

No: ...../CCMVN

*Hanoi, 2020*

**OVERSIGHT TRIP REPORT  
IMPLEMENTATION SITUATION OF PROJECTS FUNDED BY THE  
GLOBAL FUND  
IN BINH DUONG AND DONG NAI PROVINCES**

According to the VN-CCM Operational plan in 2020, from the 4th to 5th of June 2020, VN-CCM conducted an oversight trip which aims to assess the implementation of HIV/AIDS and Tuberculosis projects funded by the Global Fund in the provinces of Binh Duong and Dong Nai; including their performance results in 2019 and activities implemented over the last 6 months.

The oversight group was led by Assoc. Prof. Pham Le Tuan, VN-CCM Chairman; participating in the delegation were representative of the Ministry of Finance, representatives of CPMUs in support of HIV / AIDS and TB prevention and control, other VN-CCM members representing International Organizations and CSOs.

The oversight group was divided into two teams; one was in charge of monitoring the HIV/AIDS program and the other was in charge of monitoring the TB program. At the visit places, the two teams had specific discussions with leaders and staffs of Provincial health departments, CDCs, PPMUs, Life Centre and CBOs on the contents related to the project implementation situation, performance results, project management, procurement, disbursement, reporting, etc.

**PART 1  
Implementation of projects funded by the Global Fund in Binh Duong  
Province**

Binh Duong is a province located in the Southern key economic region of Vietnam. Binh Duong Province has a natural area of 2,694.43 km<sup>2</sup>, a population of 2,426,561 people, a population density of 900.58 people / km<sup>2</sup> (ref: Population and Housing Census 2019); including 09 districtlevel administrative units, with 91 communelevel administrative units (42 communes, 45 wards and 04 towns).

Binh Duong is one of the leading industrial provinces of the country. Currently, the province has 29 industrial parks; 12 industrial clusters. The population situation in Binh Duong province is characterized by continuous migration, the rate

of workers from other provinces is estimated to represent 53% of the provincial population.

# **I. Implementation of the HIV/AIDS prevention and control program funded by the Global Fund:**

## **1. Situation of the HIV/AIDS epidemic in Binh Duong province:**

According to the report of the PAC, at present, the proportion of HIVinfected people in the province is relatively high, the cumulative number of HIVinfected people in the province is ranked 23rd nationwide. The HIV prevalence / 100,000 general population of the province is 209 cases, lower than the national average (252 cases / 100,000 general population). 100% of districts and 97.8% of communes have HIVinfected people. The proportion of people living with HIV / AIDS who are from outside the province accounts for approximately 50%.

PAC collects approximately 3,000 samples each year and has found a positive rate of 3%. In general, the HIV / AIDS epidemic is still concentrated in highrisk groups such as IDUs (mixed, multidrug addiction), FSWs and MSM.

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>4m of 2020</b>
New cases during the year	157	284	543	697	261
<i>In which people from Binh Duong</i>	134	114	164	206	54
Number of patients turned into AIDS during the year	299	20	38	170	29
<i>In which people from Binh Duong</i>	278	17	27	153	15
Dead cases caused by HIV/AIDS during the year	22	25	49	209	20
<i>In which people from Binh Duong</i>	22	23	37	207	11
Number of HIVinfected people who are still alive	4.859	5.213	6.124	6.552	5.379
<i>In which people from Binh Duong</i>	3.076	3.381	3.537	3.543	2.356

**Table 1 HIV/AIDS epidemic in Binh Duong province**

According to the 2019 report of the provincial Department of Drug Crime Investigation, the number of drug addicts with a management record is 2,085 cases, while the actual estimate is about 2,500. Drug addicts often change living places, making it difficult to keep track of them and provide preventive measures to prevent HIV and other STDs for this group.

Estimating the number of sex workers in Binh Duong is also facing many difficulties due to the mobility of this population, the number of businesses that easily generate prostitution activities in the area is 2,785 facilities, the total number of female employees working in these facilities is over 2,572, of which the number of female employees managed through the signing of labor contracts with the employer is only 1,541.

## 2. Performance results:

The HIV / AIDS program of Binh Duong province has a relatively good performance results regarding the target of 90 90 90, in which the target (1) 90% of HIVinfected people know their infection status is 80%; target (2) 90% of PLHIV will receive ART achieved 86% and target (3) 90% of all receiving ARV therapy will have viral suppression get 99%.

No	Indicators	Plan of 2019	Results of 2019	Plan of 2020	Results of the first 6 months of 2020	% achievement
1	Number of PWIDs accessed HIV prevention program	1.200	1.211	1.150	782	68,0
2	Number of FSWs accessed HIV prevention program	900	813	950	633	66,6
3	Number of PWIDs that have received HIV testing and counseling	1.108	1.211 (the entire province)	1.000	506	50,6
4	Number of FSWs that have received HIV testing and counseling	818	283 (the entire province)	350	321	91,7
5	Number of MSM that have received HIV testing and counseling	1.245	1.305 (the entire province)	570	689	120,0
6	Number of prisoners that have received HIV testing and counseling	3.300	2.275	2.800	1.006	36,0
7	Number of other key populations accessed HIV prevention	800	879		1.358	

	program					
8	Number of HIV patients that have received ART	168	713 (GF funded project and 2 prisons :111) / 3267 (the entire province)	96	733(GF funded project and 2 prisons: 94) / 3428 (the entire province)	763
9	Number of prisoners living with HIV that have received ART	130	111	100	94	94
10	Percentage of HIVpositive women who received ART during pregnancy	100	100	90	100	100
11	Percentage of HIV patients after 12 months of ARV treatment with viral load below 1,000 copies / ml	90	90	90	90	90

**Table 2 Performance results**

<b>Communes Contents</b>	<b>Thủ Dầu Một</b>	<b>Dĩ An</b>	<b>Bến Cát</b>	<b>Bàu Bàng</b>	<b>Thuận An</b>	<b>Tân Uyên</b>	<b>Bắc Tân Uyên</b>	<b>Phú Giáo</b>	<b>Dầu Tiếng</b>
<b>Prevention</b>									
Information, education, and communication models	NSP	NSP	NSP	NSP	NSP	NSP	NSP	NSP	NSP
Voluntary counseling and testing	EPIC (VCT BDU01)	EPIC (VCT BDU02)	GF (VCT BDU04)		NSP, (VCT BDU03)				
N&S	GF	GF	GF		GF				
Condom	EPIC, GF, NSP	EPIC, GF, NSP	GF, NSP	NSP (Family planning source)	GF, NSP	NSP (Family planning source)	NSP (Family planning source)	NSP (Family planning source)	NSP (Family planning source)
MNT	Implemented in Thủ Dầu Một and Dĩ An.								

