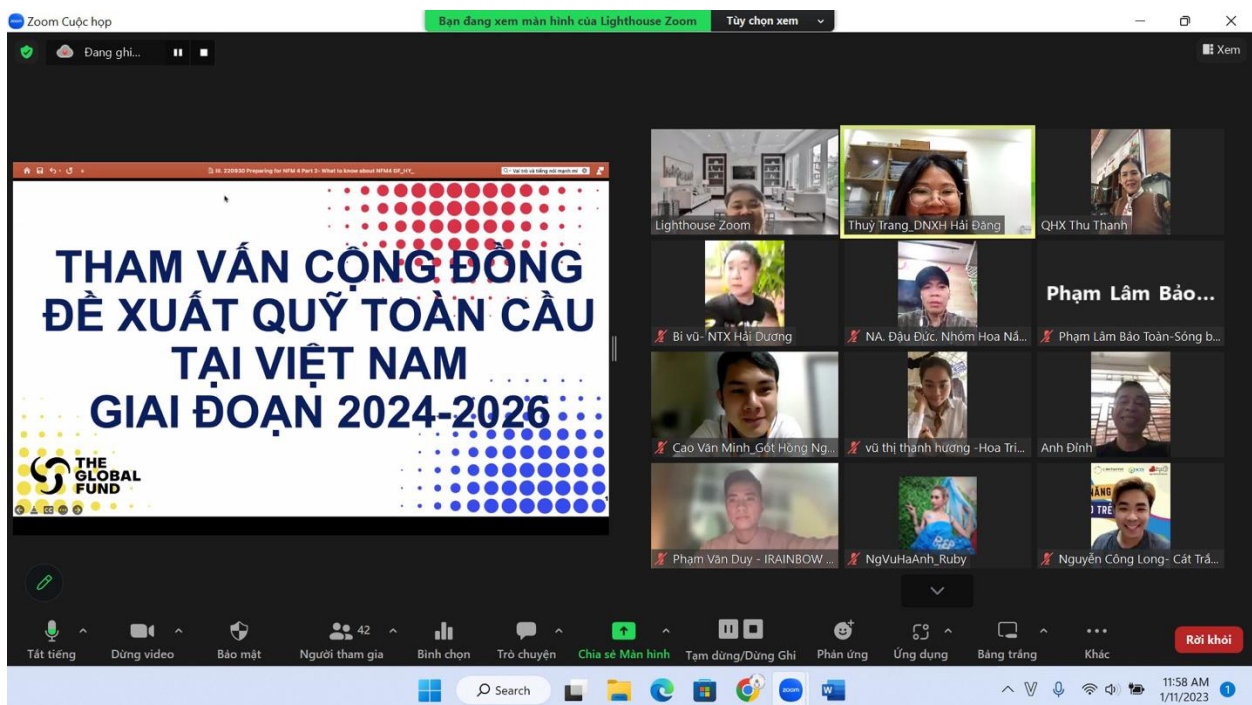
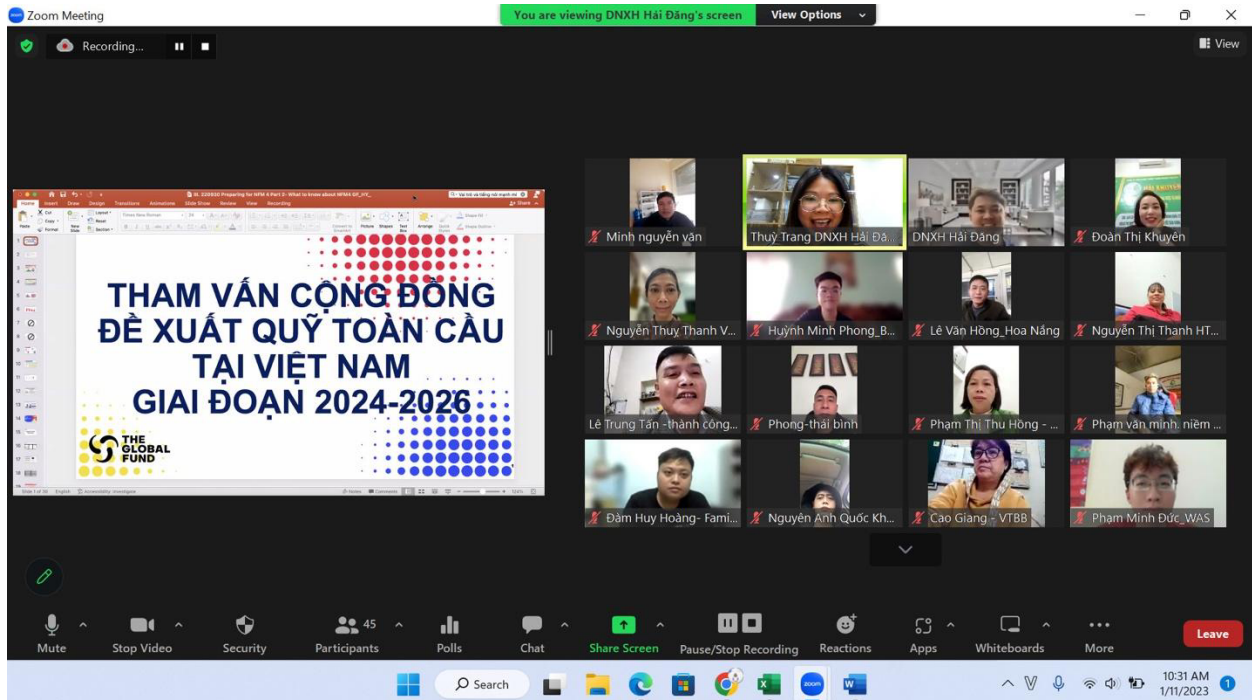


