

Vietnam Tuberculosis Roadmap Overview, Fiscal Year 2022

This is an overview of the USAID/Vietnam FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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 tenth.¹ 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. There were an estimated 172,000 cases of TB in 2020. In 2020, only 58 percent of the estimated TB cases were notified to the NTP; this means that about 72,000 cases were either not diagnosed or diagnosed but not notified.² TB is more prevalent among men than women, with a reported rate of four times higher in men than that reported in women, and this rate increases with age.³ Of the 99,852 patients notified, children comprised only 1.4 percent, a proportion much smaller than the global estimate of 10 percent. Additionally, the estimated multidrug-resistant TB (MDR-TB) burden among individuals newly diagnosed with TB is 3.6 percent, and among previously treated individuals with TB, it is 17 percent.⁴ In 2020, of the estimated 9,025 MDR-TB cases, only 3,294 (36 percent) were identified and started on treatment.⁵

The Ministry of Health (MOH) has approved the new National Strategic Plan (NSP) 2021–2025 to achieve its goal of ending TB by 2030. By focusing on person-centered care, bold policies, expanding partnerships, strengthening health systems, and investing in key innovations and research, this new NSP builds upon the success of the previous NSP 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 individuals who are newly diagnosed MDR-TB below five percent and to reduce: TB incidence by 50 percent, TB mortality by 75 percent, and catastrophic TB costs by 50 percent.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019 — representing a more than 20 percent decline. In Vietnam, there was a three percent decline in TB case notifications and an eight

¹ World Health Organization. Global Tuberculosis Report, 2021.

² Ibid.

³ Ibid.

⁴ World Health Organization. Global Tuberculosis Report, 2020.

⁵ World Health Organization. Global Tuberculosis Report, 2021.

percent increase in DR-TB case notifications in 2020, compared to 2019. Further, as a result of COVID-19 related restrictions, a proportion of the Government of Vietnam's (GVN) domestic TB resources were redirected; most on-site implementation and intervention of TB activities, as well as monitoring and supervision activities, were delayed or postponed. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

The proposed FY 2021 USAID TB budget for Vietnam is \$7 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Strengthening and expanding the TB diagnostic network and services a priority under Pillar I 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. This comprehensive assessment was completed in January 2021, and USAID will use the results of the assessment to support the NTP to develop and implement a diagnostic network improvement plan to ensure decentralized, quality molecular diagnostics as a first-line test at the district level. In order to increase the detection of drug-resistant TB cases and reduce the gap between the number of estimated DR-TB cases and the number of DR-TB cases diagnosed and notified, USAID will use FY 2021 funding to support the scaling up of the Double X strategy to the peripheral levels of the NTP network, specifically the use of molecular testing (including Xpert[®] MTB/RIF [GeneXpert] and Truenat[®] [Truenat]) for detecting DR-TB including MDR-TB. USAID will also support the NTP to implement new second-line drug susceptibility testing, as recommended by the World Health Organization (WHO), to optimize DR-TB treatment regimens and outcomes. USAID will also continue its efforts to strengthen mechanisms to ensure efficient referrals of samples to appropriate second-line drug susceptibility testing facilities. Additionally, USAID will support the NTP to implement other newly endorsed diagnostic tools, including TB loop-mediated isothermal amplification (LAMP) and BD MAX[™], to generate evidence and lessons learned to prepare for national scale-up. Further, USAID will support the NTP's diagnostic network by providing technical assistance to strengthen use of: artificial intelligence (AI) for radiological services, specimen referral monitoring, data management to improve treatment adherence, and laboratory quality management systems.

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 piloted an intensified facility-based TB case finding effort. With FY 2021 funds, USAID will continue implementation of facility-based case

finding, 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 2021 (assessment was delayed due to COVID-19 restrictions), USAID will develop and implement a capacity building plan for private facilities. This plan will focus on TB clinical and management practices and support the NTP and MOH in integrating TB clinical management into continuing education requirements. To further improve private provider engagement, USAID piloted a model that enables people with TB to access care in the private sector in two cities. Following promising initial results, USAID will scale up the model to improve access and quality of TB services, and facilitate community active case finding (ACF) and contact investigation (CI) through engagement of private providers and public, non-NTP facilities.