<b><i>HIV / AIDS care, support and treatment</i></b>									
Outpatient clinic	EPIC, NSP	EPIC GF, NSP	EPIC		EPIC	EPIC		NSP	NSP
Prevention of mothertochild HIV transmission	EPIC, NSP	GF, NSP	NSP	NSP	NSP	NSP	NSP	NSP	NSP
<b><i>Strengthening the capacity of the HIV / AIDS prevention and control system</i></b>	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP
<b><i>HIV / AIDS epidemiological surveillance, monitoring and evaluation of the HIV / AIDS prevention program.</i></b>	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP	GF, NSP

**Table 3 Budget and resource allocation in the province**

### **3. Disbursement:**

In 2019, Binh Duong province's HIV / AIDS program receives 4 main sources of funding, including:

- Budget from Health Target Program (Central budget): ~ VND 800 million;
- Local budget: VND 2.7 billion;
- Sources from PEPFAR: VND 8 billion;
- Sources from the Global Fund: VND 5.5 billion;

In 2020, the amount of Global Fund funding for the project will be VND 2.1 billion.

Năm	Vốn ODA	Vốn đối ứng (QĐ 5290/QĐ-BYT của BYT 31/08/2018)	Tổng vốn QTC	Tổng kinh phí toàn tỉnh	Tỷ lệ đóng góp	Tỷ lệ giải ngân
2019	227.183 USD = 5,26 tỷ đồng (1USD = 23,170 đồng)	11.057 USD = 250 triệu đồng	237.973 USD = 5,5 tỷ đồng.	18,3 tỷ	30%	27%
2020	80.265 USD = 1,8 tỷ đồng	13.268 USD = 300 triệu đồng	93.533 USD = 2,1 tỷ đồng	13,6 tỷ	15%	3%

2019: Trả lại kinh phí trung ương 72.603 USD (1,7 tỷ đồng, chiếm 32% tổng vốn ODA), kinh phí hỗ trợ mua thẻ BHYT và đồng chi trả ARV do đã có nguồn ngân sách địa phương đảm bảo.

**Figure 1 Disbursement rate**

The disbursement rate of the HIV / AIDS program funded by the Global Fund is very low, reaching only 27% in 2019 and 3% in the first 5 months of 2020.

## **II. General assessment of the VN-CCM oversight group concerning the HIV / AIDS program in Binh Duong province**

On June 4, 2020, the VN-CCM oversight group had a meeting with leaders of the Department of Health of Binh Duong Province, leaders and officials in charge of Provincial HIV / AIDS program, officials of the Health center of Thuan An city and members of CBO Trang Khuyet. Through the meeting with the units, the oversight group acknowledged the positive results that the units achieved in 2019 and the first 6 months of 2020. At the same time, the group also discovered outstanding issues, difficulties and challenges encountered by units during the project implementation process as below:

### **1. Achievements:**

- VN-CCM highly appreciates the close guidance of the Central Project Management Unit, Local Government (Provincial People's Committee, Provincial Department of Health) for the implementation of the HIV / AIDS program funded by Global Fund in the province, especially in the context of the organizational restructuring to merge units into the Provincial CDC.
- Project implementation units such as PAC, District and Commune Health Centers, CBOs generally perform well their functions and duties, ensuring excellent partnership between the parties.
- Health insurance coverage for HIV / AIDS patients is very high, reaching 95%.
- The program has many innovative initiatives, helping to promote the provision of PreP services (expected to increase the service target for 1,000 customers from the present time to the end of 2020), promote ARV treatment, allocate Methadone to HIVinfected people in the community and prisoners. Screening for HIV, HIV / TB coinfections in prisons is conducted regularly (every 2 3 months), staffs at the prison are fully trained and instructed to be able to operate by themselves.

- Especially, although the COVID19 pandemic situation has been complicated, the monthly / multimonth dispensing model has been applied and has been highly effective, ensuring the continuity of treatment. Currently, 80% of patients receive medicine on a monthly basis (equivalent to 405 patients / 467 patients who are eligible to receive medicine on a monthly / MMD).
- In addition, up to now, Binh Duong has not recorded any positive HIV / AIDS cases that are infected to SARSCoV2 virus.

## **2. Difficulties and challenges**

### **❖ *Project implementation:***

- The rate of HIVinfected people in the province is still at an alarming state, especially, the rate of infection among young MSM is increasing. The detection, treatment support and prevention for highrisk groups such as PWID, FSW and MSM are still limited.
- Although coverage of SHI for HIV / AIDS patients is high, reaching 100% is relatively difficult due to the population characteristics of Binh Duong province. The percentage of outofprovince workers receiving treatment is estimated at 47%, with fluctuations in labor contracts (36 months) making it difficult to register health insurance for workers.
- Biological test products at health facilities (eg CD4 test) are procured online and in the form of 3in1 service pack / provider. The provincial HIV/AIDS program has had difficulty in bidding because it has not been able to find providers for a long time. The majority of companies / manufacturers in the market specializes in producing / providing only one service, and is unable to provide 3in1 service packages. Procedures for making final settlement are cumbersome and complicated.

### **❖ *Stock management and storage of medical supplies and biological items:***

- Regarding the distribution of biological products to customers and patients: the health centers play an "intermediary" role, receiving biological products and harm reduction items such as needles, condoms, lubricants, etc. from the upline, then store and broadcast according to the required number of CBOs. After that, the CBOs report to the health center the actual number of products distributed to make payment and final settlement. However, sometimes health centers do not know the real number of products distributed by CBOs.
- The procurement of harm reduction products and supplies is interrupted and delayed once. There was one time community clients did not feel satisfied with commodities from a lot procured by GF in 2017 (quality of lubricant, needles and syringes.)

### **❖ *Reporting***

- The Global Fund reporting forms are considered cumbersome. PPMU received little support from the Global Fund to complete the reports.

Currently a lot of reporting procedures by health facilities and CBOs are paperbased. There is a wish to move toward a digitalized system to reduce the burden and easier retrieve and management of patient/client data.