# RECOMMENDATIONS OF KEY POPULATIONS AND PEOPLE LIVING WITH HIV IN VIETNAM FOR THE GLOBAL FUND PROPOSAL 2024-2026



## I. CONTEXT

According to the Vietnam Administration for HIV/AIDS Control (VAAC), the estimated number of HIV infections nationwide by the end of 2022 is 242,000; the number of active tests is 220,580; the cumulative number of deaths is 112,368; and the number of new discovered cases in 2021 is 13,223 and the first 9 months of 2022 is 9,025 cases. The distribution of newly discovered HIV infections by region shows that the Mekong Delta region contributes the most to the number of new infections, accounting for 36%, followed by Ho Chi Minh City. Ho Chi Minh City accounted for 28%, the Southeast and the Northern Mountains accounted for 9% and 8%, respectively, contributing 81% of new cases nationwide. The rate of new detection in the male group was 83.87%, much higher than that in the female group of 16.13%, and increased sharply in the young age group from 20-29 years old. The main route of transmission is through unprotected sex and has become more and more common over the years as the main route of transmission. The number of new infections increased rapidly in the MSM group, based on the total number of new HIV cases discovered in 2021, MSM accounted for 47%, followed by the group of sexual partners of HIV-infected people accounted for 30%, the group of injecting drug users was 9%, sex partners of female sex workers is 8% and female sex workers is 2%. Meanwhile, the prevalence rate in MSM group is 13.4% (2020), drug user group is 12.1% (2021) and female sex workers is 3.1% (2020).

On August 14, 2020, Vietnam approved the National Strategy to End the AIDS epidemic by 2030, with the goal of reducing the number of new HIV infections to less than 1,000 cases/year by 2030 and rendering HIV/AIDS no longer a public health threat. The strategy has four specific goals:

1. Expand and renew communication activities, harm reduction interventions and HIV infection prevention, which will trigger the rate of people with high-risk behaviors accessing HIV prevention services to reach 80% by 2030.
2. Expand and diversify types of HIV testing counseling, promoting community-based HIV testing, self-testing; the rate of people living with HIV in the community knowing their HIV status will reach 95% by 2030; closely monitor the HIV/AIDS epidemic in groups with high-risk behaviors.
3. Expand and improve the quality of HIV/AIDS treatment, the rate of infected people knowing their HIV status receiving antiretroviral therapy reaches 95%; the percentage of people receiving antiretroviral therapy for HIV with viral load below the suppression threshold reaches 95%; Eliminate mother-to-child transmission of HIV by 2030.
4. Consolidate and strengthen the capacity of the HIV/AIDS prevention and control system at all levels; guarantee human resources for HIV/AIDS prevention and control; guarantee finance for HIV/AIDS prevention and control.