Community TB care delivery

The NTP considers ACF to be a key strategy to improve TB case notification and treatment coverage. USAID began implementing joint community ACF and contact investigation activities in priority provinces in 2020. Following promising results, USAID supported the NTP in the development of the national Double X strategy. In 2022, USAID and partners will scale up ACF implementation by leveraging diagnostic capacity in the public and private sector, and engaging with healthcare networks at sub-provincial levels, private providers, and community-based organizations, using the Double X strategy. Concerted efforts will be placed on building the capacity of community systems to provide high quality ACF. 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. Gender-based analysis will be embedded into planning to better understand potential inequities between men and women in care-seeking behaviors and health service accessibility, to help adjust interventions for each gender and empower individuals to fully participate and benefit from TB interventions.

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 provided with the necessary support for 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 increasing treatment success. To increase DS-TB treatment success rates in 2022, USAID will continue to provide technical assistance (TA) to the NTP to update and implement TB management guidance with clear roles and responsibilities for different cadres of healthcare workers and communities engaged in supporting those with TB. USAID will also continue to support the NTP in improving training

and supervision plans that will be applied to its broader network, including private service providers and district/commune level facilities. USAID will also support the NTP to introduce digital tools and technologies for treatment adherence and TB treatment counseling support for individuals with TB and families to ensure the provision of a comprehensive care package.

Multidrug-resistant TB (MDR-TB) treatment

Over the past ten years, the NTP has successfully established an MDR-TB detection and treatment network nationally. The NTP is planning to transition to all oral regimens and has set a DR-TB treatment success target of 75 percent for 2021 and 2022. USAID is supporting the NTP to update the national guidelines and implementation plans to enable the transition to safer all-oral treatment regimens and scale up regimens containing bedaquiline and delamanid. With FY 2021 funds, USAID will focus on patient referral and follow-up to improve MDR-TB treatment initiation for individuals and shorten treatment delays. 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, as well as to support the NTP to develop and implement a comprehensive care package for those with MDR-TB to ensure treatment success. Additionally, to further support patient safety and treatment completion, USAID and partners will collaborate to strengthen active drug safety monitoring (aDSM) systems including by introducing innovative, mobile applications to facilitate efficient reporting of adverse events.

PREVENT

Prevention

In March 2020, national guidelines on TB infection (TBI) detection and treatment were approved by the MOH, and new shorter TBI treatment regimens, including 3HP and 3HR, were introduced. However, TBI activities in Vietnam are solely dependent on USAID's and other donors' funding. In order to maximize investments, USAID is working to improve and integrate TBI reporting systems to collect data for TB CI, detection, and treatment activities. To achieve the ambitious TB prevention targets, with USAID support, the NTP will bring ACF and TBI services closer to the communities, and focus on high risk groups, including adolescent and adult contacts, diabetic individuals, and people who use drugs and alcohol. Results, best practices, and lessons learned will be used to update national guidance on TB CI and TB preventive treatment (TPT).

SUSTAINABLE SYSTEMS

Commitment and sustainability

The Government of Vietnam (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 in 2019. Also in 2019, USAID and the MOH signed a Statement of Partnership committing to working together to end TB and further clarify joint objectives and targets. Moving forward, USAID will continue to support the National Committee on Ending TB and assist the NTP in monitoring the implementation of the Vietnam Multi-sectoral Accountability Framework. USAID will also collaborate with TB stakeholders to improve TB communication and advocacy to enhance and cement the political and financial commitment of the government and other stakeholders.

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 the end of 2021. USAID will support the GVN to develop and implement this national SHI transition plan for TB services including commodity planning, procurement and supply chain management under SHI, addressing governance barriers of facilities in providing TB services through SHI, and updating relevant policies and guidelines to ensure smooth transition of TB services into the SHI scheme. USAID will also support the NTP in advocating for political commitment and additional domestic resources from both national and 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. Moving forward, USAID will continue supporting the NTP in upgrading the Vietnam TB Information Management Electronic system (VITIMES), the foundational NTP Health Management Information System (HMIS), to include MDR-TB, CI, and TBI detection and treatment surveillance functions. The ten core indicators of the PBMEF will be included in NTP reporting requirements, and the upgraded VITIMES will be structured to collect all indicators. To further the GVN's planned transition of TB services to SHI, USAID will liaise with the NTP to facilitate information sharing and collaboration to ensure interoperability between the SHI information systems and the VITIMES .