary purpose of the project from day one, implementation would have been more focused on working closely with the GVN to integrate services into the existing health care system, rather than developing costly standalone outpatient clinics managed by SMART TA. Planning for transition is challenging and complex and has been made more so by the dual nature of the project.

Given the nature of the limited time and resources of development assistance, knowing how the landscape will look once the activity is completed is important. Having a common vision helps to align implementers, communicate with beneficiaries and GVN partners, better measure outcomes, and better guide programming.

#### *Engagement and Collaboration with the GVN*

Direct engagement of USAID staff is highly valued by the GVN. They would like to see more direct collaboration at a policy level and at the planning stages of future assistance. More frequent and strategic engagement can foster common understanding and agreement regarding technical approaches and progress on implementation of transition.

#### *Institutionalizing Technical Assistance and the Link to Sustainability*

Wherever and whenever possible, technical assistance should be institutionalized. USAID assistance has significantly helped to build a better model for the HIV/AIDS response. SMART TA is in discussion with the provinces in which it operates to identify support to continue the assistance provided by its TA Network of trainers at provincial levels who are tasked with routine capacity-building in all aspects of CoPC, carrying out M&E responsibilities and responding to GVN TA requests. As well, an institutional “home” for SMART TA knowledge base of materials should be explored.

#### SMART TA MAKES A DIFFERENCE

“I learned about my HIV status a month ago. ... I was in deep shock. I expected the process of treatment would be complicated. But everything happened in opposite ways. Clinic staff and doctors are friendly. Paperwork was reasonable and treatment started after only four weeks. This is the first week I am on treatment, but I feel very comfortable and not much worried about the future. I think I am getting better not only because of medication, but because of clinic staff's attitude and counseling skills.”

— Female patient, HCMC

#### *The Importance of Measuring Capacity-Building*

To better assess capacity-building activities' success, impact and cost-effectiveness, more robust measuring initiatives are required. SMART TA's nascent efforts to document system performance, and attribute success to training and coaching is notable attempt to measure outcomes, but this does not comprehensively capture the direct impact of training and technical assistance. Relatively easy (and more rigorous) ways to measure capacity exist. Baseline assessments are critical.

#### *Capturing the Direct Impacts of Assistance in the Lives of Beneficiaries*

HIV/AIDS direct beneficiaries interviewed for the evaluation are very positive about the services provided. Better accounting of beneficiary outcomes has not been a story well told however. Surveys as the one noted in this brief can be inexpensively conducted with an aim to provide data and insight on program achievements, especially how assistance impacts the daily lives of beneficiaries.

#### CRITICAL CHALLENGES GOING FORWARD

##### *Transition Focused on Sustainability*

In the government's view, a sustainable HIV response will require a focus on strategic integration of HIV/AIDS with other health interventions and services; alternative means of financing HIV/AIDS services; and strengthened multi-sectoral coordination. If the GVN is to achieve its commitment towards the global goal to “End AIDS by 2030”, USAID assistance must be provided in full partnership with the government.

For transition to be successful, i.e., sustained, the costs of delivering the services must be affordable to the GVN; thus the SMART TA transition focus on reducing costs. GVN has made it clear that they will not assume dollar-for-dollar financial ownership of current SMART TA services. In particular, the GVN is not committed to continuing the much more costly (40% higher) dedicated standalone SMART TA DSD sites. Rather, the GVN will focus on integrating HIV services into the existing health care system. GVN intends to achieve a sustainable Vietnam solution to Vietnam's HIV/AIDS epidemic.

##### *A Roadmap Going Forward*

In discussions, both central and provincial GVN officials agreed that it is challenging to prepare rational, comprehensive, effective plans to assume ownership of the HIV response when no coherent, consistent donor roadmap outlines donor intents and timelines for HIV assistance in Vietnam. VAAC commented that existing working groups are not up to the challenge of partnering with the GVN on critical long-term transition issues; it would like to see stronger USG leadership on developing the roadmap, and subsequently, closer collaboration with USAID to explore technical assistance post-SMART TA.





## KEY RECOMMENDATIONS



### *Performance and Implementation*

- **AIDS Treatment Protocols.** SMART TA should continue to work with VAAC and MOH to advocate for the adoption of a higher eligibility threshold treatment protocol of CD4+ from 350 to 500, as recommended by WHO and other in-country partners. This would help reduce the loss of patients who are enrolled in OPCs but not eligible for ARV treatment, and thus do not get the early treatment that could be most effective. MOH has recently circulated a letter suggesting that this standard be used in hospitals and clinics, but the protocol is not yet an official policy of MOH.
- **Integration into the MOH Curative Care Division.** SMART TA should help to prepare care and treatment DSDs to be integrated into the curative division of the health sector wherever appropriate. ART treatment in particular would benefit from integration into MOH's infectious disease treatment centers, as staff could develop a more comprehensive understanding of HIV and work more holistically to provide treatment.
- **Enhanced Outreach Approach.** While early results from the program look promising, more comprehensive evaluation with greater involvement of government stakeholders is needed to document costs and benefits of the EOA program.
- **Reach, Test, Treat and Retain.** The decentralized “Reach, Test, Treat and Retain” initiative for mountainous and rural areas is a critical SMART TA activity. Where appropriate, it should be expanded.
- **SOPs for Lost to Follow-Up (LTFU).** SMART TA should give special attention to developing and disseminating explicit standard operating procedures (SOPs) to prevent loss to follow-up and re-engage patients into care and treatment. This initiative should involve VAAC and provincial program managers, site staff and community-based support groups.



