

Epidemiology of HIV and HIV testing in Vietnam

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Background

1. HIV/AIDS Situation in Vietnam

With the total population of approximately 98 million, the national HIV prevalence in Vietnam is 0.24 percent of the general population of , with an estimated 242,000 people living with HIV (PLHIV) by the end of 2021. The epidemic remains concentrated among three vulnerable groups: Men having sex with men (MSM at 13.4 percent prevalence in 2020; people who inject drugs (PWID) at 12.7 percent prevalence in 2019; and female sex workers (FSW) at 3.1 percent prevalence in 2020 (MoH HIV sentinel surveillance final round report 2020). The national HIV sentinel surveillance system among PWID and FSW in 20 provinces and MSM in 12 provinces show opposing epidemic trends in Vietnam. While HIV prevalence and estimated incidence rates among PWID and FSW decrease over time, we observe increases in HIV prevalence and estimated incidence among MSM from 2012 to 2021. Partners of People living with HIV as projected by UNAIDS Vietnam will have higher transmission rates in the coming years. Synthesized Data on transgender infection is lacking despite there are local projects targeting both transmission and risk reduction among this population.

HIV geographic concentration in areas with rapid urbanization and population movement. Distribution is Mekong Delta 27%, Ho Chi Minh City 26%, The Southeast is 15%, Northern mountainous region 8%, Central and Red River Delta 4%, Central Highlands 2%

Given the size, population density of over approximately 10 million registered residents in 2022 (GENERAL STATISTICS OFFICE 2022), HMC maintains the highest rate of current and new infection in the country

2. Responses

2.1. Legal and program framework

Vietnam has a comprehensive program and services for HIV prevention and treatment, program is guided by Law on HIV/AIDS effective since 2007 and the National HIV strategies developed and updated with five years timeframe.

The Vietnam Government has demonstrated high level of political and economic leadership in the response. Since early HIV epidemics, the Communist Party leader had a number of direction including the National Committee of Drug, Prostitution and HIV/AIDS Control which has been chaired by highest level of leadership in the government.

Ministry of Health, represented by Vietnam Administration of AIDS Control (VAAC) is the coordinating body of the response efforts including provincial level involvement, inter-ministerial and international collaboration

2.2. Key funding and program partners

In recent years, GoV has increased its financial responsibilities for HIV responses which are in transitioning agreement with key donors PEPFAR, The Global Fund and UNAIDS

Key approach for financial sustainability is to GoV and donors has integrated HIV services into the existing social and health insurance (SHI) in mainstream health services. Key milestones are

Antiretroviral therapy (ART) can be reimbursed under the SHI scheme.

SHI coverage increased from an estimated 40% to over 77% this includes the support of local funding to subsidize SHI premiums for PLHIV who do not have an eligible SHI card (undocumented migrants or daily labors).

In 2022, GoV has developed a clear path for financial assistances in supporting community direct community service delivery. Details are yet unfolded

3. Description of the National HIV Strategy (NHS 2020 to 2030)

The document entitled on HIV/ AIDS prevention and control through 2020 with a vision to 2030 which was approved by the Prime Minister in 2020. The strategy institutionalizes the 95-95-95 targets and reinforces the policy that mandates provincial governments to invest local budget in the HIV response.

Vietnam has changed HIV as national program to the strategy and projects components under the strategy

HIV infection prevention project

Comprehensive HIV/AIDS care, support and treatment project

Capacity building for stakeholders in the public and community-sectors in for the HIV/AIDS prevention and control

Epidemic surveillance and program monitoring and evaluation of the HIV/AIDS prevention and control program.

Of these projects, HIV testing, particularly home-based testing has imbedded in the objective of the strategy.

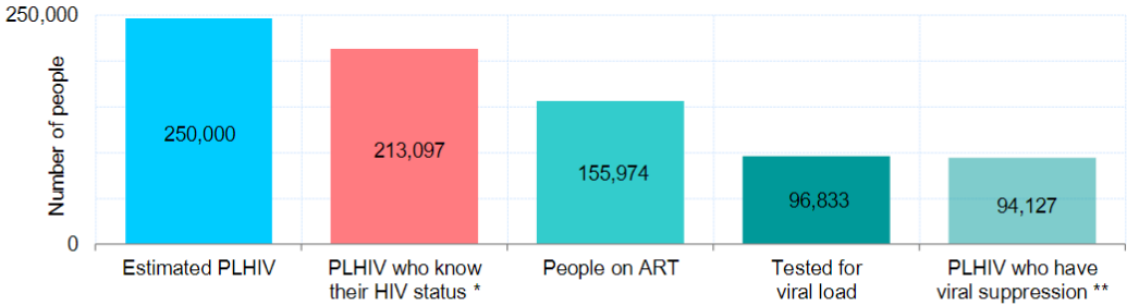
4. Status of 95-95-95

Aligning with UNAIDS's treatment target in 2013 which Vietnam is committed and built on the fast achievement toward ending AIDS, Vietnam has decided to increase the national target to 95-95-95. This is calling for calling for 95% of all to know their status, 95% of those diagnosed HIV infection to receive antiretroviral therapy, and 95% of all people on ART to have viral suppression by 2030.