The Global Fund has approved the Strategy to Control Epidemics and Build a healthier and more just world for 2023-2028 with the goal of ending AIDS, tuberculosis and malaria by 2030. 5 specific goals are stated:

- 1) Maximize integrated, human-centered, impactful, adaptive and sustainable systems;

- 2) Maximize the participation and leadership of affected communities so that no one is left behind;
- 3) Maximize Equity in Health, Gender Equality and Human Rights;
- 4) Mobilize more resources;
- 5) Prepare for and respond to epidemics.

Over the years, the ‘Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria’ project has made important contributions in responding to epidemics and improving the quality of life of target communities and people living with HIV in Vietnam. Currently, the Global Fund project implementation committees in Vietnam are developing the funding proposal for the period of 2024-2026 and choosing the time to submit the proposal no later than May 30, 2023 (Window 2).

According to the grant letter, the Global Fund emphasizes the importance and imperative of a transparent and inclusive consultation process with the populations most affected by HIV/TB/Malaria, in all sex and age in proposal development. This activity will need to be described in the “Annex on funding priorities of civil society and communities most affected by HIV, TB and Malaria” with the final proposal.

## **II. TARGET COMMUNITY AND PEOPLE LIVING WITH HIV CONSULTATION**

As recommended by GF, it is extremely important to collect opinions from key populations and people living with HIV to ensure that the proposed activities are appropriate to the situation and needs of the community and ensure that all the actions are community-centered.

On the afternoon of January 11st, 2023, Lighthouse Social Enterprise with the support of Mpat Global and Youth LEAD held 02 nationwide community consultation meetings including:

**Consultation #1: Consultation with key populations and people living with HIV with the participation of 56 participants across 18 provinces including 15 provinces that are implementing the GFC Project - Community component.**

**Consultation #2: Consultation with key populations and young people living with HIV (16-30 years old) with the participation of 45 community members.**

**The objectives of these consultations were to:**

1. Identify prominent issues faced by key populations and people living with HIV in general and young people in Vietnam in particular.
2. Identify specific recommendations to propose to the GF Proposal Drafting Committee, main and secondary recipients of HIV/AIDS funding, and the National Coordinating

Committee of GF (CCM) to consider and include in specific plans for the period 2024-2026.

Below is a summary of the prominent issues that key populations and people living with HIV are facing, along with corresponding recommendations based on consultation results. We call on the GFC Proposal Drafting Committee, the principal and subsidiary recipients of the GFC, and the CCM Country Coordinating Mechanism to consider the following recommendations and consider revising the activities that require improvement and incorporate new activities into the Proposal for Granting of Vietnam Global Fund - HIV Component for the period 2024-2026.

We also recommend that Government Agencies, NGOs, donors and stakeholders consider and use community recommendations to supplement and adapt programs and projects for the community.

## 1. PROMINENT ISSUES FACED BY KEY POPULATIONS AND PEOPLE LIVING WITH HIV IN GENERAL AND YOUNG PEOPLE IN VIETNAM IN PARTICULAR

CATEGORIZATION	SPECIFIC PROBLEMS
<b>KNOWLEDGE &amp; INFORMATION</b>	<ul style="list-style-type: none"> <li>- Communities still have limited access to information on HIV/AIDS prevention and treatment, sexual health care, reproductive health, mental health, harm reduction, etc. Especially the group of young people of sexual age.</li> <li>- Present information sources are still quite rigid, stigmatizing, and sending the message that key populations spread HIV or not carry healthy lifestyles.</li> <li>- Differences in communication and community education activities between cities/urban areas and rural areas while new infections tend to be concentrated among migrants or people who often move from rural areas/ provinces to cities..</li> </ul>
<b>ACCESS TO PREVENTION ITEMS</b>	<p><b>Condoms:</b></p> <ul style="list-style-type: none"> <li>- About quality: The condom is thick, has a strong, unpleasant plastic odor and the design is not unappealing.</li> <li>- The current condom size is small and not inclusive of diverse needs of the community.</li> <li>- The distribution of condoms is not consistent: there are periods with sufficient supply but there are also periods with insufficient supplies. Although there are many sizes, each allocation provides only one size, so it is not suitable for the needs of many customers.</li> </ul>