❖ **Organizational structure, personnel:**

- The human resources of the HIV / AIDS program in Binh Duong province is still small, the officials have to concurrently undertake many professional activities when the program receives various sources of funding and budgets; causing burdens and difficulties in handling work. In addition, the merger of PAC into the CDC in July 2020 is likely to cause confusion in the organizational structure and human resources.
- CBOs are very active and make a great contribution to case finding, but they do not have legal status and capacity constraints.

❖ **Disbursement:**

- The disbursement rate is very low, especially in the first 5 months of 2020. Due to the situation of COVID19 epidemic, activities such as capacity building conferences, district / commune field trip, viral load testing, equipment procurement for two Methadone clinics were interrupted / not implemented.
- The work of elaborating plans and contents of specific activities of the HIV / AIDS program in Binh Duong province for each funding source is limited, leading to the fact that after submitting the plan and receiving the approval of Local governments (PPCs, Departments of Health), the HIV/AIDS program cannot adjust or transfer operational items and budget flows, making it impossible to disburse GF funding because of activities that are overlap with other budget sources. At the same time, during the implementation of the project, the units have not followed the initial targets.

### **III. Report of the TB Program funded by Global Fund in Binh Duong Province:**

#### **1. TB situation in Binh Duong**

Binh Duong is still a province with high tuberculosis burden, with the fourth largest number of TB and MDR patients among 63 provinces and cities nationwide (after Hanoi, Ho Chi Minh City, and An Giang). In 2019, the total number of TB patients detected was 2929 (130 / 100,000), the total number of TB deaths was 2 / 100,000.

#### **2. Key indicators of TB program funded by the Global Fund in Binh Duong Province:**

**Table 1 TB program activities funded by the Global Fund**

No	ACTIVITIES	2018	2019	2020
1	Internet support for Vitimes use	x	x	x



2	Management of MDR patients	x	x	X
3	TB, MDR diagnostic test,	x	x	x
4	TB/HIV	x	x	x
5	Periodic screening in prison	x	x	x
6	Screening when first admitted in Prison	x	x	x
7	TB in children screening	x	x	
8	PPM		x	

## 2.1. Treatment and Prevention

- DOTS: maintain 100% of TB patients
- For 10 people suspected of TB test, detected 1 AFB (+) on average
- Applying Gene Xpert technique in testing, especially in: children suspected of TB, people exposed to patients with MDR, AFB (), suspected TB patients that are HIV +.
- Coordinate at district level to screen for tuberculosis of children, counseling INH on children
- Coordinate with prisons to screen tuberculosis for prisoners
- PPM: Start from December 2014 and continues to maintain and develop

**Table 6. Plans and results TB program activities funded by the Global Fund**

No	Activities	Unit	2019 Plan	2019 Result	2020 Plan	First 5 months of 2020
1	Number of people got sputum test	People	15764	11445 (72%)	17.980	3840 (21%)
2	Number of people diagnosed with TB	People	3017	2929 (97%)	3365	1031 (31%)
3	Number of new TB cases with evidence	People	1779	1791 (101%)	2003	641 (32%)
4	Percentage of successful treatment of new TB cases diagnosed with evidence	%	90	90	90	88
5	Children qualified for INH	People	120	139 (116%)	120	34 (28%)

## 2.2.TB/HIV

In the last five years, Binh Duong on average on average each year has 200 cases of HIV/AIDS detected from within the province and 200300 cases of HIV from outside the province; on an average 360450 new patients enrolled in the treatment program. Currently, there are 08 Outpatient Clinics in 7/9 districts/cities/cities (excluding 2 clinics in AN Phuoc and Phu Hoa prisons currently treating 3,428 adults and 1 Outpatient Pediatric Clinic at the provincial general hospital is treating 62 children under the age of 15). It is considered to establish OPC room for 2 newly separated districts of Bau Bang and Bac Tan Uyen when facilities are available.

Facing the increasing situation of people living with HIV / AIDS and TB, especially MDRTB, in 2014, the Department of Health directed to strengthen the Coordination Committee for TB and HIV activities from provincial to district/town/city.

**Table 2 TB/HIV activities disbursement rate**

No	ACTIVITIES	2018	2019	2020
4	TB/HIV	66.575.000	217.130.000	120.740.000
	Disbursement	64.125.000 (96,3%)	203.190.000 (93,6%)	
	Balance	2.450.000	13.940.000	

**Table 3 TB/HIV activities result**

Indicators	2018	2019	5 months 2020
TB patients	3016	2929	1031
HIV testing for TB patients	2750 (91,2%)	2804 (95,7%)	973 (31,4%)
Percentage of TB patients receiving HIV testing over total number of TB patients	91,2%	95,7%	94,4%
Patient with both TB and HIV	102	108	42
TB/HIV patient has ARV treatment	51	97	41

## 2.3.Managing treatment of MDR patient

**Table 4 Disbursement rate for managing treatment of MDR patient**

No	ACTIVITIES	2018	2019	2020
2	Managing treatment of MDR patient	1.217.854.000	1.279.000.000	916.400.000
	Disbursement	717.341.687 (58,9%)	744.544.537 (58,2%)	
	Balance	500.512.313	534.455.463	

In the period of 2018-2020, the Global Fund support the Binh Duong Tuberculosis Program in management and treatment of multidrug-resistant TB patients (MDR).

Funding for the implementation of the following main activities:

- Support for MDR patients: hospital beds, medicine for side effects, food costs, travel expenses for reexamination during treatment.
- Testing activities: Testing supplies, labor, sample shipping, followup tests for MDR patients
- Supervision: from province to district-commune-home visit to MDR patient's house.
- Supporting psychosocial staff in counseling MDR patients

**Table 5 Outcome of activities for treatment management of MDR patients**

No	Output	2018	2019	5 months 2020
1	MDR patients admission	84 (plan: 94)	84 (plan: 98)	50 (plan: 110)
2	MDR patients evaluated	63	89	
	Successful treatment	47	67	
	Death	7	7	
	No assesment	3	4	
	Abandon treatment	6	11 (12%)	

MDR patients evaluated 2019: 89 patients

- Successful treatment: 67 (75,3%)
- Death: 07 (7,9%)
- No assesment: 04 (chuyển ĐV khác chưa nhận phản hồi kết quả)
- Abandon treatment: 11 (12%) (Temporary resident, self-employed, difficult to manage, refuse to continue treatment).

The rate of admission reduction in 2019 is partly due to the delayed supply of cartridge Xpert in April 3, 2019.