In 2021, among the estimated 250,000 persons are alive with HIV in Vietnam. 213,000 have recorded in MoH GIS, of those, 156000 people are on ART and approximately 94.000 people have viral load undetectable. There is a shortfall in reporting system that results in significant numbers of unverified reported cases across cascade. There are assumption that those are not in the reporting system could enroll in private sectors, family doctor, self-treatment and loss to follow-up. CDC and its partners are working on a digital reporting system that facilitate private sector to report cases while meeting the demand of patient’s right to full confidentiality stipulated in the HIV/AIDS Law

National Cascade, 2020

Treatment cascade, 2020



Source: Global AIDS Monitoring 2021 and UNAIDS 2021 HIV Estimates

Given the commitment of FastTrack target, Vietnam has accelerated all of the projects in the NHS 2030, leverage financial and technical support from in-country and internationally to ensure continuum of testing, prevention to care. Hence, HIV Self Testing (HIVST) initiative has been established and expanded

5. HIV Self Testing in Vietnam: Process and key results

Foundation

The overall purpose of HIV self testing initiative in Vietnam was to increase the HIV Counseling and Testing Uptake that is the first condition for the HIV continuum of care

In the years of 2015 and 2016, when Vietnam is in an initial phase of implementing UNAIDS’s 90-90-90 targets, access and uptake of HIV Testing Service (HTS) remained low. UNAIDS reported that only 40% of FSWs, 62% of PWID and 65% of MSM with HIV had been diagnosed (UNAIDS. Country factsheets 2017 <http://www.unaids.org/en/regionscountries/countries/vietnam>). These low coverage challenged Vietnam’s commitment to. A number of factors contributing to low access. However, MoH’s surveys revealed that inconvenient locations and service hours of the public health facilities populations prevent people from testing. The public health facilities which includes the district HIV Out Patient Clinics, Hospitals, Government’s labs

dominates the HTS landscape. There was almost an absence of private clinic and community-based testing facilities except limited high price HIV test at private hospitals. This inaccessibility factor was fueled by stigma and discrimination against PLWHIV and at-risk population. These factors represented the lack national level direction on decentralizing self-testing services that could operate in friendly and affordable fashion.

In the meantime, thanks to the rapid privatization in the context of fast growing free market economy, the laboratory technologies have enjoyed the introduction of rapid and accurate point of care testing technologies including whole blood finger prick, oral fluid and simplified confirmation testing process. Vietnam is also among the countries with largest number of smart phone and social network. Building from the past two decades of HIV responses, Vietnam HIV programs at has the large networks of peer-educators who were created from the high risk groups in previous HIV projects also provide foundations for a decentralized approach to testing

6. Implementation process

The following items are key activities across the HST initiative in Vietnam. An activity can serve more than a purpose. However, all is to create a favorable condition for HST uptake, ensuring continuous of quality care and treatment as well as collect data for services improvement.

Strengthening key partnership at national and provincial levels

This exercise is to leverage technical expertise related to HIV testing within the existing coordination mechanism that GoV has established to execute the national HIV Strategy and relevant business including cross ministerial and department collaboration on HIV and covid-19 response. The key partner agencies include

- Ministry of Health (MoH) which represented by VAAC: main role is coordination of technical collaboration between laboratory aspect (PoC Testing technologies), general plan for capacity building across HIV testing services, strategic information, monitoring and evaluation

- WHO Vietnam: disseminated the international good practices on self-testing programs and technologies. Note that at the time Vietnam piloted the HIVST, WHO did not have final guideline on the topic. However, mounting evidences demonstrated the essential roles of HIVST in 90-90-90 target.

- PEPFAR partners:

- * Lead PEPFAR partner PATH who served as implementing partner of the USAID Healthy Market project. USAID Health Market project USAID/PATH Healthy Markets, which ran from April 2014 through December 2020, was to grow a viable commercial market for HIV-related products and services private-sector engagement (PSE) and investment, and increased supply of accessible and affordable high-quality HIV commodities

US CDC in Vietnam has key role in leveraging expertise from CDC offices around the world to support standardization of HIVST.