### *Sustainable Capacity Building*

#### On Ongoing Capacity-Building Assistance

- **“Pull” Training.** To be more responsive to the individual needs and interests of SMART TA contracted staff and MOH personnel, SMART TA should focus more attention on “pull” assistance, including management training.
- **Capacity Building Outcomes.** To better assess capacity-building activities' success, impact and cost-effectiveness, SMART TA should directly survey assistance recipients on their knowledge retention and use of the specific skills learned.
- **Disseminate Results.** SMART TA should collaborate with VAAC and MOH to host workshops or conferences for all HIV professionals to better disseminate best practices, on-the-ground learning and perspectives of successes and failures.
- **Reporting.** SMART TA should work with VAAC to develop a more streamlined reporting system that aligns with GVN needs and expectations.

### On Sustainability

- **TA Network.** SMART TA should continue to work with VAAC and other GVN institutions to develop strategies to sustain the TA Network.
- **Technical Knowledge Base.** SMART TA should continue discussion with the GVN to identify and develop strategies and/or business plans to sustain local HIV related technical professional development capacities, as specified in its capacity-building objective.

### Management and Strategic Information

- **TAHSS.** SMART TA should continue with and further strengthen the Technical Assistance and Health System Strengthening (TAHSS) unit to prompt VAAC decision-makers and policymakers to participate in and disseminate national policy-informing operations research. If possible, details should be included in VAAC/SMART TA sub-agreements.
- **Strategic Information System.** SMART TA should continue efforts to strengthen the national HIV/AIDS strategic information system. In particular, SMART TA should work with the VAAC to streamline the project-centric M&E system for transitioned DSD sites to be more consistent with and supportive of GVN data requirements and capacities.

### Gender Strategy



- SMART TA has made efforts to train and sensitize its staff and service providers on gender issues including the stigma and discrimination associated with HIV/AIDS, and other issues that are barriers to, or negatively affect, the quality of services.

However, attention to gender-specific programming did not always appear to transfer to SMART TA's technical assistance in the field. For instance, one activity to conduct a pilot of a comprehensive community-based harm reduction model for FSWs to link vulnerable women to a variety of health and social support on HIV, sexual health, gender-based violence (GBV), and income generation was not implemented, in part due to delays by MOLISA.

SMART TA should revisit its March 2014 gender strategy to identify ways to strengthen this element in its program, and incorporate this strategy into its workplans.

### Transition and GVN Ownership

#### Recommendations on SMART TA's Transition Activities Going Forward

- **Planning for Transition.** SMART TA has worked closely in the field with the provinces and PACs and the activity collaborates with the VAAC on its annual work plan, but VAAC would like to see more engagement on transition issues. Periodic workshops with VAAC and provincial officials may be useful to highlight site transitioning directions, lessons learned and remaining challenges.
- **Transition Progress Reporting.** SMART TA should work with USAID to standardize simpler transition reporting templates. Current reporting does not reflect the collaboration, integration and results seen in field visits.



- **Communication with GVN.** SMART TA's participation on technical working groups convened by VAAC is much appreciated, and the activity should provide its wide and deep perspective more directly into the policy dialogue. One way to do this would be organizing and hosting a conference to draw on lessons learned from the ongoing transition process.
- **Monitoring and Evaluation.** Provincial officials have asked for assistance in developing M&E reporting protocols for DSD sites to be transitioned, either directly to the GVN or to technical assistance only status (DSD/TA), that are more consistent with existing GVN systems, and thus more sustainable beyond SMART TA. It is also recommended that SMART TA work with both VAAC and the PACs to institutionalize and build capacity within the TA Network for specific M&E technical assistance.

#### A Wider Role for USAID Engagement with the GVN on HIV Response Activities



- **Health Insurance.** As noted, financial sustainability for the HIV response will require a Vietnamese health insurance program that covers HIV services. Officials with VAAC, the Health Insurance Department (HID) and the Ministry of Planning and Investment (MPI) noted the need for continued technical assistance that focuses on the specifications and cost scenarios of alternative national health insurance benefits packages with basic HIV services coverage. USAID's Health Finance and Governance (HFG) project focuses on this subject. Whatever mechanism USAID decides to use, such technical assistance should continue. The GVN goal of funding 50 percent of HIV direct service delivery by 2015 and 75 percent by 2020 is premised on a robust health insurance mechanism.
- **Technical Support to Strengthen Health Systems Associated with Integration and Decentralization of HIV Service Delivery.** While much progress has been made in preparing DSD sites for full transition, MOH needs help to mainstream HIV response activities into its curative care division or more holistic joint prevention-care facilities (i.e., infectious or opportunistic disease centers). Technical assistance for dedicated HIV service sites could expand to the larger integrated system, both for technical and administrative capacity building. Pilot programs to demonstrate how a well-integrated center could enhance HIV service delivery would help GVN strengthen the overall health system and ensure a comprehensive HIV response.