

Vietnam Responsibility Matrix Narrative Cover Sheet

The HIV/AIDS Responsibility Matrix (RM) is a new PEPFAR tool in 2019, which is completed by country teams as part of its biannual Sustainability Index and Dashboard (SID) effort. The RM will serve as a baseline assessment of the functional responsibilities of the three major funding components of the HIV response: PEPFAR, the Global Fund, and Host Government.

Country Overview: The HIV response in Vietnam is shifting from a donor-dependent program to a domestically funded one. Bilateral donors have consistently reduced funding since 2013. According to preliminary available information at the end of 2018, government/public spending on HIV has reached 35% of total expenditure. The overall proportion of domestic resources (including both government/public and private sources) has increased from 36 % in 2016 to an estimated 49 % in 2018. External funding from the Global Fund and PEPFAR in 2018 only contributed to approximately half of total expenditure for the national HIV response. Since 2016 the Vietnamese government has sought ways to mobilize domestic HIV resources through provincial government budgets, SHI contributions, and user fees. Going forward, Vietnam will rely heavily on the national Social Health Insurance to fund HIV/AIDS treatment costs.

RM Process: The RM tool was shared in August 2019 with leaders and senior managers at host government offices, including the Ministry of Health/Vietnam Administration for HIV/AIDS Control (VAAC), the Office of the National Assembly, the Office of the Government, Ministry of Finance, and Vietnam Social Security. The tool was also shared with development partners including UNAIDS, the Global Fund and WHO for their review, data collection and preparation for a one-day SID/RM consultative workshop on September 17, 2019, co-hosted by PEPFAR, UNAIDS and the VAAC. The break-out group for RM included the Director-General from VAAC Dr. Nguyen Hoang Long, UNAIDS Country Director Marie-Odile Emond, PEPFAR Country Coordinator Mark P. Troger, and U.S. CDC Deputy Country Director Paula Morgan. The tool was then presented to the full group of over 60 experts representing a wide range of stakeholders, with the Global Fund Portfolio Manager, Olivier Cavey and other colleagues calling in from the Global Fund in Geneva, Switzerland, for consensus. The Global Fund and VAAC fully endorsed the results of the RM tool.

RM Strengths:

Programs - The government has resumed the primary responsibility for all HIV/AIDS programs in the country, both for service delivery and strategy formulation and planning. PEPFAR still plays the primary role in providing technical assistance in most care and treatment services. All three funding sources play equally important roles in key and priority population prevention.

Commodities - With PEPFAR having significantly reduced commodity support, the government has taken over the primary responsibility for the procurement and supply of most HIV related commodities, including test kits and ARV drugs.

Health Workforce - Similarly the government is primarily responsible for the health workforce working in HIV/AIDS, with few cases where PEPFAR and the Global Fund provide limited benefits and top-ups to healthcare workers.

Above-Site - The government is the primary funding source for systems, in both technical assistance and planning. This applies to a comprehensive range of systems, from the health workforce, governance, financing, information systems, to laboratories and supply chains.

Other Observations:

Strategic Information - In PEPFAR supported provinces, PEPFAR program supports substantial data collection and information systems, especially for MER requirements.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Vietnam, please contact PEPFAR Country Coordinator Mark P. Troger at TrogerMP@state.gov.

HIV/AIDS Responsibility Matrix

Country: Vietnam

Epidemic Type: Concentrated

Income Level: Lower Middle

PEPFAR Categorization: Targeted Assistance

Legend

Primary=Primary responsibility for/contribution to element

Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)

Nominal=Contributes to this effort, but offers a nominal/marginal level of support

