

## **VIETNAM TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021**

This is an overview of the USAID/Vietnam FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

Among the top 30 high TB burden countries, Vietnam is ranked eleventh.<sup>1</sup> From 2007 to 2017, TB incidence in Vietnam decreased by an estimated three percent each year, and the mortality rate decreased by an estimated four percent each year. However, based on the 2017 TB prevalence survey results, there were an estimated 174,000 new cases of TB in 2018, significantly higher than previously thought.<sup>2</sup> In 2019, only 60 percent of the estimated TB cases were notified to the NTP; this means that about 70,000 cases were either not diagnosed or diagnosed but not notified.<sup>3</sup> The TB burden is not equally shared across provinces; prevalence in the South is higher than in other provinces. TB is more prevalent among men than women, with a reported rate four times higher in men than that reported in women, increasing with age.<sup>4</sup> Of the 102,503 patients notified, children comprised only one percent, instead of the estimated 10 percent expected. Additionally, the estimated multidrug-resistant TB (MDR-TB) burden among newly diagnosed TB patients is 3.6 percent, and among previously treated individuals with TB, it is 17 percent.<sup>5</sup> In 2019, of the estimated 8,400 MDR-TB cases, only 3,247 (39 percent) were notified.<sup>6</sup>

The Ministry of Health (MOH) is currently finalizing a National Strategic Plan (NSP) 2021-2025 to achieve its goal of ending TB by 2030. By focusing on patient-centered care, bold policies, expanding partnerships, and strengthening health systems, as well as investing in key innovations and research, this new NSP will build upon the success of the previous NSP 2016-2020 and is aligned with the National Action Plan to End TB by 2030. In line with the United States Government's (USG) Global TB Strategy, Vietnam's NSP 2021-2025 aims to decrease TB transmission by finding and treating all TB cases to prevent the spread of new infections and the progression of TB infections to active TB disease. More specifically, the NSP 2021-2025 hopes to maintain newly diagnosed MDR-TB patients below five percent and to reduce: TB incidence by 50 percent, TB mortality by 75 percent, and catastrophic TB costs by 50 percent.

The proposed FY20 USAID TB budget for Vietnam is \$6 million. With this level of funding, USAID will support the following technical areas:

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<sup>1</sup> World Health Organization. Global Tuberculosis Report, 2020.

<sup>2</sup> Nguyen H.V., et al. The second national tuberculosis prevalence survey in Vietnam, 2020.

<sup>3</sup> World Health Organization. Global Tuberculosis Report, 2020.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

## REACH

### *TB diagnosis*

Strengthening and expanding TB diagnostic network and services is one of the priorities under Pillar 1 of the Government of Vietnam's (GVN) National Strategic Plan (NSP) for TB. Since early 2020, USAID and the NTP have been carrying out an assessment of Vietnam's diagnostic network. USAID will use the results of the assessment, expected by September 2020, to support the NTP to develop and implement an optimal roadmap to ensure decentralized, quality molecular diagnostics as a first-line test at the district level, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and local resources. USAID will also support the NTP to scale up an Xpert® MTB/RIF (GeneXpert) and X-ray comprehensive diagnostic algorithm at peripheral levels of the NTP network.

### *Engaging all care providers*

In line with the NTP objective of improving case finding in non-NTP facilities by engaging providers outside of the NTP network, USAID has started implementing facility-based TB case finding (building on the Finding, Actively Separating, and Treating [FAST] strategy) in priority districts and provinces, since March 2020. USAID will continue implementation of facility-based case finding in 2021, focusing on outpatients with respiratory symptoms, diabetic patients, inpatients with respiratory diseases, and pediatric patients. Based on results from an assessment of TB services in the private sector in 2020, USAID will develop and implement a capacity building plan for private facilities, focusing on TB clinical and management practices.

### *Community TB care delivery*

The NTP considers active case finding (ACF), one of its key strategies under NSP Pillar 1, to improve TB case notification and treatment coverage. USAID started implementing community ACF in priority provinces in 2020. In 2021, USAID will continue ACF implementation with the involvement of healthcare networks at sub-provincial levels, private providers, and community-based organizations, using the X-ray and GeneXpert diagnostic algorithm. To address stigma and discrimination issues, USAID will collaborate with the NTP network, local government, local and professional (e.g., farmers' union, women's union, etc.) organizations to implement local advocacy, communication, and education activities to deliver accurate knowledge about TB and the benefits of early detection and treatment adherence.

