MINISTRY OF HEALTH
VIETNAM COUNTRY COORDINATING MECHANISM

SOCIALIST REPUBLIC OF VIETNAM
Independence-Freedom-Happiness

Hà Nội, 14 January 2020

MINUTES OF THE VIETNAM COUNTRY DIALOGUE FOR THE DEVELOPMENT OF THE REGIONAL MALARIA/RAI FUNDING REQUEST PERIOD 2021-2023

1. **Date of meeting:** 14/01/2020.
2. **Venue:** National Convention Centre
3. **Participants:** Please see the list attached.
4. **Co-chairs of the meeting:**
   - **Assoc.** Prof. Pham Le Tuan, Chairman of CCM Việt Nam
   - Prof. Arjen dondorp, Chairman Regional Steering Committee
5. **Objectives of the meeting:**
   - Update on National Strategic Plan implementation
   - Identify prioritized interventions for Funding Request 2021 – 2023.
6. **Main contents of the meeting:**
   - Dr. Nguyen Quang Thieu, Deputy Director of NIMPE introduced the participants
   - Assoc.Prof. Pham Le Tuan, Chairman of CCM Vietnam gave opening remarks.
   - Prof. Arjen Dondorp, Regional Steering Comittee (RSC) Chairman: presentation on objectives of the meeting, and allocation of the Global Fund for period 2021 – 2023.
   - Ms. Anindita Roy, Country Team: gave short speech on the key guidance from the Global Fund for Funding Request, according to the IMP, desk review carried out by the consultants from RSC and WHO. The NMCP/NIMPE has reviewed and updated the NSP. GF recommended NMCP to advocacy to get more counterpart funding, so that we can get more support from the Global Fund. Highlight that the PAAR (unfunded qualified request) should be align with the VN funding request.
   - Dr. Roberto Garcia, Regional Writing team: Presentation on RAI3E: RSC key guidling principles and RSC priorities. Aiming for solid funding request. IMP and MPR review recommendation, addressing main issues as per the MPR/IMP.

- Dr. Tran Quang Phuc, Head of Planning Dept. of NIMPE gave presentation on results of NSP implementation in the period of 2015-2019.
- Dr. Nguyen Quang Thieu, Deputy Director of NIMPE gave presentation on NSP period 2021 - 2025 and prioritized interventions for 2021-2023.
- Ms. Khuat Thi Oanh, Centre for Supporting Community Development Initiative (CSO): Presentation on results of community participation in malaria elimination in Vietnam.
- Mr. Nguyen Thanh Trung, PSI coordinator: Presentation on improved participation of private sector in malaria case management.
- Dr. Roberto Garcia gave presentation on regional component

7. **Result of discussions:**

- GF Country team (Ms. Anindita): Regarding case management: The Global Fund supports distribution of RDTs to CSOs to strengthen case detection and NMCP should provide training to CSOs how to use RDTs.

- National target setting: The national target should include data from CSOs, private sector and regional component. NMCP needs to ensure that MIS includes data from non-govt implementers.
- Support for activities, training etc. from the allocation: Funding from the Global Fund should be aimed at high-burden areas and/or hotspots. The activities and budget should be determined based on updated micro-stratification. Malaria stratification was conducted in 2019. If possible, NMCP should complete 2020 stratification before grant making. It will support planning for activities and budget.
- In the NSP (draft), NMCP indicated the requirement of training. GF would like to suggest if the training for case detection/surveillance/reporting can also be extended to CSOs and private sector for alignment purpose.
- The PAAR is required to be submitted with the funding request. If there are any changes in PAAR, NMCP can submit an updated version during grant making. Note that applicants are eligible to submit an updated PAAR only if they submitted a PAAR with their funding request. The PAAR should represent key additional, evidence-based and costed modules and interventions for investments that: (i) are not included within the allocation amount, and (ii) are organized in order of importance for program impact. PAAR amount should not be larger than the financial gap mentioned in the Funding Landscape template.

- NIMPE (Dr. Thieu): According to the national malaria treatment guideline, the VHWs are allowed to take blood slides and use RDTs for case diagnosis.