	<p><b>Lubricants:</b></p> <ul style="list-style-type: none"> <li>- Poor quality, runny, quick-drying lubricants lead to interruptions during sexual intercourse.</li> <li>- Only available in package form, so it is not convenient, consider adding a tube form.</li> </ul> <p><b>Other items</b></p> <ul style="list-style-type: none"> <li>- SW and MSM community groups use a lot of stimulant drugs but there is a shortage of harm reduction intervention items such as lip balms, new needles and syringes.</li> </ul>
<p><b>ACCESS TO HIV TESTING SERVICES</b></p>	<ul style="list-style-type: none"> <li>- GF project currently only provides a few types of biological products such as Oraquick, SD bio1/2 without other diverse biological products to attract and increase demand for customers including self-testing biological products and community biological products for community testing staff.</li> <li>- The supply of these biological products are consistent: there were periods with no biological products for testing, disrupting the consistency of community test results.</li> <li>- Distributed biological products often have a close expiry date, which partly heighten the fear of customers about test quality.</li> </ul>
<p><b>ACCESS TO OTHER TESTING SERVICES</b></p>	<ul style="list-style-type: none"> <li>- Some patients cannot afford some of the initial tests prescribed for specific services such as tests for hepatitis C, Methadone treatment.</li> <li>- The rate of sexually transmitted diseases has increased, especially syphilis, but many patients cannot afford it. The lack of early access to treatment can lead to complications, which seriously undermines the health, work and economic status of the patient.</li> </ul>
<p><b>ACCESS TO HIV PREVENTION (PrEP, PEP)</b></p>	<ul style="list-style-type: none"> <li>- Currently, in many provinces and cities, customers still do not have access to PrEP, especially in remote rural areas due to its unavailability and geographical distance.</li> <li>- The implementation of telePrEP is being piloted, but there are still many barriers such as complicated procedures such as inconvenient testing, and increased costs for customers to return signed paperwork.</li> </ul>
<p><b>ACCESS TO ARV TREATMENT SERVICES</b></p>	<ul style="list-style-type: none"> <li>- Some customers, due to the nature of their work, find it difficult to arrange their schedule to come and pick up medicine during office hours, especially recently, it has been recorded that many treatment facilities only dispense drugs on a weekly basis or not at all, which</li> </ul>



	<p>increases the burden on the patient and leads to the risk of treatment drop-outs and disruption.</p> <ul style="list-style-type: none"> <li>- For the second-line regimen treatment, patients have to co-pay from 226,000 to 298,000 VND/period. This amount exceeds the economic ability of some patients, putting them at risk of dropping out or disrupting their treatment.</li> <li>- In addition, currently, customers have to pay for some routine and input tests when starting ART while they can't afford it, especially young people and adolescents.</li> <li>- The number of newly discovered HIV cases among young people and adolescents is increasing in many provinces and cities, but regulations on treatment for adolescents under 15 years of age require consent from parents or guardians, which may affect this group's access to treatment.</li> </ul>
<p><b>SUPPLY OF ANTIRETROVIRAL THERAPY (ART) AND HEPATITIS VIRUS TREATMENT.</b></p>	<ul style="list-style-type: none"> <li>- During the recent COVID-19 pandemic, many patients were affected by the lack of ART medicines due to delayed transportation, or inability to access medical facilities to get medicines. Patients have to spend a lot of money and time to go to the health center many times to get medicines. In addition, there were many changes for medications and many patients lacked information sources to learn about such changes. Therefore, many suffer from confusion and anxiety. This also led to many patients' choice to go for treatment from other external facilities or buying medicines from the black market, which posed risks of increased HIV incidence due to absent professional monitoring and medicine regimen control.</li> <li>- Many provinces and cities do not provide sustained medication plans due to lack of medicine stocks. Therefore, patients have to request medicines from the facilities many times a month, affecting their work and life, causing confusion and anxiety.</li> <li>- In some coastal areas such as Kien Giang, Nha Trang, Quang Ngai, etc., in the rainy season, the sea is rough and the transportation of goods from the mainland to the islands tends to be interrupted, which results in local low stocks of medicines.</li> <li>- The limited supply of medicine leads to difficulties in the treatment process, specifically, some provinces that receive hepatitis C medications from the Global Fund project have close expiry date, making it difficult for the treatment of HIV patients comorbid with HCV.</li> <li>- Vietnam still does not have access to the world's new sources of medicines such as long-acting antiretroviral medicines, injectable ARTs, etc.</li> </ul>

