



# PEPFAR Vietnam Quarterly Newsletter



October-December 2015

## U.S. and Vietnam Celebrate 20th Anniversary of Health Cooperation



*U.S. Ambassador Ted Osius, Minister of Health Nguyen Thi Kim Tien, and Vice Minister of Foreign Affairs Ha Kim Ngoc with the award recipients at the ceremony.*

Hanoi - On October 28, 2015, the governments of the United States and Vietnam celebrated a historic milestone: the 20th anniversary of U.S.-Vietnam health cooperation and normalized bilateral relations. U.S. Ambassador Ted Osius, Minister of Health Nguyen Thi Kim Tien, and Vice Minister of Foreign Affairs Ha Kim Ngoc attended the event highlighting achievements in the health field between the two nations over the past 20 years.

“For twenty years, since we normalized relations, our health collaboration has saved countless lives in Vietnam and beyond. We have achieved so much together in only 20

years. Imagine what we can do together over the next 20. I am confident our health cooperation will deepen and broaden into new and exciting areas. Anything is possible when it comes to what our two countries can do together,” said Ambassador Ted Osius in his opening remarks.

During the celebration, Ambassador Osius and Minister of Health Tien awarded “for People’s Health” medals to seven American diplomats and U.S. Embassy Certificates of Appreciation to 40 Vietnamese individuals for their dedicated contributions to advance the bilateral health cooperation.

U.S. government health programs in Vietnam have totaled over \$900 million

dollars since the 1995 normalization of relations, accounting for approximately 75% of U.S. Government overall assistance to Vietnam.

Since its 2005 implementation, the PEPFAR program has been the largest contributor to Vietnam’s HIV response. This year also marks key PEPFAR milestones with over 100,000 people in Vietnam on ARV treatment and over 40,000 people on methadone maintenance treatment. The U.S. Government is also the largest bilateral supporter of influenza prevention. Other support areas include: tuberculosis, malaria, tobacco control, road safety, food safety, disabilities, disaster preparedness, coastal medicine, and infectious disease prevention and control.

Looking to the future, the U.S. and Vietnam have established a growing partnership under the Global Health Security Agenda (GHS) since last year to better prevent, detect, and respond to disease outbreaks. Addressing issues of global health importance together not only benefits both countries, but also the region and the world at large.

*Story from the U.S. Embassy Hanoi website*

## Quarter's Snap-shots



On November 11, 2015, Marta Ackers, Associate Director, (*middle in first photo*) on behalf of the CDC-Vietnam's team in Ho Chi Minh City received a Certificate of Appreciation from the Municipal People's Committee



Chairman for promoting the health of Vietnamese people and fighting HIV/AIDS in Vietnam. On this occasion Dr. Son Nguyen (*right in second photo*), CDC Vietnam's HCMC Clinical Service Team Lead and Dr. Son Vu (*left in second*

*photo*), USAID HCMC-based HIV Care and Treatment Specialist were also acknowledged with individual certificates of merit. These awards are one of the highest honors from the People's Committee.

## PEPFAR Joins Vietnam's Commemoration of World AIDS Day 2015



On November 9, the PEPFAR team participated in the Ministry of Health's launch of the national Month of Action on HIV/AIDS and the announcement of more than 100,000 people on antiretroviral treatment in the country. PEPFAR currently contributes ARV drugs for half of these patients.



On November 24, U.S. Deputy Chief of Mission Susan M. Sutton (*right on first row*) participated in the opening ceremony of the biennial National Scientific Conference on HIV. Vietnam Deputy Prime Minister Vu Duc Dam was present in the opening ceremony. The next day, the PEPFAR coordinator spoke during the closing ceremony of the conference.



On November 28, PEPFAR Country Coordinator Christopher T. Detwiler participated in a photo exhibition launch with the Ho Chi Minh City Provincial AIDS Center. That same day, Ho Chi Minh City PAS/PEPFAR co-hosted an event with the Vietnam Network of People Living with HIV, which included recognizing top entries of a national essay contest on overcoming HIV/AIDS in Vietnam.