Although, according to the provisions of the Law on Examination and Treatment, a practicing license is required. In 2019, 50,000 RDTs were used by VHWs. In Vietnam, over 90% of villages have VHWs, not all are malaria endemic areas

- NIMPE (Prof. Duong): In 1991, malaria was prevalent in many areas, the number of cases and malaria deaths were very high. The VHW system was functioning well in all areas and provided great support to the National Malaria Control Program (NMCP).
- HPA (Dr. Túy): > 90% of cases are from the MMPs. The HPA used the model of Malaria outreach team (MOT) for active case detection in the community, guided them how to use the RDTs. It was reduced 70% of cases. There should be a support for fuel and motorbikes for the MOT to go to the forests and swidden field for case detection. The NMCP allowed the VHWs to use RDTs for case diagnosis and they worked very well in malaria high endemic provinces such as Đắk Lak, Đăk nông, and Gia Lai.
- CCM Chair: as stated by the RSC Chair, the malaria control must be community-based and needs to continue using VHW. Since the end of 2017, the Government issued a resolution on health care protection, and the Decision No. 2348 to strengthen the capacity of VHWs and expand the VHW network, tt is necessary to institutionalize, the MOH is currently revising the Treatment Law to allow VHWs providing diagnosis and treatment. In Thailand, the VHWs and nurses are allowed to give treatment to the patients.
- RSC Chair: This is a new change, RSC has discussed a lot on this issue. In Vietnam how the case and foci investigations are carried out? What about entomological and epidemiological surveys…
- NIMPE (Dr. Thiều): Vietnam is a pioneer country in foci investigation and outbreak response. NMCP has developed a guideline for case and foci investigation: 30 households surrounding the cases including all people around the household are surveyed to detect more cases. Currently, the data are being collected, the provinces will send the data to central level by 15 January. Each country has different SOPs for case/foci investigation. Hopefully in the near future, WHO will support and cooperate with NIMPE to develop the SOPs for case and foci investigation.

- Provinces with malaria control and communes with low malaria transmission will be selected for case investigation.

- RSC (Dr. Garcia Roberto): When carrying out these activities, it is necessary to identify specific implementation areas and carefully consider them before implementation.
- NIMPE(Dr. Thieu): For radical treatment of P. vivax, it is 14 day course. Currently, G6PD test has not been used in Vietnam. With primaquine treatment, no hemolysis has been found. Radical treatment is carried out at CHC and district hospital. Research on low dose and short treatment course will be carried out.

- PSI (Dr. Tuấn): According to the new guidelines, there will be a training for private health sector, but the new updated treatment guideline is not yet provided. Will the private health sector be provided with antimalarial drug (Pyramax)? PSI are designing the medicine box, when the patient opens the box to take the medicine, the message will say that the medicine box has been opened, if not open, it will remind the patient to open it.

- IMPE HCMC (Dr. Đồng): Radical treatment of P.vivax is difficult as it is long treatment course (14 days), most of the patient take 3 – 4 days of treatment only . The NMCP has discussed on the short treatment course. However, G6PD must be tested. The CMAT will help to remind the patient to take dugs. In the next plan, it is advisable to stick to the principle of malaria elimination strategy to have people in place for immediate action, so the use of the community is very important. According to the Circular 26, financial support for district level is not available, so it is impossible to supervise lower levels.

- Malaria expert (Prof. Hùng): the CMAT team work well, however they get rather high benefit from the project (600k). If they refer 1 case (either negative or positive) to CHC, they will get 100k/case, to remind the patient to take medicine they will receive 10k/day. That is very contradictory to VHWs. Is it possible to pay VHW as CMAT? If RAI3E runs out, will the CMAT still work? While the VHWs certainly continue to work, it is sustainable.

- CCM Chair: It is very good to develop the CMAT. However, there is a difference between the VHWs with low incentives (state system) and the CMAT. If VHW participates in the CMAT system, it will be very good and the conflict is resolved. It is necessary to expand this system to achieve the goal of reducing malaria mortality and morbidity. The participation of private health sector is encouraged in the disadvantaged areas where there are few health facilities.