The causes of drug-resistant TB patients quit are mostly due to patients from other places who come to Binh Duong to work, have no stable accommodation, patients with many underlying diseases, many drug side effects, etc. should patients refuse to continue treatment or lose track.

#### **2.4. Diagnostic activities for TB and MDR patients**

**Table 6 Disbursement of diagnosis, tracking MDR patients**

No	ACTIVITIES	2018	2019	2020
3	Diagnostic, tracking MDR patient	109.729.000	192.420.000	172.395.000
	Disbursement	109.729.000 (100%)	133.665.600 (69,5%)	
	Balance	0	58.754.400	

**Table 7 Outcome of activities for diagnostic and screening of MDR patients**

No	Output	2018	2019	5 months 2020
1	Sputum test	11.492	11.445	3840
	AFB (+)	1339	1131	472
2	Xpert test	2377	2238	922
	With MTB and no R resistance	1427	1015	480
	With MTB and R resistance	79	60	38

Binh Duong has applied the Gene Xpert technique to detect drug-resistant TB in 8 suspected tuberculosis groups, especially the priority groups: suspected children with TB, exposure to MDR patients, AFB (+), HIV-infected patients.

#### **2.5. Prison screening activity**

Periodic and routine screening activities at the detention center have greatly contributed to the detection of TB patients at An Phuoc and Phu Hoa prisons. Activities are implemented continuously in the years 2018-2020. In 2020, tuberculosis screening activities for prisoners in An Phuoc and Phu Hoa prisons continue to be conducted, expected to be carried out in July 2020..

**Table 8 Disbursement of diagnosis, tracking in prison**

No	ACTIVITIES	2018	2019	2020
5	Periodic screening in Prison	130.230.000	142.250.000	151.250.000
	Disbursement	95.993.636 (73,7%)	112.725.182 (79,2%)	
	Balance	34.236.364	29.524.818	
6	Screening when first admitted in Prison	75.600.000	108.000.000	111.000.000
	Disbursement	71.400.000 (94,4%)	108.000.000 (100%)	
	Balance	4.200.000	0	

**Table 9 Outcome of activities for screening in prison**

No	Output	2018	2019	5 months 2020
1	Total prisoner screen	5213	5111	Expected to start in July 2020
	AFB (+) patient	16	35	
	AFB ()patient	58	57	
	Extrapulmonary TB patient	00	02	
	MDR patient	02	03	

**2.6. TB in children**

In 2018, supported by the Global Fund project, the Binh Duong Tuberculosis Control Program organized training courses to improve the capacity in diagnosis and counseling to prevent and treat children exposed to source of infection in district & commune level.

In 2018 - 2019, active TB screening for children exposed to tuberculosis continues to be implemented. In 2019, after the Center for Social Disease Prevention and Control is merged into Binh Duong CDC, the active screening for TB in children was only conducted once per year. Active TB screening for children exposed to the source of infection and INH preventive counseling for children continues to be implemented at district and commune levels. In Binh Duong, the majority of cases

of tuberculosis in children were diagnosed in others province and then transfer to Binh Duong for treatment.

By 2020, the Global Fund does not provide funding for child TB screening and LTE training in Binh Duong.

**Table 10 Disbursement of TB in children activities**

No	ACTIVITIES	2018	2019	2020
7	TB in children screen, LTE training	157.310.000	54.900.000	
	Disbursement	133.579.091 (84,9%)	25.287.945 (46,1%)	
	Balance	23.730.909	29.612.055	

### **2.7. Internet support for Vitimes**

Phần mềm Vitimes đã triển khai 9/9 huyện/thị/tp, 4 trại giam/tạm giam và BCĐK Công ty Cao su Dầu Tiếng trên địa bàn tỉnh Bình Dương. Năm 2018 đã hỗ trợ cho 16 đơn vị. Năm 2019, 2020 đã hỗ trợ 15 đơn vị (1 đơn vị không còn tham gia CTCL: Trung tâm giáo dục lao động tạo việc làm).

Địa phương báo cáo số tiền không giải ngân được do một số đơn vị có hóa đơn internet dưới 275.000đ/tháng và các đơn vị đã được hỗ trợ kinh phí internet tại đơn

**Table 11 Disbursement of Internet support for Vitimes activities**

No	ACTIVITIES	2018	2019	2020
1	Internet support for Vitimes	52.800.000	49.500.000	49.500.000
	Disbursement	46.665.297 (88,4%)	44.128.384 (89,1%)	
	Balance	6.134.703	5.371.616	

### **2.8.PPM**

In 2019, there are 05 new private medical facilities participating in PPM activities such as: Ngan Ha General clinic (Bau Bang), Dr. Hoang Radiology clinic (Ben Cat), SaigonTan Binh General clinic (Phu Giao) , Huong Phuc General clinic (Phu Giao), Nhan Duc Sai gon General clinic (Phu Giao). Global Fund assists in PPM activities such as:

- Surveying health facilities participating in PPM

- Supporting PPM facilities when participating in successfully transferring suspected TB patients, allowances for detecting TB patients
- Workshop to encourage private health facilities to participate in coordination
- Supervise and support publicprivate health facilities to participate in PPM coordination

**Table 12 Outcome of PPM activities**

No	Outcome	2018	2019
1	Percentage of patients transfer to test or tested by private health facility / total test	7,7% (884/11492)	6,7% (764/11445)
2	Percentage of detected sources of infection	8,7% (153/1760)	11,2% (201/1793)

### 3. Disbursement:

**Table 13 Disbursement of activities funded by Global Fund in Binh Duong 2018 2020**

Funding source	2018	2019	2020
Government	1.010.000.000	910.000.000đ	910.000.000đ
Global Fund	1.814.289.000	1.866.250.000	1.521.285.000
Disbursement of GF grant	1.238.833.711 (68,3%)	1.405.183.284 (75,3%)	278.816.882 (18,3%) Until May 2020

## IV. Evaluation and recommendations of the TB oversight team on the TB program in Binh Duong

### 1. Implementation

- The successful treatment rate in 2019 is 91.6% reaching the program goal.
- Tuberculosis network has been implemented with the scale of the whole province, up to the grassroots level.
- DOTS (Directly Observed Treatment ShortCourse) is maintained for 100% of tuberculosis patients in the province.
- Integrating TB/HIV activities continue to be maintained throughout the province.
- In the past few years, the treatment of multidrugresistant tuberculosis (MDR) in Binh Duong has been paid attention to by the national antituberculosis program. The MDR outpatient clinic at the CDC maintains: monthly screening, consultation, treatment collection and reexamination of MDR

patients. The MDR inpatient treatment room at the Binh Duong General Hospital and the MDR treatment at An Phuoc Prison remain effective.