FHI360 is also a key PEPFAR Vietnam partner who at the time ran the USAID Sustainable HIV and Tuberculosis Response Technical Assistance (SHIFT) projects. The project facilitates technical assistance mechanism from different areas including strengthening of HIV care and treatment systems, enable social health insurance coverage of HIV services.

Local NGOs

The two NGOs initially involved were The Center for Rural Community Research and Development (CCRD) and Center for Improvement of Quality of Life (LIFE). CCRD and LIFE were the USAID's strategic partners implementing the community-based or key population-led projects including coordination of activities among CBOs and provide capacity building for these organization in continuum of prevention to care. In the HIVST piloting, CCRD was responsible for their key population in Nghe An, Hanoi and other northern provinces. LIFE was responsible for southern provinces.

CBOs:

With the absence of the favorable law on civil society, grass-root, non- governmental groups navigate to develop themselves and called CBOs. In HIV responses, since 2014, more than 70 CBO were founded, of which 18 in HCMC. The following are PEPFAR's data on results attributed

350,000 people tested for HIV; >20,000 people diagnosed and >18,000 people on ART, contributing to 44% of provincial case detection and ART enrolment achievements.

>50,000 HIV self-test kits distributed.

>3 million condoms sold.

Contributing to >50% of PrEP enrollment nation-wide.

KP CBO/SE's leading role in HIV service delivery is encoded in the December 2020 approved HIV Law and National Strategy on Ending AIDS by 2030.

2. Assessing viability: small studies on HIVST acceptability, preferences, willingness to pay and local HIV RDT market (2015): This was to provide evidence on alignment between a central level decision with local acceptability and feasibly. PATH led the design of the viability assessment and co-implemented with LIFE

3. Procuring and Securing RDT supply Oral Quick, Alere Determine HIV ½ whole blood finger prick. This was to ensure testing commodity available and acquainted by all stakeholders of the initiative. Among these commodities, Oral Quick was newly introduced. PATH has conducted a number of technical seminars with Oralsure, the distributors of Oral Quick test to convey it's technicality.

4. Launching pilots of lay testing (Dec 2015) in Hanoi and Ho Chi Minh City where HIV concentration is and complex sub-population and operating environment

5. Information to high risk populations and the public and targeted to increase their awareness of the HIV risk, availability of the HST activities and generate demands for testing.

7. Engage private sectors in HST. The initial private partners included private general medicine clinics, focused pharmacies. PATH supported these clinics to include HIV services with licensing, training of general practitioners and staff.

8. Evaluating the pilot. This was conducted in 2016 led by independent consultant team hired by PATH. The evaluation gave impressive results of HIV testing uptakes as well as key messages that served as key elements for the development of national guideline on HIV self-testing as an integral part of the New HTC

Specific Activities

Technically, the HIV self-testing services was implemented with two steps. First step is HIV Test by lay provider and the second step is rolling out the self-testing activity.

Lay provider is the trained personnel at community setting, who actively assists high risk clients to participate in the community-based testing points, connect those tested HIV reactive to confirm HIV diagnosis and enroll on ART. The reason for initiating the lay provider prior to direct self-testing was that lay providers had been trained and engaged in counselling, health education and care for PLHIV so that they managed counselling, testing and referral process with minimal risk. The lay providers later work with local health aids staff and other technical agencies trained peer educators from community-based organization to assist individuals in HST

In both two steps, Vietnam undertook pilots to ensure activities were properly implemented to ensure smooth transition.

7. Pilot of lay providers

The lay provider and HST is coordinated by VAAC with the funding and technical support from PATH, the implementer of USAID Healthy Market Project and implemented in partnership with provincial AIDS Center (PAC) and nongovernmental organizations serving key populations

The Center for Rural Community Research and Development CCRD for FSWs, PWID, and their sex partners in the rural provinces of Dien Bien and Nghe An and MSM in Hanoi LIFE is for MSM and TGW in the urban centers of HCMC

Lay providers are selected based on their access to key populations. In rural areas, lay providers include village health workers and community. In Ho Chi Minh City and Hanoi, lay providers were representatives of community organizations serving MSM and TGW.

- Skill building for lay providers with two intensive days focused on skills and knowledge to deliver quality HIV lay testing

using the Alere Determine HIV -1/2 and OraQuick

ADVANCE rapid HIV

practicing anatomic models and real volunteers.

Following the training, the lay providers provided with a bag with test kits and certification by PAC and PATH and NGOs for the immediate initiation of services.