## Peer-Driven Intervention Model to Increase HIV Case Finding



In 2014, with support from the VAAC-CDC cooperative agreement, Son La was one of the two provinces selected to implement a pilot peer-driven intervention (PDI) model for outreach to encourage HIV testing among people at high risk for HIV infection. After one year of implementation, a cross-sectional analysis was conducted to evaluate the effectiveness of the PDI model to increase HIV case-finding in the province's Mai Son district. Mai Son was selected to implement the PDI model because Mai Son had been selected because the former outreach program was no longer funded and the HIV positivity rate among voluntary counseling and testing (VCT) clients referred by outreach workers was lower than what would have been expected for a district with a large number of people who inject drugs (PWID). In 2014, PDI was the only method used for outreach in the district.

By using data routinely collected by the VCT program in the district in 2014, the study compared clients

referred through PDI to all other VCT clients. Client records were analyzed for risk behaviors, source of referral (if any), and test result. The study results showed that the HIV positivity rate was much higher among clients tested through the PDI model (10.3%) than other VCT clients (2.6%). Among both PWID and VCT clients who were not PWID, HIV positivity was greater among PDI clients than other VCT clients.

In 2015, the PDI model was replicated in five provincial capitals. Preliminary data suggest that in all five, HIV positivity is greater among clients referred by PDI than among those referred through traditional outreach in 2014.

The evaluation also showed that the PDI model might be most effective (relative to traditional outreach) in provinces where key populations are hard to reach, and HIV testing uptake and positivity rates among key populations are lower than anticipated. It is recommended that “seeds” or peer outreach workers should have a wide network, be well-trained, and

## Departures this Quarter

*Good bye*



**Kevin Mulvey**  
Substance Abuse Treatment  
Advisor/SAMHSA



**Michelle McConnell**  
Country Director/CDC



**Pham Thi Ngoc Hoa**  
Admin Assistant/CDC HCMC

be mentored by a supervisor, especially during the first three months of implementation.

In 2016, the PDI model will be implemented in 11 districts in Thanh Hoa, one of the four priority provinces in Vietnam. PDI is likely to cost less than traditional outreach since fewer outreach workers are employed. Future analyses will look more closely at costs and cost effectiveness of PDI compared with traditional or other models of outreach.

## ARV, Alive and Thriving: Personal Impact of Pediatric Treatment

Born to loving parents who farmed the land in An Giang province, Phuc was the pride of his entire family. This was especially true on his father's side because Phuc was the first, long awaited grandson. His parents worked hard to raise him together with the love and care of grandparents and other relatives. At age six his father suddenly fell ill and grew very sick. A short while later his father passed away from unknown causes. Not long after that, Phuc's mother died too. People said it was because of lung problems and from a great sadness. Phuc was too young to deeply understand the sorrow and loss that he experienced. But his grandparents took it upon themselves to continue to care for him.

When Phuc was seven years old, he began to experience many health problems. His grandparents and relatives took him to many different clinics. But in each case, treatment alleviated the symptoms for a short time, but soon after they returned worse than ever.

In early 2005, suffering from severe diarrhea and pneumonia, Phuc was brought to the Pediatric



*“The signboard behind him is the same as it was ten years ago, but Phuc has grown into a young man who now has dreams and plans”*  
- Phuc's grandmother

*Photo by Dr. Son Vu,  
USAID Vietnam*

Hospital in Ho Chi Minh City where he was diagnosed with HIV. There was no anti-retroviral treatment in the country at that time and Phuc returned home to his family, all of whom experienced a deep sense of hopelessness.

In August 2005, when PEPFAR began work in An Giang province, Phuc was among the first clients registered for treatment at a local clinic. The clinic provided him with comprehensive HIV care and treatment services. In addition to monthly support with opportunistic infection control

and life-saving anti-retroviral (ARV) medication, Phuc received the psycho-social assistance that helped him to cope with living with HIV. Phuc felt not only the loving support from family members but also from the health care providers who took care of him.

Between 2005 and 2013, PEPFAR supported around 10,000 orphans and vulnerable children throughout Vietnam. As of 2015, PEPFAR has provided ARV treatment for over 50,000 people accounting for 51 percent of the total number of patients on ART in Vietnam.

Over the past 10 years, Phuc adhered to treatment very well and excelled in school and has graduated from high school. He is planning to attend college and return to his local community where he will work to help others who are living with HIV. On a recent visit to his local clinic, Phuc's grandmother said, “the PEPFAR program has saved thousands of lives here in Mekong River Delta. Thanks to the program my grandson is alive and has his own dreams and plans.”

*By Dr. Son Vu, USAID Vietnam; name changed to protect privacy.*