



## VIETNAM TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Vietnam Fiscal Year (FY) 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget.

In 2021, the estimated TB incidence in Vietnam was 169,000, and an estimated 14,000 people died from the disease that year. Vietnam notified 77,657 incident TB cases, and 89.2 percent of total notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance; there were 2,640 individuals diagnosed with drug-resistant TB (DR-TB), and 2,524, or 96 percent, were put on treatment.

The Ministry of Health (MOH) approved the [National Strategic Plan \(NSP\) 2021 - 2025](#), designed to achieve its goal of ending TB in Vietnam by 2030. This NSP proposes a model of care with essential interventions that build on the successes of NSP 2016-2020 and align with the National Action Plan to End TB by 2030.

### Three Pillars of the NSP (2021-2025):

#### Pillar 1. People-centered Care

**A. People not accessing the health system:**

Improve access by raising awareness, removing barriers to those seeking care, and improving outreach to close the gap in pre-care settings.

**B. People accessing services but not diagnosed or not reported:**

Improve and expand the quality of services in facilities to serve people seeking care.

**C. People diagnosed but who do not complete or who fail treatment:**

Improve linkages between community and facility care; provide comprehensive support to ensure treatment completion.

**Pillar 2. Bold Policies, Expanded Partnerships, and Strengthening Systems:** Support health insurance and social protection to decrease catastrophic costs; strengthen partnerships with communities to address barriers to accessing TB services.

#### Pillar 3. Innovations and Research:

Introduce innovations through all pillars of the NSP, namely through innovations in thinking, technology, approaches, and investments.

The proposed FY2022 USAID TB budget for Vietnam is \$10 million, and with this level of funding, USAID will support the following technical areas:



## REACH

### *TB diagnosis*

Based on Vietnam's diagnostic network assessment results in 2021, USAID/Vietnam supported the National TB program (NTP) to improve diagnostic networks, ensuring decentralized quality molecular diagnostics as a first-line test at the district level; this was coupled with the piloting of a digital specimen referral tracking system. USAID also introduced TrueNat and Ultra-portable Xray to Vietnam in late 2021.

In 2023, USAID will continue helping the NTP decentralize and improve the diagnosis of drug-susceptible TB (DS-TB) and DR-TB, including the scale-up of X-ray and Xpert/TrueNat (Double X) implementation. USAID will focus its efforts on technical assistance, including training and coaching on improving the NTP diagnostic network capacity with a focus on TB diagnostics connectivity and laboratory information systems, including health information systems, application of artificial intelligence (AI) to radiology services, specimen referral monitoring, diagnostic data management, and feedback to minimize primary loss to follow-up (LTFU), continuous laboratory quality management, as well as biosafety and infection control. USAID will also support the NTP to apply new phenotypic and genotypic drug-susceptibility testing (DST) for important second-line TB drugs recommended by the WHO to optimize DR-TB treatment regimens and outcomes. USAID will continue to support the NTP to implement other newly endorsed diagnostic tools to generate evidence and lessons learned to prepare for national scale-up.

### *Engaging all care providers*

USAID will continue implementing facility-based case findings in 2023 for people at high risk of TB, including individuals presenting with respiratory symptoms, individuals with diabetes, those with respiratory diseases, smokers, people with alcohol use disorders, and children to improve early detection and treatment of DS-TB and DR-TB. TB screenings will be integrated into respiratory, diabetic, and pediatric clinical services to improve case finding and notification. As requested by the NTP, USAID will also provide technical assistance to all of Vietnam's other provinces (63/63 provinces) on intensified case finding (ICF) implementation.

To address gaps in pediatric TB care, USAID Vietnam has implemented ICF among children at all healthcare facilities providing pediatric clinical care in all provinces. USAID will continue this work in 2023 to generate experience and lessons learned for further scale-up of TB detection in children nationwide.