- The GeneXpert technique has been expanded to include new tuberculosis patients, increasing MDR suspect screening. Equipping GeneXpert testing machines at Provincial CDC and Thuan An Health Center to detect and treat TB-resistant tuberculosis promptly.
- Children's tuberculosis activities are continued to be maintained and intensified in the diagnosis and detection of new tuberculosis children and their collection, management, treatment and prevention of INH for children <5 years of age exposed to the source. CDC has collaborated with 9 district / town health centers to organize examinations, screenings for tuberculosis of children and counseling on INH preventive treatment for children exposed to sources of AFB (+).
- PublicPrivate Mix (PPM) for TB care and control was implemented since December 2014, continues to be maintained and developed.
- COVID19 epidemic has directly affected local tuberculosis prevention activities, especially briefings, training activities, and active activities to detect TB in the community. However, the province took the initiative in reimplementing activities when the epidemic was declining. On the same day of the oversight trip, the CDC conducted a training course on TB testing which was previously delayed due to COVID19 epidemic.
- Organization
- Although tuberculosis situation is still developing, Binh Duong province still has no tuberculosis and lung disease hospital. The province should soon put provincial TB and pulmonary disease into operation.
- Personnel of the Binh Duong tuberculosis prevention program are still thin, after merging with CDC, the new units have not been stable, the number of officials was decreased by half after the merger. Personnel responsible for the tuberculosis prevention program is a team inside the Department of Infectious Diseases of the Provincial CDC, the structure is not yet optimized and completed.
- The TB/HIV coordination board has not been strengthened in some units, some heads are not interested in TB/HIV coordination activities (Di An, Bac Tan Uyen ...). TB/HIV coordination in some districts/cities has not met the goals and requirements, the minutes of the briefing were sent late to the province, and the content was not up to standard (Di An, Phu Giao);

## **2. Finance**

- The rate of disbursement of the Global Fund grant at 2018 is about 69% and in 2019 is more than 75%. However, disbursement rate in the first 5 months of 2020 is only about 18%, which is expected due to the situation of COVID19 epidemic, activities such as briefings, capacity building training, field / district



field monitoring, and procurement of materials were interrupted / not implemented.

- Most of Global Fund's activities have very good disbursement rate of about 90%. However, the activity with the largest component is the management and treatment of drugresistant TB patients (accounting for nearly 70% of the budget) and has a slow disbursement rate, reaching only about 58% in 2018 and 2019.

### **3. Procurement**

- Data on cartridges and drugs are recorded and documented. The district / town / city health center when transferring and allocating / reallocating drugs to communal units all have full information (part Image)
- The CDC has stated that the supplies from the Central are still delayed, especially with Cartridge and medicines. In the opinion of the National Tuberculosis Program Officer, this is a problem that is difficult to solve due to problems that occur in many step of the supply chain.

### **4. Report & communication**

- The Vitimes reporting system greatly supports the management of tuberculosis. Information on case admission, referral and patient reception in the tuberculosis prevention system is shared across the country. Exporting reports, checking and comparing data imported from cases easily. However, the system has not yet been used at the commune level which directly delivering medicine and managing patients. At the same time, the system does not have the number of patients tested for TB, making the gathering of information about the number of people tested is limited.
- The province has done well with regular information exchange with the CPMU, but the information exchange with VN-CCM is still very limited. Information exchange between TB patients between Binh Duong and Ho Chi Minh has not been as expected, there is no data on people living in Binh Duong for testing in Ho Chi Minh. Industrial centers are home to a very large number of risk subjects, but access to this group of people in the province is very limited.
- TB and HIV officers is not coordinated in formulating plan, in monitoring, in sending patients and in reporting statistics. In sending HIVinfected people suspected of having TB to antituberculosis facilities or sending TB patients to HIV / AIDS diagnosis and treatment facilities facing difficulties due to patients having no travel expenses and wanting to keep secrets about disease, or due to the patient left the treatment process.

## **V. Recommendation**

### **1. HIV/AIDS program**

- Maintain MMD so that 100% of eligible patients can receive it (instead of the current coverage of 80%).
- Promote coordination with CBOs, increase the target of providing PreP, especially for young MSM.
- Promptly report to the CPMU (VAAC) on problems in disbursement.
- It is necessary to develop a detailed plan to closely follow the targets according to the types of funding sources to avoid overlapping activities.
- Strictly manage the distribution and storage of biological products, N&S condoms and lubricants.
- The Department of Health should report to the Provincial People's Committee to request relevant agencies strengthening partnership in the case finding, intervention and treatment activities for highrisk groups that are difficult to approach and keep track of (Example: FSWs operating in recreational venues, PWIDs, etc.).
- Support, create favorable conditions for CBOs to have legal status, as well as develop more social contracts with CBOs in the coming period

## **2. TB program**

- The rate of sputum tests is low, patients who have not been to tuberculosis team have early examination for tuberculosis and tend to go for examination beyond the level. In 2019, there were 11 cases out of 89 patients treated for drugresistant TB who quit and lost track. Local authorities need to step up cooperation with neighboring provinces / cities to strengthen capacity to monitor and manage patients especially cases of drugresistant TB patients.
- In case the planned disbursement is not timely, localities should proactively report to the Central Management Boards and VN-CCM to promptly support the allocation of funds to the localities in need, optimize. Global aid
- Coordination in PPM activities is limited, mainly a model of sending suspected TB patients to medical examination. It is necessary to promote publicprivate collaboration, quickly approach people working in industrial zones.
- Strengthen TB / HIV coordination at all levels. Ensure successful referral to all TB patients with HIV (+).
- Province need to raise awareness about the use of ODA and foreign aid, promote the spirit of ownership in mobilizing, attracting and using OA capital in line with the tasks and development objectives. of the sector, in accordance with the policies of Vietnam as well as of the Donor in order to improve the effectiveness of ODA mobilization and attraction.

## **PART 2**

### **Implementation of projects funded by the Global Fund in Dong Nai province**

Dong Nai is a province located in the Southern key economic region of the country and has more than 32 large industrial parks in operation, so the immigrants are crowded and often fluctuate.

