“By increasing the quality and availability of health care in Vietnam, we increase our ability to more effectively fight the spread of infectious diseases in the region and across the world.”

- U.S. Secretary of Health and Human Services Michael O. Leavitt -

Major Milestones and Events


The agreement on Scientific and Technological Cooperation was signed during President Clinton’s visit to Vietnam in 2000. The purpose of the agreement was to strengthen the relationship between the two countries’ scientists by implementing several projects in healthcare, biodiversity, and education. In 2004 Vietnam was selected as the 15th PEPFAR “focus country” to receive increased funding for HIV/AIDS. From June 19–24, 2005 Prime Minister Phan Van Khai met President George W. Bush in Washington, D.C. in the first visit by a Vietnamese Prime Minister in the post-war period. On June 22, the two countries signed an Economic and Technical Cooperation Agreement, promising continued cooperation on health issues.

In April of 2007, during a three-day visit to Vietnam, Bill Gates and his wife Melinda met Prime Minister Nguyen Tan Dung to discuss ways to improve children’s health. The U.S. Department of Defense and Vietnam MoH cooperated to accomplish these goals with support of the U.S. Department of Health and Human Services (HHS).

In April of 2008, U.S. Secretary of Health and Human Services Michael O. Leavitt visited Vietnam for a second time to discuss cooperation on product safety, pandemic influenza preparedness and HIV/AIDS. Secretary Leavitt met with Vietnam Prime Minister Nguyen Tan Dung and traveled to Ben Tre province to meet with poultry farmers. During the summer of 2008, the USNS Mercy ship dropped anchor off central Khanh Hoa province to conduct a ten-day humanitarian mission in the country. A total of 10,000 patients were cared for during the mission, of which more than 150, mostly children, underwent surgical operations aboard the hospital ship. CDC Director Julie Gerberding led a U.S. delegation of inter-agency health officials to accompany the USNS Mercy, Pacific Partnership mission.
On June 24, 2008 an MOU was signed between HHS and the Vietnam Ministry of Health concerning food, animal feed and medical products. The memorandum aimed to protect public health through cooperation on food safety, animal feed and the safety of medical devices exported through bilateral trade between countries.

**Health Initiatives**

*Research, Training, and Technical Assistance*

In 1994, Dr. Kimi Lin and Dr. Robbins from the U.S. National Institutes of Health conducted preparatory field visits to discuss clinical research trials for developing a typhoid vaccine for use in children. A contract was signed the next year to initiate phase I, II and III clinical trials and later transferred the new vaccine technology to Vietnam. A series of related projects continued, resulting in strengthened research capacity and dissemination of Vietnamese-authored findings on typhoid vaccination in developing countries.

In 1995, in collaboration with the Vietnam National TB program (NTP), an operational research training course was conducted by CDC’s Division of Tuberculosis Elimination and was accompanied by follow-up technical assistance. In the summer of 1998, CDC and WHO sponsored an assessment of the disease burden of rotavirus diarrhea in Vietnam among children hospitalized in six hospitals. In 1999 CDC’s operational research training program with the NTP was expanded with USAID support to include the CDC Sustainable Management Development Program and partnership with the Hanoi School of Public Health.

In 2007 the first U.S. Food and Drug Administration workshop was held in Vietnam on “Good Clinical Research Practice,” and continued for three years, establishing a model training program.

*Agent Orange/Dioxin*

From March 3–6, 2000 Vietnam and the United States held the “Scientific Conference on Human Health and Environmental Effects of Agent Orange/Dioxin” in Hanoi. Later that year, scientists from the United States and Vietnam met in Singapore to discuss plans to conduct research to study human and environmental effects of Agent Orange and other herbicides sprayed during the war. The U.S. delegation included scientists from the EPA, NIH, and CDC. Both countries agreed on the need to identify highly contaminated areas, known as “hot spots”, and to develop and share remediation technologies.

With the participation of hundreds of U.S. and Vietnamese researchers, the 2002 “Conference on Human Health and Environmental Effects of Agent Orange/Dioxin” resulted in an MOU which served to define future priorities for environmental research.

On December 16, 2009, the U.S. Government and Vietnam’s Ministry of Natural Resources and the Environment signed an MOU laying the framework for implementing environmental health and remediation programs, in particular those relating to Agent Orange, and its contaminant, dioxin.
Emerging Infectious Diseases

On July 20, 2006 the governments of the United States and Vietnam signed the Agreement on Health and Medical Sciences Cooperation to tackle broad health issues including influenza and emerging and re-emerging infectious diseases and the challenge of health sector reform. The agreement encouraged and facilitated the development of direct contacts and cooperation among government agencies, universities, research centers, institutions and private companies. "HHS looks forward to strengthening our ties with Vietnam in areas of health," says Secretary Michael Leavitt. He went on to say that “by increasing the quality and availability of health care in Vietnam, we increase our ability to more effectively fight the spread of infectious diseases in the region and across the world."