In 2023, USAID will continue expanding the private sector engagement model so individuals with TB can access care from private providers and public non-NTP providers, including access to free diagnostics and TB medicines provided by the NTP. USAID will also improve collaboration between NTP and non-NTP providers to improve service quality. Private providers will also be utilized to implement community active case finding (ACF), including contact investigation, for household



contacts of people with TB who access detection and treatment services at private facilities.

USAID will develop and implement a capacity-building plan for private facilities, focusing on TB clinical and management practices, and work with the NTP and MOH to integrate TB clinical management into continuing education training requirements.

### *Community TB care delivery*

With FY2022 funds, USAID will continue to scale up ACF implementation with the involvement of healthcare networks at sub-provincial levels, private providers, and community-based organizations. USAID will also provide needed technical assistance (TA) to the NTP and other partners to roll out ACF activities to mitigate the negative impacts of COVID-19 on TB case finding and continue providing TA to the NTP to scale up an Xpert/TrueNat and X-ray (Double X) diagnostic algorithm to improve the diagnosis of DS-TB and DR-TB at peripheral levels of the NTP network. Efforts will focus on strengthening community systems so that they can provide high-quality ACF implementation supported by a clear referral network, increasing efficiencies, and decreasing the burden of multiple time-consuming and expensive health facility visits.

To address stigma and discrimination issues, USAID is implementing a qualitative study on barriers related to gender and stigma, completed in July 2022. USAID will continue collaborating with the NTP network, local government, and local and mass organizations—e.g., farmers' unions and women's unions—to implement local advocacy, communication, and education activities that provide accurate information on TB and the benefits of early detection and treatment adherence. Both online and offline education materials will be used for TB education coupled with client stories. The gender-based analysis will be embedded into planning and implementation to better address potential inequities between men and women in care-seeking behaviors and health service accessibility to adjust interventions for each gender and empower individuals to fully participate and benefit from TB interventions.

## CURE

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

USAID implemented different strategies, including:

- Offering medication delivery to COVID-19 checkpoints or the homes of those with TB by health staff or post office network;
- Decentralizing TB screening and treatment follow-up; to the commune level; and
- Providing virtual consultation.

With FY2022 funding, USAID will work with the NTP to update the national DS and DR-TB detection and management guidelines, applying new World Health Organization (WHO) recommendations to ensure standard TB detection and management quality. The updated guidelines will also be a legal document guiding TB service provision under social health insurance (SHI)



coverage. USAID will continue supporting the NTP to apply treatment support standard operating procedures (SOPs) in other provinces and to expand successful treatment support approaches. We will also assist the NTP in improving its training and supervision plan and develop continuation training policies, materials, and approaches that will be applied to its broader network, including private service providers. USAID will continue building the capacity of TB network staff on data monitoring and analysis so TB treatment quality of care issues can be identified and rapidly addressed. Training and supervision will be focused on district and commune levels to help ensure access to quality decentralized services and to reduce transportation and other out-of-pocket expenses. Ensuring effective TB community case management services that promote treatment completion and provide direct support to TB-affected clients and their families, including education about the disease and case management support resources available, will be prioritized.

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

With FY2022 funds, USAID will focus on improving patient referral and follow-up to increase the number of individuals with MDR-TB who initiate treatment; they will also work on reducing the time people wait for DR-TB confirmation and treatment initiation. USAID will continue providing technical assistance to the NTP to accelerate the nationwide transition to non-injectable regimens. USAID will also support the NTP in implementing MDR-TB treatment adherence SOPs, updating national MDR-TB guidelines, and implementing new treatment regimens following WHO-recommended guidance. In addition, it will continue building 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 to shorten the waiting time for individuals with DR-TB, increase the number of individuals notified and enrolled on treatment, and reduce loss to follow-up.

To help the NTP optimize the management of adverse events, USAID will collaborate with other partners to strengthen monitoring mechanisms for active drug safety monitoring (aDSM). Innovative tools, including mobile applications, will be piloted to facilitate adverse event reporting. Training and coaching on detecting and evaluating clinical signs and symptoms and managing adverse events will also be provided to MDR-TB network staff, especially those at the commune and district levels. USAID will evaluate current treatment support packages for individuals with MDR-TB and develop standardized MDR-TB treatment support guidance to increase treatment retention nationwide.