Dong Nai has 11 districtlevel administrative units, with 170 communallevel administrative units. The province's population in 2020 is 3.16 million.

#### **I. Implementation of the HIV / AIDS prevention and control program funded by the Global Fund**

##### **1. Situation of HIV / AIDS epidemic in the province**

Estimated risk group (people)

- IDUs: 1,497;
- MSM: 1,147
- FSWs: 1,832

In general, HIV prevalence is still concentrated in highrisk groups (IDUs, FSWs, MSM, spouses / partners of PLWHIV). Especially in recent years, HIV infection rates have been increasing among MSM.

##### **2. Operating results**

According to the report of PPMU, the Dong Nai province's HIV / AIDS prevention program has implemented quite well the targets 90 90 90, of which the target (1) 90% of HIV infected people know their infection status. 87.1%; criteria (2) 90% of PLHIV on ART will reach 88.6% and targets (3) 90% of PLHIV who have been treated with ARV will control low and stable viral load intended to achieve 96%.

In 2019, the program detected 944 new positive cases (according to HIVinfo) and putted 871 patients into treatment. Over the first 5 months of 2020, the program has detected 321 new positive cases and brought treatment to 308 patients.

No	Indicators	Plan of 2019	Results of 2019
1	Number of PWIDs accessed HIV prevention program	1.550	1.550 (100%)
2	Number of FSWs accessed HIV prevention program	1.172	1.172 (100%)
3	Number of PWIDs that have received HIV testing and counseling	2.208	2.208 (100%)
4	Number of FSWs that have received HIV testing and counseling	918	918 (100%)

5	Number of MSM that have received HIV testing and counseling	1.945	1.945 (100%)
6	Number of prisoners that have received HIV testing and counseling	2.500	2.500 (100%)
7	Number of HIV patients that have received ART	3.247	3.402 (104,8%)
8	Percentage of HIVpositive women who received ART during pregnancy	100%	98%
9	Percentage of HIV patients after 12 months of ARV treatment with viral load below 1,000 copies / ml	90%	96% (106,7%)

**Table 4 Performance results in 2019**

In 2020, because of the Covid19 pandemic, the HIV/AIDS program in Dong Nai province has not performed many activities yet.

### **3. Disbursement:**

In 2019, Dong Nai province's HIV / AIDS prevention program was allocated a Global Fund funding worth VND 4 billion, of which the capital withdrawal was approximately VND 2.8 billion. The disbursement results were 78.7% of the capital withdrawal and 55.2% of the allocated funds.

In 2020, the total funding from the Global Fund for HIV / AIDS prevention activities of Dong Nai province is over VND 2.4 billion. Disbursement results reached about 21%.

In addition to funding from the Global Fund, the HIV / AIDS program also receives funding from local, central budgets and PEPFAR (including PATH and SHIFT projects). In particular, the disbursement results over the first 6 months of 2020 of the central and local budgets are very low, at 8% and 0% respectively.

### **4. General assessment**

On June 5, 2020, the VN-CCM delegation had a meeting with leaders of Dong Nai Department of Health, leaders and officials of PPMU and members of CBO GNET Bien Hoa. VN-CCM appreciated the good results achieved by the units during the past time, and also made comments and findings about the difficulties and challenges that units encountered during the project implementation process.

#### **4.1. Achievements:**

- VN-CCM highly appreciates the smooth transition from the former PAC to the current HIV Faculty within the new provincial CDC, with remained strong commitment from the CDC leadership and dedication among staff members.

- The close cooperation between CDC, Life Center and CBOs is also recognized as one of the strengths of the program. In addition, the Dong Nai Province HIV / AIDS program also has interprovincial coordination and communication, helping to manage and support the treatment of HIV / AIDS patients who are workers from other provinces to be more efficient.
- Health insurance coverage for patients receiving HIV treatment is high (90%).
- In the context of organizational restructuring as well as the complicated situation of COVID19 pandemic, the program still ensures maintenance of quick rollout of sameday ART and MMD, and continued smooth
- implementation of MMT. The model of MMD has also been successfully applied by the program, not only in the province but also in connection with other provinces.

#### **4.2.Challenges and difficulties:**

##### **❖ *Organizational structure, personnel:***

- Despite the smooth transition from PAC to CDC Dong Nai, the division of tasks and expertise for each staff is still limited and needs to be strengthened. Officials have to work in multiple positions in the context of the COVID19 pandemic, the program receive various sources of funding from different partners with different fiscal levels, which cause confusion and difficulties in solving tasks.

##### **❖ *Project implementation:***

- High HIV prevalence rates are still seen among KPs, particularly MSM.
- There are still 10% of patients under ART not yet paid for by Health Insurance. Due to the fluctuating situation of migrants, support for patients with health insurance registration is still facing many difficulties (lost of ID papers, etc.).
- CBOs still do not have legal status and their capacity is still limited.
- There is no online software for managing, monitoring and treating patients, there is an ARV management page, but it is limited to the province and there is no connection with other provinces.

##### **❖ *Disbursement:***

- The disbursement rate of the HIV / AIDS program is still relatively low. Receiving a lot of funding makes it difficult for the program to develop plans that can closely follow targets set by the upline / donors.

## **II. Report of the TB Program funded by Global Fund in Dong Nai Province:**

### **1. TB prevention network in Dong Nai province**

The tuberculosis prevention network in Dong Nai includes the Tuberculosis and Lung Hospital, 11 tuberculosis control teams at the district level and 3 tuberculosis control teams at the Children's Hospital / Xuan Loc Detention Center

and Drug Treatment Treatment Facility; 170 fulltime Lao officials at commune level. From the beginning of April 2020, Dong Nai Lung Hospital temporarily converted its function into a hospital specializing in the treatment of Covid19 disease. Tuberculosis prevention was assigned to share with other hospitals and district/commune level health facility.

## 2. Results of TB program in Dong Nai province

**Table 14 The situation of examination and admission of Dong Nai province**

Năm	Dân số	Khám phát hiện	Thu dung điều trị		
			Lao phổi	Lao ngoài phổi	Tổng
2015	2.894.997	19.710	2.773	818	3.591
2016	2.985.000	25.077	2.882	921	3.803
2017	3.049.000	24.582	2.749	794	3.543
2018	3.097.998	21.269	2.685	772	3.457
2019	3.130.000	22.301	2.638	770	3.508
2020 (6tháng)	3.160.000	4,194	1372	350	1.722

According to a report by Dong Nai Lung Hospital, the examination rate of patients in the first 6 months of 2020 is only about 19% of the expected number, but the number of patients who was admission has reached nearly 50% compared to previous years. The representative of Dong Nai Lung Hospital explained that the admission data was regularly updated from the hospital, however the detected medical data should be collected from many clinics, some places sent a paper report. so the data is still late.

