THE PRIME MINISTER

SOCIALIST REPUBLIC OF VIET NAM

Independence - Freedom – Happiness

No: 374/QD-TTg

Ha Noi, 17th March 2014

DECISION

Approving National Strategy for Tuberculosis Prevention and Control to 2020, with a View to 2030

THE PRIME MINISTER

Pursuant to the Law on Organization of the Government dated December 25th, 2001;

Pursuant the Law on the Prevention and Control of Infectious Diseases dated November 21st, 2007;

Pursuant to the Decree number 63/2012/ND-CP dated 31st August 2012 of the Government on function, tasks, powers and organisational structure of Ministry of Health;

Having considered the proposal of the Minister of Health,

DECIDES

Article 1. Approve the National Strategy for Tuberculosis Prevention and Control to 2020, with a View to 2030 with the following content:

1. Rationale

   a) Tuberculosis (TB) is a dangerous infectious disease threatening the life and health of infected people, with high risk of transmission in the community. However, if TB is detected early and properly treated using a combination of medicines for a sufficient period of time, the patients can be cured. Therefore, TB prevention and control is an important and long-term mission of the whole political system, of which the core is the health industry.

   b) The State takes the major responsibility of ensuring adequate resources for TB Prevention and control, while advocating every social resources to support TB prevention and control activities.

   c) TB Control is mainly dependent on the community and is implemented by the whole TB and Lung diseases control network from central to local, with collaboration from public and non-public health agencies.

2. Objectives
a) Objectives till the end of 2015
   - Reduce prevalence rate to less than 187 cases per 100,000 populations;
   - Reduce mortality rate to less than 18 cases per 100,000 populations;
   - Reduce Multi-Drug Resistance TB (MDR-TB) rate to less than 5% of total new TB cases notified.

b) Objectives till the end of 2020
   - Reduce prevalence rate to less than 131 cases per 100,000 populations;
   - Reduce mortality rate to less than 10 cases per 100,000 population;
   - Maintain MDR-TB rate to less than 5% of total new TB cases notified.

3. A view to 2030
   Continue to reduce TB mortality rate and prevalence rate to less than 20 cases per 100,000 population, moving forward to the aim of Vietnamese people living in a TB free country.

4. Solutions
   a) Policy and law
      - Revise, amend and supplement policies, regulations in line with of TB prevention and control reality.
      - Research and publish legal frameworks to encourage organisations and individual, both domestics and international, to participate in TB control activities.
      - Develop remuneration policies for health workers involved in TB prevention and control activities.
      - Research and publish regulations on Health Insurance to provide advantageous conditions in TB diagnose and treatments, as well as incentives in payment for health care services from the Health insurance fund to patients with Health Insurance card.
b) Communication

- Strengthen dissemination and communication about law and policy of TB prevention and control.

- Disseminate about TB and TB control, especially to those who live in vulnerable areas, mobile people to understand, avoid stigma toward TB and positively access to TB services from heath industry including notification, diagnose, treatment and prevention.

- Agencies, organisations, communities, patients and their families to actively participate in propagating about TB to population at every levels and actively prevent and control TB.

- Develop policies to encourage social communities to participate in communicate health education on TB prevention and control.

c) Technical solutions and TB control services

- Early detection and effective TB treatment

  + All medical examination and treatment facilities are responsible for the detection, diagnosis, treatment and management of TB cases according to Ministry of Health’s guidelines. With the participation of other general and specialized clinics and private clinics, clinics specializing in TB and lung disease at all levels shall provide TB examination, detection, diagnosis, treatment and prophylaxis services of quality for all.

  + Create favorable conditions for all people, especially TB high risk groups, people living in remote areas and homeless people to access quality TB detection, diagnosis, treatment and prophylaxis services. Mobilize the participation and support of the community and social organizations to early detect and provide proper treatment for TB patients, to ensure treatment success.

  - Optimize the application of new technologies in TB detection, diagnosis, treatment and prophylaxis.

  + Proactively apply new technologies recommended by WHO in order to universalise access to TB services including notification, treatments and prevention, as well as optimize the utilization of traditional methods in TB detection, diagnosis, treatment and prophylaxis so as to gain best results in Vietnam conditions.
Research and apply new approaches to move towards universal access to TB services through public and private health systems, with the participation of partners, organisations, associations and the community.

d) International relation

- Strengthen partnerships with other countries, international organisations and individuals in research, pilot and technical assistances for TB control, especially partners for a long time and those who have modern TB control techniques.

- Expand international partnership in all areas of TB prevention and control, actively and positively advocate assistance from internation organisations in TB breakout techniques.