With FY2022 funding, the system will be completed, and implementation of the new Vietnam TB Information Management Electronic System (VITIMES) will begin gradually replacing the old system.

## **PREVENT**

### *Prevention*

With FY2022 funds, USAID will continue improving and expanding community-based ACF and TB infection (TBI) detection and treatment among children and adults in priority provinces. Community



ACF and TBI detection and treatment will be implemented as a comprehensive model with contact investigation as the starting point for identifying active TB cases as well as individuals eligible for TBI treatment. USAID will focus on TBI detection and treatment services in populations at high risk of disease progression, including household contacts. In coordination with the NTP, USAID will demonstrate the potential of the contact investigation and TBI detection model and adjust the program as needed to optimize results. Results, best practices, and lessons learned will be used to update national guidance on contact investigation and TBI treatment and will work to scale best practices to reach a wider network of clients with TBI services.

With FY2022 funding, USAID will complete the development of the TBI reporting system; the NTP expects to be able to collect national TBI detection and treatment data in 2024. The new system will include functions that collect and report cascade data on the detection and treatment of TB and TBI, including contact tracing, X-rays, Xpert, and TBI testing; healthcare staff at the commune and district levels will be able to record and report results. The updated reporting tools will be piloted at USAID-supported community ACF and TBI detection and treatment intervention sites in 2023. Once modifications have been made to optimize the system, USAID will support the NTP to apply the new system nationally.

## SUSTAINABLE SYSTEMS

### *Commitment and Sustainability*

Despite significant government commitment to End TB, the NTP has not been funded at the level necessary to end TB by 2030. Domestic funding for the TB program only covers first-line drugs and basic commodity costs. Donor investments, mostly those of the Global Fund, fill some of the gaps, but the total funding available from all sources is less than half what is considered necessary to successfully implement the NSP 2021-2025. USAID, working closely with the NTP, MOH's Department of Health Insurance (DHI), and the provincial Department of Health, is addressing challenges related to—

- Commodity planning, quantification, procurement, and supply chain management under Social Health Insurance (SHI);
- Adopting governance barriers for facilities providing TB services through SHI at central and provincial levels; and
- Updating relevant policies and guidelines, ensuring a smooth transition of TB services into the SHI system.

In 2023, USAID will support the NTP to monitor and evaluate the transition of TB services to SHI. Supportive supervision to selected provinces will also be conducted to ensure the prerequisites for SHI consolidation at health facilities have been satisfied; reimbursement from SHI must run smoothly. Efforts will focus on efficient data exchange between SHI's Electronic Logistic Management



Information system (eLMIS) and the NTP's VITIMES. USAID will continue supporting the NTP as it advocates for increased political commitment and additional public funding from both national and local governments.

### *Capacity and functioning systems*

For the past 15 years, the National TB program has been managing the TB supply system, including quantification, procurement, distribution, and liquidation of TB drugs and microscopy commodities. Clinton Health Access Initiative (CHAI) and the Global Drug Facility (GDF) provided key technical assistance to the NTP on issues related to supply chain management for second line drugs and commodities. With FY2022 funds, USAID will continue maintaining the supply chain advisor at the central NTP to assist in transitioning the supply chain system to SHI. USAID will also continue providing the bulk of procurement and supply chain management support in 2023.

### *Research*

In 2023, one year after the transition of TB services to SHI was initiated, USAID/Vietnam will assess the process and outcomes. The implementation research aims to capture the quality of SHI TB services, identify possible challenges, limitations, and opportunities during the SHI transition process, potential benefits during and after the transition, and provide recommendations to improve SHI TB service provision. An operational research study designed to measure the efficacy and safety of Bedaquiline-containing regimens for individuals with RR/MDR-TB initiated on treatment using an ambulatory model of care will also be conducted in 2023. The research will provide the NTP with evidence to adapt its MDR-TB treatment guidelines to optimize care and treatment as services are further decentralized and ambulatory models of care are expanded.