**Table 15 Results of TB program in Dong Nai Province**

Năm	Tổng thu dung	Âm hóa	Hoàn thành	Chết	Thất bại	Không t/dôi được	Không đ/giá
2015	3.459	1.504	1.460	97	56	145	197
2016	3.591	1.537	1.501	96	78	126	253
2017	3.803	1.604	1.652	95	48	237	167
2018	3.543	1.532	1.504	68	48	282	109
2019	3.508	1.517	1.489	67	48	279	108
6 tháng 2020	1,675	563	675	34	15	93	22

**Table 16 Indicators of Dong Nai province TB program**

Năm	Tỷ lệ khám phát hiện/ dân số	Tỷ lệ lao phổi phát hiện	Tỷ lệ điều trị thành công	Tỷ lệ điều trị chết	Tỷ lệ điều trị thất bại
2015	0,7	14,1	85,69	2,8	1,62
2016	0,8	11,5	84,60	2,7	2,17
2017	0,8	11,2	85,62	2,5	1,26
2018	0,7	12,6	85,69	1,9	1,35
2019	0,7	11,8	85,69	1,9	1,37
2020	0,13	22,9	73,9	2,02	0,9

**Table 17 Treatment results of TB program in Dong Nai Province**

Năm	Tổng số thu dung	Xét nghiệm HIV	Dương tính	Điều trị ARV	Điều trị Cotrim	Kết quả điều trị							Tổng
						Âm hóa	Hoàn thành	Chết	Không TĐĐ	Không ĐG	Thất bại	Chuyển MDR	
2015	3.591	1.922	92	48	64	34	36	11	6	4	1		92
2016	3.803	2.087	107	71	56	43	38	7	13	5	1		107
2017	3.543	2.318	86	65	23	35	30	11	6	0	3	1	86
2018	3.457	2.712	88	62	49	35	33	14	5	1			88
2019	3.508	3.270	63	54	28	18	22	6	9	5	2	1	63
6 tháng g 2020	1.254	1.114	40	40	40	9	11	4	3	6	0	0	33

**Table 18 Treatment results of TB/HIV program in Dong Nai Province**

Năm	Tỷ lệ đồng ý XN	Tỷ lệ dương tính	Tỷ lệ điều trị ARV	Tỷ lệ điều trị CPT	Tỷ lệ điều trị thành công	Tỷ lệ chết	Tỷ lệ thất bại	Tỷ lệ chuyển MDR
2015	53,5	4,8	52,2	69,6	76,09	12,0	1,09	0,00
2016	54,9	5,1	66,4	52,3	75,70	6,5	0,93	0,00
2017	65,42	3,7	75,6	26,7	75,58	12,8	3,49	1,16
2018	78,44	3,2	70,5	55,7	77,27	15,9	0,00	0,00
2019	93,2	1,9	85,7	44,4	63,49	9,5	3,17	1,59
2020	88,8	3,59			60,6	12,12	0	0

### 3. Disbursement:

The disbursement rate of the province is still slow, in 2018 the disbursement rate was only 60.7%, in 2019 was only 75.9%. At the end of the two years, the province still has 30.9% of funding allocated for two years, and in the first 5 months of 2020, the disbursement rate was only 7.7%. At present, when the Global Fund's project period of 2018-2020 has passed 80% of the operating time, there are still nearly 50% of the outstanding fund that has not been disbursed.

**Table 19 Disbursement rate of 2018, 2019 and first 5 months of 2020**

Nội dung	Kinh phí cấp	KP đã Quyết toán	Kinh phí tồn
2018	1,868,347,200	1,130,955,216	737,391,984
2019	2,343,223,059	1,777,827,652	565,395,407
Cộng	4,211,570,259	2,908,782,868	1,302,787,391
Kinh phí trả lại do không sử dụng hết			232,348,000
Còn lại			1,070,439,391
2020	2,546,972,700	195,311,122	2,351,661,578
Còn tồn đến tháng 05/20			3,422,100,969
Kinh phí trả lại do trại cải tạo chưa thực hiện khám sàng lọc			181,960,000
Còn lại			3,240,140,969

### 4. Evaluation and recommendations of the TB oversight team on the TB program in Dong Nai

#### 4.1. Implementation

- The prevalence of examinations detected in the province's population remains at 0.7%, while the rate of detection of tuberculosis transmission sources tends to decrease slightly from 14.1% to 11.8% in 2019. Mortality and failure of treatment also decrease gradually.
- The success rate of treatment is lower than the national average (90%), only about 85% over many years.
- The rate of examination and detection of patients in the first 6 months of 2020 is only about 19% of the expected year, but the number of patients collected has reached nearly 50% compared to previous years. The representative of Dong Nai Lung Hospital explained that the patient data was regularly updated from the hospital, and that the detected medical data should be collected from many clinics, some places sent a paper report. so the data is still late.
- The proportion of TB patients who agree to HIV testing tends to increase year by year, while the percentage of Tb/HIV patients tends to decrease. The rate of consent for coinfection treatment is also increasing year by year. Successful treatment of TB/HIV patient increased gradually, reaching 77% in 2018, however, it plummeted to 63.49% in 2019.



## **4.2. Organization**

- From the beginning of April 2020, Dong Nai Lung Hospital temporarily converted its function into a hospital specializing in the treatment of Covid19 disease. Dong Nai General Hospital, Thong Nhat Hospital, Dong Nai Children's Hospital have received and treated tuberculosis, severe lung disease, difficult to diagnose, ...; other cases requiring hospitalization are treated at regional general hospitals, medical centers with patient beds; Tuberculosis and nontuberculosis cases that do not require hospitalization are treated at district health centers where patients live.
- Lung Hospital has established a Task Force for tuberculosis prevention and Tuberculosis Clinic. The TB prevention and control team is composed of 9 people, in collaboration with Dong Nai General Hospital and Thong Nhat General Hospital, to discuss difficult cases, severe tuberculosis, GenXpert test to diagnose drugresistant TB. , treatment of drugresistant tuberculosis, weekly followup of patients as prescribed ... A tuberculosis clinic has been located at Dong Nai General Hospital, Lung Hospital gave GenXpert testing machine and sent 5 doctors and doctors.
- Human resource is still limited. District staff have to handle both TB and HIV programs with a large number of patients.