<p><b>HEALTH INSURANCE (HIC)</b></p>	<ul style="list-style-type: none"> <li>- Key populations and people living with HIV do not have economic sufficiency to enroll in health insurance. They do not know or have access to information about the current support packages to buy health insurance. Some others do not have relevant, sufficient identification documents or conditions to enroll in health insurance.</li> <li>- Due to the changes in administrative procedures, switching to ID card with chip, some customers have not had time to make the conversion, therefore they lacked the necessary identification documents to carry out insurance procedures, resulting in difficulty in receiving medicines.</li> <li>- People with HIV who are being treated under health insurance provided by the company or educational institution also face disruption in coverage for treatment due to job loss or failure to graduate but have not yet found a job, so they cannot continue to pay insurance premiums.</li> </ul>
<p><b>OTHER HEALTH PROBLEMS</b></p>	<ul style="list-style-type: none"> <li>- Mental health problems are increasing, but support, diagnosis and treatment services are extremely limited and difficult to access. Numerous studies have demonstrated the impact of mental health issues on access and retention of HIV services.</li> <li>- The increased use of stimulants and drugs among key populations also causes many other related health problems such as dental, cardiovascular, digestive, respiratory, neurological problems...</li> <li>- Non-communicable diseases for people living with HIV, especially in the elderly group, have not been paid attention to and addressed.</li> </ul>

**II. ISSUES THAT COMMUNITY ORGANIZATIONS IMPLEMENTING HIV PROGRAMS ARE FACING**

<p><b>PROBLEMS CATEGORIZATION</b></p>	<p><b>SPECIFIC PROBLEMS</b></p>
<p><b>Capacity for peer staff and community organizations</b></p>	<p>In general, community organizations often experience regular changes in peer staff to expand the reach and scale of services provided. The need for continuous training for new staff is essential and has an impact on the effectiveness of GF project implementation.</p> <p>However:</p> <ul style="list-style-type: none"> <li>- Current capacity building and training activities for community organizations and peer workers are very limited, lacking basic routine</li> </ul>

	<p>training in community outreach, HIV counseling, referral, HIV care and treatment, and harm reduction interventions.</p> <ul style="list-style-type: none"> <li>- Lacking tools and materials for internal training in community organizations.</li> <li>- Lacking need-based training and mentorship activities for community organizations such as organizational development, resource mobilization, legal entity establishment, project management, financial management, etc.</li> </ul>
<b>Compensation for community workers</b>	<ul style="list-style-type: none"> <li>- Overall support and allowances for Peer Employees are low and do not reflect their work and contributions, making it difficult to retain well-experienced, knowledgeable and skilled community workers.</li> <li>- Key management positions in the group such as team leader, accountant, or M&amp;E specialist have absolutely no additional allowances, the same pay levels as community workers while the workload is more.</li> <li>- Some of the equipment that was provided many years ago was damaged, no longer usable but not renewed, causing difficulties in the work process.</li> </ul>
<b>Other problems</b>	<ul style="list-style-type: none"> <li>- No protective gear when collecting used syringe needles.</li> <li>- There is no mechanism to receive emergency HIV medicines for peer staff if exposed.</li> <li>- There are no health check-up and vaccination packages for peer staff</li> </ul>