None=No responsibility/level of support

| FUNCTIONAL ELEMENTS | DIMENSIONS | | | | | | | | |
|---|-------------------------------|---------------------|-------------------|--|---------------------|-------------------|--|-----------|-----------|
| | SERVICE DELIVERY ¹ | | | NON-SERVICE DELIVERY ASSISTANCE ² | | | STRATEGY FORMULATION AND PLANNING ³ | | |
| | Host Govt. & IPs | PEPFAR & PEPFAR IPs | GFATM & GFATM IPs | Host Govt. & IPs | PEPFAR & PEPFAR IPs | GFATM & GFATM IPs | Host Govt. | PEPFAR | GFATM |
| Programs | | | | | | | | | |
| <i>Care and Treatment</i> | Primary | Secondary | Secondary | Primary | Primary | Secondary | Primary | Secondary | Secondary |
| Clinical Interventions | Primary | Secondary | Secondary | Primary | Primary | Secondary | Primary | Secondary | Nominal |
| Laboratory | Primary | Secondary | Secondary | Primary | Primary | Nominal | Primary | Secondary | Nominal |
| Linkage, Retention, Adherence | Primary | Primary | Secondary | Primary | Primary | Nominal | Primary | Secondary | Secondary |
| TB-HIV | Primary | Secondary | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| <i>HIV Testing Services</i> | Primary | Secondary | Secondary | Primary | Primary | Secondary | Primary | Secondary | Secondary |
| <i>Prevention</i> | Primary | Secondary | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| Prevention of Mother-To-Child Transmission | Primary | None | Secondary | Primary | Nominal | Secondary | Primary | Nominal | Nominal |
| Male Circumcision | None | None | None | None | None | None | None | None | None |
| Other Biomedical Prevention | Primary | Secondary | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| Key and Priority Populations | Primary | Primary | Primary | Primary | Primary | Primary | Primary | Secondary | Secondary |
| <i>Orphans and Vulnerable Children</i> | Primary | None | None | Primary | None | None | Primary | None | None |
| Commodities | | | | | | | | | |
| <i>Condoms</i> | Primary | None | Primary | Primary | Nominal | Secondary | Primary | Nominal | Nominal |
| <i>Male Circumcision Kits and Supplies</i> | None | None | None | None | None | None | None | None | None |
| <i>Rapid Test Kits</i> | Primary | Secondary | Primary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| <i>Antiretroviral Drugs</i> | Primary | Nominal | Secondary | Primary | Secondary | Primary | Primary | Secondary | Secondary |
| <i>Other Essential Drugs</i> | Primary | Nominal | Secondary | Primary | Nominal | Secondary | Primary | Nominal | Secondary |
| <i>CD4</i> | Primary | None | Secondary | Primary | Nominal | Secondary | Primary | Nominal | Secondary |
| <i>Viral Load</i> | Primary | Nominal | Primary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| <i>Reagents and Supplies</i> | Primary | None | Secondary | Primary | None | Nominal | Primary | None | Nominal |
| <i>Health Equipment</i> | Primary | None | Secondary | Primary | None | None | Primary | None | None |
| <i>PSM Costs</i> | Primary | Nominal | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| Health Workforce | | | | | | | | | |
| <i>Service Delivery Personnel: Facility-level staff total</i> | | | | | | | | | |
| Salary and Benefits | Primary | None | Nominal | | | | Primary | Nominal | Nominal |
| Salary Top-Ups | Primary | Secondary | Nominal | | | | Primary | Nominal | Nominal |
| Training and Supervision | Primary | Secondary | Primary | | | | Primary | Secondary | Secondary |
| <i>Non-Service Delivery Personnel: Facility-level staff total</i> | | | | | | | | | |
| Salary and Benefits | | | | Primary | None | None | Primary | None | None |
| Salary Top-Ups | | | | Primary | Nominal | None | Primary | None | None |
| Training and Supervision | | | | Primary | Nominal | Nominal | Primary | None | None |
| <i>Community Health Workers/Lay Cadres staff number</i> | | | | | | | | | |
| Salary and Benefits | Primary | Secondary | Nominal | Primary | Nominal | Nominal | Primary | Nominal | Nominal |
| Salary Top-Ups | Primary | Secondary | Nominal | Primary | Nominal | Nominal | Primary | Nominal | Nominal |
| Training and Supervision | Primary | Secondary | Secondary | Primary | Secondary | Secondary | Primary | Nominal | Nominal |
| <i>Secondment Staff number</i> | | | | | | | | | |
| Above Site (Systems) | | | | | | | | | |
| <i>Health Workforce</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Governance</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Institutional and Organizational Development</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Health Financing</i> | | | | Primary | Secondary | Nominal | Primary | Primary | Nominal |
| <i>Health Management Information Systems</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Supply Chain Systems</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Laboratory Systems</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Other Systems Support</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| <i>Disease Surveillance</i> | | | | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| Strategic Information | | | | | | | | | |
| <i>Monitoring and Evaluation</i> | Secondary | Primary | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| <i>Surveys and Surveillance</i> | Primary | Secondary | Secondary | Primary | Secondary | Secondary | Primary | Secondary | Secondary |
| <i>Research and Other Surveys</i> | Primary | Secondary | Nominal | Primary | Secondary | Nominal | Primary | Secondary | Nominal |
| Program Implementation, Management, and Support | | | | | | | | | |
| <i>At the Implementation Level</i> | | | | | | | | | |
| <i>At the Donor Level</i> | | | | | | | | | |

