



VIETNAM

CDC Division of Global HIV & TB's Strategic Focus



The U.S. Centers for Disease Control and Prevention (CDC) established its office in Vietnam in 1998. Since 2003, CDC has been the principal implementing agency for HIV programs under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Vietnam. Partnering with the Ministry of Health, CDC supports the Government of Vietnam's (GVN) transition of HIV and TB services to domestic financing and country responsibility. This transition prioritizes continuity and quality of patient services while accelerating toward sustainable HIV epidemic control with scientific innovation advancement and treatment for people at greater risk of HIV. CDC also supports Vietnam's National Tuberculosis Program with technical assistance to strengthen efforts to find, cure, and prevent TB, HIV-associated TB, and multidrug-resistant TB. These efforts include building capacity to operationalize new and existing evidence-based tools and approaches to propel data-driven TB activities.

Key Activities and Accomplishments

Strengthening Laboratory Systems and Networks

- Established a national HIV case surveillance system with GVN to follow people living with HIV (PLHIV) from the time of diagnosis to death. This surveillance included reporting of sentinel events, to inform epidemiologic trends for program planning, and identify gaps in program performance to improve patient outcomes.
- Helped GVN independently produce GeneXpert proficiency testing panels and led external quality assessments for GeneXpert laboratory sites in Vietnam and the region.
- Supported resilient HIV services and systems to respond effectively to non-HIV outbreaks affecting PLHIV, including COVID-19 and mpox.
- Implemented innovative approaches, such as person-centered program innovations, including multi-month dispensing, same-day treatment, and differentiated service delivery piloted and scaled in academic, public, and private sites.
- Supported the integration of HIV with other health services, including non-communicable diseases, hepatitis, and cervical cancer screening, to promote quality of life and reduce diseases and deaths in PLHIV.

HIV Prevention and Treatment

- Supported the national HIV response through innovations, including the scale-up of HIV public health surveillance, introduction of person-centered care, integrated service delivery models for prevention and treatment, and program quality improvement through provincial and local health authorities.
- Assisted the successful transition of PLHIV receiving treatment under the GVN's social health insurance (SHI), with 93 percent of PLHIV receiving antiretroviral therapy (ART) through SHI. CDC sites were the first to implement multi-month dispensing of ART through SHI, thereby strengthening treatment continuity and an integrated model for screening and treatment of other chronic diseases.
- Led the national implementation of HIV recency testing to rapidly mobilize resources and technical assistance to signals of active HIV transmission as part of a provincially led public health cluster response.
- Over 99 percent of patients with HIV viral load (VL) testing in the past year at CDC-supported sites were virally suppressed (<1,000 copies/mL), with the coverage of VL testing at 87 percent.
- Supported nearly 40,000 patients who have started pre-exposure prophylaxis (PrEP) since 2021.
- Helped GVN scale up PrEP through differentiated service delivery models, with the introduction of long-acting regimens, and best practices to improve adherence.

Tuberculosis Prevention and Treatment

- Improved TB case-finding, optimized TB treatment for latent and active cases, increased infection control measures, enhanced surveillance systems, and built laboratory capacity.
- Collaborated with GVN to implement TB innovations, including using the 2X (X-ray and GeneXpert) algorithm for intensified case-finding and demonstrating new screening (C-reactive protein point-of-care test), diagnostics (lateral flow urine lipoarabinomannan assay), and short course TB preventive treatment (3HP) in PLHIV.

DGHT Program Director:
Minesh Shah

Global HIV Epidemic

Estimated HIV Prevalence (Ages 15-49):
0.3% (2023)

Estimated HIV Deaths(Age ≥15):
4,000 (2023)

**Reported Number Receiving
Antiretroviral Therapy (ART) (Age ≥15):**
191,232 (2023)

Global Tuberculosis (TB) Epidemic

Estimated TB Incidence:
182/100,000 population (2023)

**Reported Percent of People with TB
and HIV: 2.5% (2023)**

TB Treatment Success Rate:
89% (2022)