**III. RECOMMENDATIONS OF KEY POPULATIONS AND PEOPLE LIVING WITH HIV FOR THE 2024-2026 GLOBAL FUND PROPOSAL**

Based on the issues raised above, community organization leaders and community participants attending the consultation meeting have made recommendations. We recommend the Global Fund Project Management Unit in Vietnam, the Vietnam Administration for HIV/AIDS Control, the Vietnam National Coordinating Committee (CCM), the Global Fund for HIV Prevention Project Management Board – VUSTA Composition, SRs partners including ISDS, SCDI, and Life Center, consider these suggestions and make amendments to 2024-2026 GF proposal. Please refer to the following specific recommendations:



## A. WITH COMMUNITY ORGANIZATIONS PARTICIPATING IN GF PROJECT IMPLEMENTATION

CATEGORIZATION	SPECIFIC RECOMMENDATIONS
<b>Capacity building for community outreach and peer staff</b>	Organize training activities to continuously improve the capacity of community organizations and new peer staff on community outreach skills, counseling skills, community testing, partner counseling, drug harm reduction, mental health counseling.
	Organize training courses and provide certification in forms of trained staff cards and HIV testing capacity certificates for community outreach staff; Increase more funding for community outreach staff to improve communication and outreach work quality.
	Change report protocols from hard copy (paper) to e-reports. It is recommended to use excel software to improve the quality of management, control and modification.
<b>Support for the sustainable development of community organizations participating in the TGB project</b>	Organize more activities on coaching, training, visiting and experiential exchange on organizational development, organizational governance, financial management, impact management... for community organizations participating in GF projects.
	Provide support package and small grants to community organizations led by youth. Develop organizational development strategies. Develop sustainable business models for community organizations.
	Organize and support training sessions on social contracting and field trips to learn from successful models within the country for CBOs
	Create spaces and opportunities for communities to interorganizational capacity building, and provide technical assistance to other groups in GF provinces and other provinces
<b>Paying Peer Staff</b>	Increase support and allowances for peer and community outreach staff to motivate work performance, commitment and dedication.
	Increase support and allowances for key personnels (e.g., executive board, finance officers, M&E specialist) who are responsible for the community organization's governance, quality control, and reporting
	Add new targets along with funding for assistive care for patients on ART, screening and supporting TB patients, with at least 01 position working in treatment compliance in each OPC clinic.

<b>Report</b>	Implement daily entry logging. Change existing form filling protocol from 1 customer per sheet throughout the year to documenting every support and counseling given
	Convert report from hard copy (paper) report to e-report. It is recommended to use MS Excel to improve the quality of management, control and easy change.
	Upgrade the input system to reduce complexity with automatic warnings of errors built in the input process and the weight of the input file.
<b>Others</b>	Add replacement equipment needed for project implementation such as computers or printers.
	Buy health insurance or provide periodic health check-up and vaccination packages for community outreach staff.
	Supply protective gear for community outreach staff when collecting used needles and syringes.

## **B. WITH SERVICES FOR THE COMMUNITY**

<b>RECOMMENDATIONS CATEGORIZATION</b>	<b>SPECIFIC RECOMMENDATIONS</b>
<b>1. PREVENTION</b>	
<b>Community outreach</b>	Diversify forms of demand generation - preferably via community networks, peer networks, and online and offline media events.
<b>Education and communication for the community</b>	Promote communications in schools to strengthen the knowledge of youth groups at a young age through activities that are interesting, creative and appropriate to the characteristics, interests and culture of this group.
	Disseminate handouts with friendly language and engaging images along with harm reduction items for potential clients at hotspots. Handouts should cover PrEP documents, ARV compliance, community services, warning signs of STIs. mental health, harm reduction in substance use, ...
	Invest in educational communication activities. Promote services of CBOs via social networks. Provide financial support for VIP accounts on some social applications such as Zalo, Blued and expenses for