- SCDI (Mrs. Oanh): the difference between CMAT and VHW: VHWs are workloads, they participate in many health programs, so there is not much time for malaria (not to mention about remuneration). For CMAT, their work is just for malaria. In order to receive 650k, they must participate in IEC activity: distribute IEC materials, refer the patients to the health facilities…

- Country Team (Ms.Anindita): the Global Fund agreed that the CSOs can use RDTs for malaria diagnosis like the pharmaceutical outlets of the PSI. In high burden area, CMAT is available, in addition to VHWs, we have CMAT, MOT, malaria corners and malaria posts to do the activities. Although CSOs are working in the same area, the coordination between them is not fully functional. Cooperation and coordination need to be strengthened. CMAT, MOT, Malaria corners – these are under CSOs. How they can support active case detection, this should be included in the funding request.

- CSO Platform: It is advisable to cooperate with each other to carry out the evaluation, instead of NIMPE, PSI or IMP conducting an independent review.

The CSO is very interested in this issue and wants to know what can be done to carry out the activities. Regarding coordination among CSOs, we discussed the need for coordination, each country has a group and a coordination forum.

- UNOPS (Dr. Hamid): For aggregating data collected by the CSOs, the data will be updated from low to central level through the system. An electronic reporting system is available, so data can be aggregated in the last quarter of the year. Regarding coordination, this is an important issue. The CSOs and the health centers at all levels have quarterly review meeting for exchange information. CSOs can assist the provincial CDC in case surveillance, coordination between the public and the private health sectors.
- Discussion following the PSI presentation on CSO involvement:
- NIMPE acknowledges the CSO's contribution, filling the gap of malaria control data, however, the quality is not very good. The CSOs should share the information honestly, it is impossible for CMAT members to take patients 70 km to the health facilities, because all communes now have CHC, the distance is not very far.

- CSOs should keep working in the areas where they have proven relative advantages, for example:
  + PSI should focus on private sector engagement and testing
  + SCDI should keep focusing on communication and community engagement (refer patients and follow-up).
  + HPA good at MOT, for active screening and detection in mobile population.

- PSI (Mr.Tuấn): Follow the guidelines of NIMPE, the private health clinics are able to detect the cases. According to the PSI's policy, there is no cash incentive for CMC members, only gift such as giving a phone card of 100k, giving a dengue rapid test. Those who do good job will be given a diabetic test pen. Whether in the next period, clinics will dispense drugs able. In the next period, will private clinic be distributed with antimalarial drugs?
- A clear analyses of partner presence is needed before the grant finalization in order to avoid duplication of efforts. The overlap of CMAT, CMC, MOT, malaria corners, village malaria workers, malaria posts, health centers,
- CSO platform conducted a self-assessment in Vietnam and recognized margins for improvement in communication and harmonization of partners work. The coordination among CSOs is a priority and mechanisms are being put in place, also through the CSO Platform, to improve coordination. Even though the platform does not have the power to steer within country. Other coordination mechanism are in place at country level.
- Overlap is sometimes 'justified' by the fact that different players in the community address different sub-groups of the community.
- Global Fund: alignment to the national surveillance system is important. As well as the alignment of health information data to the national system.

- The suggestion that CSOs might be Supporting CDC in surveillance activities was raised by UNOPS. Proper data flow to the national system from CSOs is important. The important role to take the private sector and CSOs data in an harmonized manner.
- There is an overlap between community investigation. PSI funding from Bill and Melinda Gates Foundation need to be well harmonized with GF funded activities. CSOs organization might participate in all areas of elimination activities.
- PSI will discontinue the screening in plantations due to low yields. But it will focus on high burden areas.
- Increased sharing of data from CMAT was mentioned. The distance of 70km was confirmed to be a reality by CMAT representative, particularly mentioning the need sometimes to be travelling for more than a day.
- CCM Chair: CMAT is a good contribution from CSOs. Improving coordination of CSOs is a priority. The role of the NIMPE has been pivotal for an efficient CSOs implementation. IT applications are also a positive advancement, and compatibility of platforms are important for proper data aggregation.
- Malaria expert (Prof. Hung): The QTC wants to know if there is a solution to diagnose a case in the community. This morning we have mentioned on the amendment of the treatment law to allow VHWs to provide diagnosis and treatment. Training for VHWs on the use of RDTs was done, all VHWs take blood slides for malaria examination. However, RDT belongs to biological medicine, so it is not widely used. If PSI wants the pharmacy outlet to use RDTs, it is not possible. The program also wants CSOs to participate in, but the coordination is not yet close.