## **4.3. Finance**

- The disbursement rate of the province is still slow, in 2018 the disbursement rate was only 60.7%, in 2019 was only 75.9%. At the end of the two years, the province still has 30.9% of funding allocated for two years, and in the first 5 months of 2020, the disbursement rate was only 7.7%. At present, when the Global Fund's project period of 2018-2020 has passed 80% of the operating time, there are still nearly 50% of the outstanding fund that has not been disbursed. The TB team recommends that the local authorities review the budget planning process, the disbursement plan, and proactively report to the CPMU and the VN-CCM.

## **4.4. Procurement**

- The supply from the Central is still delayed, especially with Cartridge, medicines.
- When the TB team worked at Long Thanh district health center, it was discovered that medicine for tuberculosis treatment in the dispensing room had expired for 2 months.

## **4.5. Report & communication**

- The Vitimes reporting system greatly supports the management of tuberculosis. Information on case admission, referral and patient reception in the tuberculosis prevention system is shared across the country. Exporting reports, checking and comparing data imported from cases easily. However, the system has not yet been used at the commune level which directly

delivering medicine and managing patients. At the same time, the system does not have the number of patients tested for TB, making the gathering of information about the number of people tested is limited.

- The province has done well with regular information exchange with the CPMU, but the information exchange with VN-CCM is still very limited. Information exchange between TB patients between Binh Duong and Ho Chi Minh has not been as expected, there is no data on people living in Binh Duong for testing in Ho Chi Minh. Industrial centers are home to a very large number of risk subjects, but access to this group of people in the province is very limited.

### **III. Recommendation:**

#### **1. TB program**

- The success treatment rate of Dong Nai province is lower than the national average (only 85%). The treatment rate in Long Thanh district health center reaches more than 90%, suggesting that the province needs to identify district that are still weak in treatment to provide support. The success rate of treatment is has been 85% for a period of time, so the monitoring team suggested that the locality need to develop and implement breakthrough activities to ensure catching up with the whole country and achieving the goals proposed by the National Tuberculosis Program.
- The management of supplies, especially drugs, needs to be more strictly implemented, avoiding the situation that expired medicines are not handled promptly. In case of lack of drugs, it is necessary to actively adjust and allocate to ensure treatment for patients.
- In case the planned disbursement is not timely, localities should proactively report to PPMUs, VN-CCM to timely support the allocation of funds to the localities in need, optimize. Global aid
- Coordination in PPM activities has not been mentioned in the reports.
- Strengthen TB / HIV coordination at all levels. Ensure successful referral to all TB patients with HIV (+).
- Localities need to raise awareness about the use of ODA and foreign aid capital, promote the spirit of ownership in mobilizing, attracting and using capital in line with the tasks and development objectives of the localities. It is in line with the policies of Vietnam as well as Donors to improve the effectiveness of ODA mobilization and attraction

#### **2. HIV/AIDS program**

- For the financial resources committed to implement, the program should follow ensure that activities will be well implemented by monitoring the progress and request adjustments if necessary to ensure the disbursement progress. In case of problems when disbursing, it is necessary to promptly report to the CPMU for instructions and solutions.

- After one year, currently there are 4 (all public) PrEP sites. Given the MSM population and high prevalence, there is more demand out there. It is expected that demand generation (online, campaigns, etc.) will be implemented and publicprivate partnerships will be explored to make PrEP more accessible.
- CBOs reflect stigma is still experienced by KPs, and there is a need to combine promotion of services and raising of public awareness of HIV and gender/sexuality, using both online and offline platforms.
- CBOs wish to receive support with continued training (for new models/innovations) and capacity building toward obtaining a legal status..

## **PART 3**

### **Conclusion**

The field trip of the VN-CCM was conducted in Binh Duong and Dong Nai provinces, from June 4 to 5, 2020. The oversight group is divided into two teams, one was in charge of monitoring the HIV/AIDS program and the other was in charge of monitoring the TB program.

In 2019, localities practically achieved most of the objectives set. During the last 6 months of 2020, the COVID19 pandemic had a great impact on case detection, interrupted the implementation of active case detection in the community, interrupted information sessions and programs training, and disrupted the supply chain, which led to a delay in the supply of drugs and biologics products. In response to the COVID19 pandemic, the two provinces have actively allocated resources, shared work for affected levels and units, flexibly organized the location of testing machines, advanced medicine for patients, refine prescription drugs. At the same time, the implementation of HIV/AIDS and TB programs have received the attention, support, and guidance of leaders, donors and CPMUs. All provinces have established a TB / HIV Program Coordination Committee, with regular capacity building monitoring and training. The CBOs network is active in the area and has good coordination with neighboring provinces and cities.

During the trip, VN-CCM discovered the remaining problems and challenges that the two provinces have encountered. Both provinces have slow disbursement progress, they have not yet established a timely disbursement or redistribution plan for funding sources before the end of the 20182020 funding cycle. The two provinces have difficulties in monitoring and managing patients due to their proximity to Ho Chi Minh City, they have a large number of mobile migrants works mainly in industrial areas, which makes the approach difficult. The disease management software is not yet connected at the commune level although this level follows directly, gives medication and manages patients locally.

The organization model has not been optimized, for example, in Binh Duong province, there is still no Lung Hospital, there is only a faculty of Infectious Diseases of CDC Province. The Dong Nai Lung Hospital currently changes its function to COVID19 treatment hospital, PAC in provinces are merging into CDC. The officers concurrently have to manage a large number of patients and are multitasked.

The VN-CCM oversight group shared some recommendations with local authorities. Provinces should urgently promote disbursement. In case the planned disbursement is not timely, provinces should proactively report to CPMUs and VN-CCM to timely support the allocation of funds to the localities in need, optimize the GF funding. Provinces need to raise awareness about the use of ODA and foreign aid, promote the spirit of ownership in mobilizing, attracting and using OA capital in line with the tasks and development goals of National strategic plan as well as donors to improve the effectiveness of ODA mobilization and attraction. It is also

important to strengthen TB / HIV coordination at all levels, promote publicprivate coordination, quickly approach groups of people working in industrial zones to strengthen the monitoring and management of patients and high risks group.

Head of the VN-CCM oversight group  
(*approved*)

Assoc. Prof Pham Le Tuan