## CURE

### *Drug-susceptible TB (DS-TB) treatment*

The NTP aims to ensure all persons receiving treatment are notified and assessed for the level of social support required and are monitored closely to treatment completion.

Although Vietnam has maintained a relatively high DS-TB treatment success rate for the last several years, there are still many challenges to further increase parameters. To increase DS-TB treatment success rates in 2021, USAID will provide technical assistance (TA) to the NTP to update and implement TB management guidance with clear roles and responsibilities of different cadres of healthcare workers and communities engaged in supporting TB patients. USAID will support the NTP to improve training and supervision plans that will be applied to its broader network, including private service providers. USAID will also support the NTP to introduce digital adherence tools coupled with TB treatment counseling technologies as one element of the comprehensive patient support.

### *Multidrug-resistant TB (MDR-TB) treatment*

Over the past ten years, the NTP has successfully established an MDR-TB detection and treatment network in all 63 provinces. The NTP is planning to transition to all oral regimens and has set a DR-TB treatment success target of 75% for 2021. In 2021, USAID will support the NTP to update the national guidelines and implementation plans to enable the transition to non-injectable regimens and scale-up bedaquiline and delamanid containing regimens. USAID will continue to build the treatment capacity of the MDR-TB network in high-burden provinces, including the decentralization of MDR-TB services to district and commune levels as needed. USAID will also support the NTP to develop and implement a comprehensive treatment support package for MDR-TB patients to increase treatment retention.

## **PREVENT**

### *Prevention*

Under the NSP 2021–2025, the NTP has set the TBI treatment target for 100,000 people in 2021; to achieve this, the NTP will bring ACF and TB infection (TBI) services closer to the communities. USAID first instituted contact investigation and TBI detection and treatment activities in 2020. In 2021, USAID will continue to improve and expand community-based ACF and TBI detection and treatment among children and adults in priority provinces. Results, best practices, and lessons learned will be used to update national guidance on contact investigation and TB preventive treatment (TPT). In 2020, USAID began supporting the NTP in updating and expanding Vietnam TB Information Management Electronic system (VITIMES) to include MDR-TB, contact investigation, and TBI detection and treatment reporting functions. In 2021, USAID will continue to update the system to ensure cascade data including for contact tracing, X-ray, GeneXpert, and Tuberculin Skin Test (TST) results, active TB detection, and TBI detection and treatment can be recorded and reported.

## **SELF-RELIANCE**

### *Commitment and sustainability*

The GVN joined the global commitment to end TB at the United Nations General Assembly High-Level Meeting on TB on September 26, 2018. To support this political commitment, the GVN established the National Committee on Ending TB on December 4, 2019. Despite significant government commitment to end TB, the NTP has not been funded at the level necessary to end TB by 2030. The GVN is planning to transition TB treatment costs to Social Health Insurance (SHI) by 2021. USAID will support the GVN to develop and implement this critical SHI transition plan for TB services including commodity planning. USAID will also support the NTP to advocate for political commitment and additional funding from local governments and the private sector in USAID priority provinces.

### *Capacity and functioning systems*

USAID will support the NTP to operationalize the NSP 2021-2025 and support local government leaders and stakeholders in USAID priority provinces to develop, implement, and monitor their provincial TB plans. USAID will provide targeted TA to improve the quality of NTP network services through training, coaching, and supervision. USAID will also strengthen the NTP supervision network cascading from the national to the provincial and district levels. In 2021 USAID will update VITIMES, the foundational NTP Health Management Information System (HMIS), to include MDR-TB, contact investigation, and LTBI detection and treatment surveillance functions. To further the GVN's planned transition of TB services to SHI by 2021, USAID will provide TA to the GVN to develop, implement, and monitor a national master plan for SHI transition of TB services. Additionally, USAID will support TB facilities in priority provinces to ensure the smooth transition of TB services into SHI.