- Building on lay test success, HIV self-testing services were

launched in May 2016, and are offered by MSM and TGW community organizations

8. Rolling out of HIV self- testing services

No longer after the lay provider services are proven safe and efficient, VAAC decided to expand HIV testing that were directly conducted by high risk individuals, namely key-population led HIV Self testing or HIVST initiative. It was initiated primarily on Ho Chi Minh City (May 2016), Hanoi (Sep 2016) and Nghe An (Jan 2017)

Similar to the lay provider targets, it focused on (MSM, FSW, PWID and added by Transgender population in both HCMC and Hanoi.

Benefiting from the overall policy environment and capacity building activities which were mentioned above, HIVST initiative was implemented with similar steps with the exception that most of test were conducted at clients's home, a CBO's workspace (can be a CBO member's home or rented shop) or a location chosen by client for privacy and hygiene purpose.

Although promoted as self-testing, CBO members or peer-educators were often present with clients to assist with the procedure, especially pre and post-test counselling. Role of these members were more important in case of HIV and other STD test were reactive which yield at high possibility for positive confirmation test.

The CBO members were also trained with computer skills including excel, word and later web-based data entry so they can collect clients' background information, HIVST usage, result and key expectations.

LINKAGES TO CARE

In the event of HIV test reactive, CBO members have quickly made contacts with district outpatient clinic or private clinic basing on the clients' preferences so reactive sample will be taken for confirmation test and linking to ART if diagnosed. Under PEPFAR funded HIVST, a HIV positive case is assisted by CBO members for 3 consecutive months to prevent drop-out of treatment. Then, cases will be fully handed over to responsible clinics.

Other crosscutting activities

PROMOTING SERVICES

A key component of introducing HIVST to Vietnam involved raising awareness of the new service to the community, particularly among hard-to-reach key populations. HST involved television networks such as MTV and other favorite channels, media agencies to roll out campaigns.

PATH led the development of communication campaigns in partnership with private media companies, local NGOs and CBOs. During the course of the campaign, there were significant contribution of time, talents and leadership roles model among private media agencies. Leading examples include MTV Vietnam who co-produced a series of HIV testing, prevention talk shows entitled MTV I live and MTV Bus which captured the life of community that featured Key influencers in industries that are closely related to the Vietnamese youth with targeted educational and entertainment messages. In addition, VAAC also worked with partners utilize or enhance mobile applications to engage high risk population.

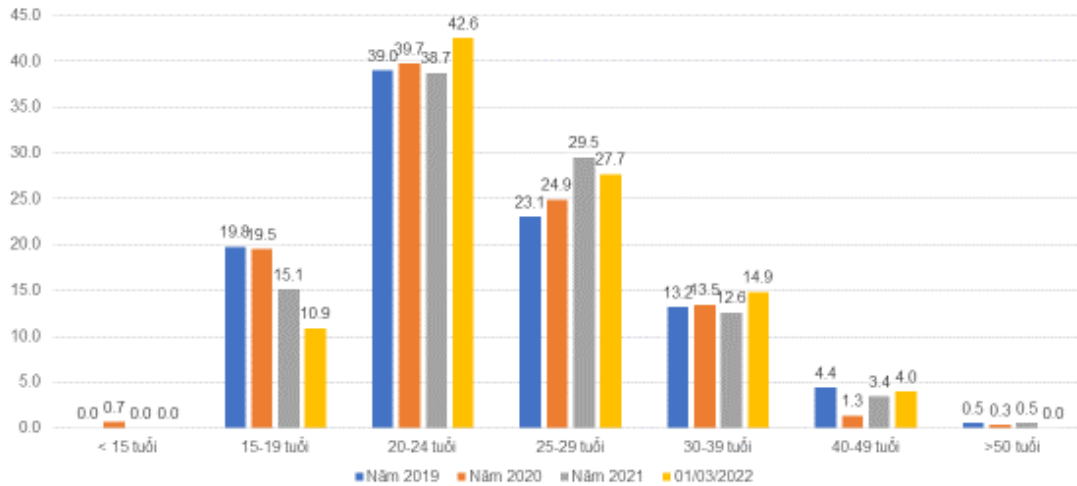
The approval of new National HIV guideline

Consolidating from previous pilots and pressing needs to ensure first 95-95-95 target, on April 2018, MoH approved National GUIDELINES FOR HIV TESTING which consisted of several options for HIV testing and the highlight was lay provider testing and HIVST. The guideline also has updated lab and other technical options that most facilities can access. It also reintegrates and strengthen the data collection and security protection.

Result of the lay provider and self-test

Here are example of HIV testing result

Distribution of new infections by rapid biologicals in MSM by age group (from 2019 to March 2022)



Note: at the central level, all HIV Testing results are consolidated in a GIS.