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

| HIV/AIDS Responsibility Matrix | | Supplementary Comments/Notes |
|---|--|--|
| Country: Vietnam | | |
| Programs | | |
| <i>Care and Treatment</i> | | |
| Clinical Interventions | | |
| Laboratory | | |
| Linkage, Retention, Adherence | | GF has their VUSTA community project that works on linkage. |
| TB-HIV | | |
| <i>HIV Testing Services</i> | | GF works on communiy-based testing in 20 provinces. |
| <i>Prevention</i> | | |
| Prevention of Mother-To-Child Transmission | | |
| Male Circumcision | | N.A. |
| Other Biomedical Prevention | | Includes MMT, PrEP, needles and syringes, STIs. |
| Key and Priority Populations | | |
| <i>Orphans and Vulnerable Children</i> | | Even only GVN works on this, the level of funding is very nominal. |
| Commodities | | |
| <i>Condoms</i> | | |
| <i>Male Circumcision Kits and Supplies</i> | | |
| <i>Rapid Test Kits</i> | | |
| <i>Antiretroviral Drugs</i> | | |
| <i>Other Essential Drugs</i> | | PF only supports TB drugs, no OIs. |
| CD4 | | |
| <i>Viral Load</i> | | PEPFAR covers some co-payment. |
| <i>Reagents and Supplies</i> | | Gene-Xpert, recency, lab reagents. |
| <i>Health Equipment</i> | | Gen-Xpert, CD4 and VL machines |
| PSM Costs | | |
| Health Workforce | | |
| <i>Service Delivery Personnel: Facility-level staff total</i> | | |
| Salary and Benefits | | PEPFAR supports HR planning, workforce review, and costing. |
| Salary Top-Ups | | |
| Training and Supervision | | |
| <i>Non-Service Delivery Personnel: Facility-level staff total</i> | | |
| Salary and Benefits | | N.A. |
| Salary Top-Ups | | N.A. |
| Training and Supervision | | N.A. |
| <i>Community Health Workers/Lay Cadres staff number</i> | | |
| Salary and Benefits | | Includes community organizations and social enterprises. Also includes government supported community health workers |
| Salary Top-Ups | | i.e. performance based incentives |
| Training and Supervision | | |
| <i>Secondment Staff number</i> | | N.A. |
| Above Site (Systems) | | |
| <i>Health Workforce</i> | | PEPFAR supports clinical mentoring, coaching, in-service training at the above-site level |
| <i>Governance</i> | | |
| <i>Institutional and Organizational Development</i> | | PEPFAR supports in this area to provincial authorities, academic institutions, CBOs, and the private sector. |
| <i>Health Financing</i> | | |
| <i>Health Management Information Systems</i> | | |
| <i>Supply Chain Systems</i> | | |
| <i>Laboratory Systems</i> | | |
| <i>Other Systems Support</i> | | |
| <i>Disease Surveillance</i> | | |
| Strategic Information | | |
| <i>Monitoring and Evaluation</i> | | In PEPFAR supported provinces, PEPFAR program supports substantial data collection and information system, especially for MER requirements |
| <i>Surveys and Surveillance</i> | | |
| <i>Research and Other Surveys</i> | | |
| Program Implementation, Management, and Support | | |
| <i>At the Implementation Level</i> | | |
| <i>At the Donor Level</i> | | |