Severe Acute Respiratory Syndrome (SARS)

During the summer of 2000, a CDC expert on infectious disease conducted an assessment of Vietnam’s influenza surveillance. He established the collaboration between the CDC and Vietnam’s National Institute of Hygiene and Epidemiology to improve the country’s ability to monitor seasonal outbreaks of the flu. Training and equipment provided would later help in identifying and containing the severe acute respiratory syndrome (SARS).

On February 26, 2003, a 48-year-old Chinese-American businessman was admitted to the French Hospital in Hanoi with a three-day history of fever and breathing difficulties. The virus, which eventually spread to dozens of countries and killed hundreds of people, would later be known as SARS. The following month, WHO issued a global health alert after cases of atypical pneumonia, which do not appear to respond to standard treatments, spread to medical staff in Vietnam and Hong Kong. At the French Hospital in Hanoi 25 staff were listed in critical condition. CDC experts met with Vietnam’s Ministry of Health to provide assistance to the government in taking immediate action to quarantine those exposed to the virus.

On April 28, Vietnam was removed from the list of areas with recent local transmission, making it the first country to successfully contain its outbreak. The final cumulative number of SARS cases in Vietnam stood at 63, including five deaths.

Influenza

In early 2004, the first cases of highly pathogenic avian influenza (A/H5N1) in birds were confirmed in Vietnam which sparked a mass poultry culling to stop the disease’s spread. Five days later the WHO confirmed that three people had died from respiratory failure, testing positive for the H5N1 strain.

In September 2005 the U.S. Government committed USD 2.5 million over five years to improve avian influenza surveillance in the country. By 2010, the cumulative total committed was USD 50 million to addressing avian influenza throughout Vietnam. The following month, U.S. Secretary of Health Michael O. Leavitt visited Vietnam for discussions on avian influenza and cooperation on combating HIV/AIDS. During this trip he traveled to Hai Phong and met with a family that was sickened by bird flu.

In 2009, the Ministry of Health hosted experts from around the world at a conference reviewing research and development of human vaccines against influenza, with assistance from the Office of the Secretary, HHS. This effort was pivotal in capitalizing on U.S. assistance to
Vietnamese investment in vaccine R&D, leading a way forward for a multi-million dollar phase II program to develop independent influenza vaccine capacity in Vietnam.

On April 21, 2010 the CDC Vietnam’s Influenza Program and Vietnam’s Ministry of Agriculture and Rural Development agreed to establish new collaborative activities to improve prevention and improve scientific knowledge of influenza, particularly those diseases transmitted between animals and humans. The effort built upon current CDC activities with the National Institute of Hygiene and Epidemiology, such as national surveillance for influenza-like illnesses and research on health care burdens.

**Joint Efforts to Combat HIV/AIDS**

*The Early Years*

In December 1990, the first case of HIV infection was reported in Ho Chi Minh City, however it would be another seven years before there would be a formal agreement to collaboratively work to fight the epidemic. The joint 1997 statement kicked-off a number of projects aimed at providing technical assistance to the Ministry of Health to expand HIV/AIDS research, training and knowledge.

In 1999, CDC’s Gary West was appointed as the first “in-country” U.S. Technical Advisor to Vietnam. West assisted the Ministry of Health to initiate an assessment of female sex workers. At this time training efforts were initiated for physicians working with HIV-infected patients. In 2002, Harvard Medical School AIDS Initiative in Vietnam was established under the name “VCHAP” to train and support Vietnamese clinicians in HIV/AIDS care.

The CDC’s Global AIDS Program spent USD 2 million a year for five years to support a wide range of prevention, care, and treatment programs, including peer education, voluntary counseling and testing, tuberculosis diagnosis and treatment, and related training.

*Launch of PEPFAR*

On June 23, 2004, President George W. Bush designated Vietnam as a new recipient for increased funding to combat AIDS globally, expanding the USD 15 billion initiative from Africa to Asia. As a President’s Emergency Plan for AIDS Relief (PEPFAR) “focus country” the United States provides USD 10 million to support efforts to fight HIV/AIDS in Vietnam in the first year. **By 2010, USD 418 million in funding for HIV/AIDS has been provided through PEPFAR support to Vietnam.**

In 2008, after two years of planning, Vietnam opened the first of six pilot methadone clinics in Hai Phong and Ho Chi Minh City, to combat heroin addiction. **Vietnam is currently the only country employing PEPFAR funds to support medication-assisted therapy.**

HHS now has a staff of over 50 people serving in Hanoi and Ho Chi Minh City working together with the government of Vietnam, other U.S. Government agencies, bi-lateral and other organizations to address issues such as HIV/AIDS, influenza, tuberculosis, and other diseases aimed at supporting efforts towards developing a stronger health system for the people of Vietnam.