- **Regional Component presentation:**

  The RAI3E Regional grant should also address topics such as:
  - Integration of service delivery channel
  - Integration of surveillance system
  - Thinking of financing sustainability

  Package 1

  It is not a package exclusively for CSOs, it is allowed for other entities to join in. The performance have been of different quality, and particular attention should be paid to monitoring quality of outcomes. Authorization of activities in Package 1 is also important to be obtained in a timely fashion to avoi delay. An evaluation of the work done so far by CSOs under Package 1, prepared by UNOPS, could inform the preparation of the next Package 1 preparation.

  Package 2

  A revision of the OR design in the RAI3E is ongoing, to ensure the feasibility and operationalization of OR. An improved process for proposal selection and implementation is being re-designed by a writing consultant who is collecting inputs and consensus on the topics to be investigated. A role for APMEN to be potentially explored.

Package 3

Collaboration with FDAs should be improved

FDA registration, TES and procurement of drugs need to be better connected. And the Regional Component need to be better harmonized. (UNOPS said that even though drugs are not registered, they can be procured by UNOPS, and then used. It is a government choice).

- UNOPS (Dr. Attila): A change on drug importation is about to happen in Vietnam. A big shut off of procurement from foreign drugs is about to happen. Embassies are aware and are informing the MoH of this policy changes.
- Vietnam asked a certificate to the pharmaceutical companies that include details that no country is ready to procure. This details regards to 'CPPs'. FDA requires two CPP (Certificate of Pharmaceutical Product (CPP), one from a Country that produce the drug and a CPP from Country that are involved in the manufacture of the drug. Pharmaceutical companies therefore, before they submit documents to FDA, that they are not able to. this is a new circular effective in September (19). Any drug that was registered before September 2019 are exempted from this CCP requests, but only until they registration expire (usually every 2-3 years). Some drugs are probably exempted from the new requirements of Circular 32. Market authorization for Tafenoquine in Vietnam will possibly suffer from this process.
- CCM Chair asked NIMPE to send letter to DAV (Drug Administration of Vietnam) and involving MoH to get clarity on the impact of the Circular on ACTs, Pyramax and others.

Package 4

Data sharing platform

Input of the data to the regional platform. A minimum set of data to be shared to the country are still ongoing and it is a work in progress.

molecular surveillance should continue, the labs are funded to do that. Molecular marks are available for most ACTS and partner drugs, and therefore this activity need to be continuously funded under this package. (this might move on package 5).

Package 5

It is important to understand……how this package should be revised and better connected with the others

Package 6

The CSO platform is to be maintained and strengthened, especially with regards to focal point and information flow.

Defense: their involvement should be discussed. Engagement of army is important they should be onboard given to the epidemiological relevance of the army personnel.

Package 7
Agreement to the IMP usefulness.

Linking package 1 with package 6.1
Support of WHO international epi. consultants/UNV to be considered.
CSO to be used for areas where they have comparative advantages.

Strengthen the regional spine giving cohesion. The Countries are expected to be engaged and owning the regional component too. Input for improvement are to be given, especially Package 1 and 2. The future role of the RSC and of financial sustainability should be addressed.

- Conclusion by Prof. Arjen Dondorf: Thank Vietnam CCM and NIMPE for co-organizing the Country dialogue and highly appreciate with the comments of the participants. Basically agreed with the proposed prioritized interventions for Funding Request 2021 – 2023. NIMPE and CCM should follow the process of submitting the Funding Request to the RSC and Global Fund. NIMPE, CCM and National Writing team will complete the core funding request documents and submit to the RSC on time as required.
- Concluding remarks by Assoc. Prof. Pham Le Tuan to thank all participants for their participation at the country dialogue. The meeting is presented with to 6 reports/presentations and 25 comments discussing on the prioritized issued to be put in to the funding request. The national writting team will work hard to complete the narrative programme and core documents to be submited to the RSC on time (before the RSC meeting in Hanoi on 10 March). The interested CSOs can get in contact with the national writting team for preparation of their proposal to be included in the funding request for 2021-2023.

The meeting ended at 15h30 on the same day.

Secretary of the meeting

PHAM
Ms. ~~Dang~~ Cam Anh

Co-chair of the meeting

Assoc. Prof. Pham Le Tuan.