	advanced communications including design costs, content creation, and running advertising services.
<b>Provision of prevention supplies</b>	Condoms are larger in size, thinner, odorless and more attractive in package design
	Lubricants have better quality, better texture and different packaging forms: Tubes, sachets
	The supply of condoms and lubricants needs to be consistent, diverse in size and specifications to increase the use of customers.
	Provide a variety of self-testing biological products with longer expiry dates for customers (Oraquick, Alere ..)
	Add prevention products to reduce harm for groups using stimulants such as lip balm, straws, ... not only the Chemsex group but also the group of female sex workers who also use substances.
	Increase the availability of prevention supplies via community supply stations at CBO offices and medical facilities.
<b>2. HIV TESTING and other testing services</b>	
<b>Self-testing</b>	Provide a consistent and diverse source of HIV self-testing products for the community
	Invest in platforms and channels to promote and distribute HIV self-testing products to key populations
<b>Testing in the community</b>	Provide a stable and diverse source of HIV testing products for community groups, especially the 4th generation testing products for early detection of new HIV cases and HIV + Syphilis combined samples.
	Provide rapid test products ready for use at community settings to further diversify testing services and help increase HIV testing such as the Hepatitis C rapid test.
	Strengthen capacity training for community workers, especially new staff, certification of community testing staff.
<b>Testing at healthcare facilities</b>	Train healthcare workers on sensitive and friendly communication with key populations in testing facilities.
<b>Other testings</b>	Create a comprehensive service map for the community with detailed information such as services for STI testing, TB, cancer screening, general blood, hepatitis.

	Support partial or full cost of STI screening test, hepatitis.
<b>3. PrEP Treatment</b>	
<b>PrEP treatment</b>	Change the medical examination process to allow community testing or self-testing within the allotted time for PrEP follow-up visits.
	Simplify the TelePrEP process to increase uptake rates
	Consider adding injectable and other long-acting PrEP to the community
	Increase work hours in PrEP facilities
	Expand PrEP program to all provinces
<b>4. Care and TREATMENT for HIV, Tuberculosis and other co-infections</b>	
<b>Care and TREATMENT for HIV, Tuberculosis and other co-infections</b>	Train health care workers on sensitive and friendly communication with key populations in HIV treatment facilities.
	Support the procedure to buy health insurance for patients in great needs and those who lack needed legal documents
	Partial or full financial support for initial examination and testing costs for patients before participating in HIV treatment and other treatments such as Hepatitis C, Methadone.
	An emergency ARV support fund is needed in case of stock shortage in the locality or for those who are interrupted by health insurance to ensure that people living with HIV can maintain regular medication use.
	Extend the time for referring out positive cases (currently 07 days) to create more favorable conditions for CBOs in the referral process
	Work hours of OPCs should be more flexible (maybe overtime on weekends) to provide accommodation to picking up medication without affecting clients' personal work.
	Survey and introduce the map of local friendly medical facilities to customers.
	Accommodate one community support worker at the treatment facility to assist with treatment adherence and mental health issues
	Ensure a mechanism to support the treatment of opportunistic infections for PLWH
	Second-line drugs are only distributed at provincial hospitals. Suggestion is to also distribute at OPC clinics

## 5. Promote HEALTH EQUALITY for the community

<b>Reduce stigma</b>	Implement training activities for health workers. Set standards for KP-friendly health facilities. Reduce stigma and discrimination in the health system related to key populations and people living with HIV.
	Support initiatives to raise social awareness on key populations and people living with HIV. Uplift the voices of such communities
<b>Policy advocacy</b>	Advocate for policies to solve problems related to identity documents, accommodation. Promote community access to government support policies and health insurance. Create favorable conditions for the community to enroll in health insurance more easily and navigate health insurance in extended branches.
	Advocate for the inclusion of MMT, PrEP, and PEP in health insurance.
	Advocate for the Law on Gender Affirmation, the Law on Gender Identity, and the Law on Gender Equality.
	Advocate for the Social Contracting mechanism to be implemented