- Work closely with countries in the region and all over the world to solve similar detection and treatment problems for TB spreading across borders as well as mobile people.

e) Drug supply and logistics

- Research and develop TB drug management and supply framework and appropriate logistics for adequate TB control activities.

- Research and publish policy to create better nutritious conditions for TB patients.

- Strengthen and improve the infrastructure and equipment of units involved in TB detection, diagnosis and treatment.

- Put investments on research and produce domestic drugs for TB treatment demands. Monitor drug resistance and adverse reactions of TB treatments.

f) Financial resources

Mobilize resources for TB prevention and control from national budget according to the regulations of the National Budget Law, Health insurance fund, and other funding from domestic and international organizations and individuals.

g) Human Resources Management

- Ensure sufficient personnel for the implementation of TB prevention and control activities from central to local levels through application of priority for training, recruitment, employment and treatment of staff.

- Diversify types of specialty training; update general practitioners on TB prevention and control knowledge; combine full time training with in-service
training, short term and long term training courses; continuous medical training through workshops, conferences and direct instructions, etc.

- Improve TB Control management skills for managers at all level through training programs, educational visits, domestic and international experience share.

- Integrate TB prevention and control activities in the National Target Program on HIV/AIDS prevention and control, and other preventive health programs.

h) Monitoring and Evaluation (M&E)

- Promote supervision and report system to improve evaluating and assessing skills and control the quality of TB services at all health facilities through application of information technology.

- Research and develop plans to improve TB epidemiology surveillance and evaluate the effectiveness TB prevention and control services through training programs, educational visits, domestic and international experience share.

- Strengthen monitoring and evaluating the implementation of TB laws and policies.

5. Implementation

a. Ministry of Health

- Preside over the development of plans to implement the Strategy and its projects; Direct and instruct, monitor and inspect Strategy implementation. Annually collect, synthesize information on implementation progress and results and report to the Prime Minister;

- Preside over and coordinate with related Ministries/sectors to research, develop, issue under authority or submit to authorised level to issue legal frameworks on TB prevention and control;

- Preside over and coordinate with the Ministry of Planning and Investment, Ministry of Finance and other related Ministries to develop and recommend solutions to the mobilization of resources for TB prevention and control activities;

- Preside over and coordinate with related Ministries/sectors to develop and amend policies for Health Insurance and implementation directions to ensure Health Insurance card owners to receive advantageous TB services and their treatments to be paid by health insurance funds.

- Preside over and coordinate with related agencies to monitor and evaluate the Strategy implementation at local levels and annually report to Prime Minister.
b. Ministry of Finance

Arrange financial resources for TB prevention and control according to national law on decentralization of national budget

c. Ministry of Planning and Investment

- Preside over the allocation of budget for TB prevention and control Program and submit to competent authority for approval.
- Coordinate with the Ministry of Health and Ministry of Finance to develop and recommend measures to strengthen and mobilize development capital for TB prevention and control to competent authority for approval; coordinate resources for TB prevention and control activities.

d. Ministry of Labours, War Invalids and Social Affair

- Coordinate with the Ministry of Health and related Ministries/sectors to conduct regulations on TB prevention and control for workers at work; focusing on female employees and vulnerable groups of migrant labors; as well as policies supporting high risk labour group;
- Coordinate with related agencies to implement, monitoring and evaluate the implementation of policies supporting TB patients working in agencies, organisations and enterprises.

e. Ministry of Public Security

- Coordinate with the Ministry of Health in the implementation of TB prevention and control activities in units under its management, with a focus on TB prevention and control at detention centers, correctional facilities and addiction treatment centers.
- Coordinate to conduct training on TB prevention and control and health communication and education for police officers, prisoners, and inmates in correctional facilities.

f. Ministry of Information and Communication

Preside over and coordinate with the Ministry of Health, related Ministries/sectors and provinces to develop plans for communication/dissemination of TB prevention and control on the mass media and in units; direct the media agencies and newspapers across the country to regularly coordinate with the TB prevention and control programs at all levels to conduct TB prevention and control communication activities.

g. Ministry of Education and Training
- Research, revise and integrate TB training contents into schools’ extra curriculum. Organise communication and education activities on TB prevention and control for pupils, students, teaching staff and managers at all levels under rich and effective forms.
- Coordinate with related Ministries/sectors in the development of policies on priority for the training of TB health manpower.

h. Ministry of Culture, Sports and Tourism

Coordinate with Ministry of Health and other related Ministries/sectors, provinces to develop communication plans on TB prevention and control in culture, sports and tourism activities; disseminate TB prevention and control in art products and performances to make it understandable and easy to do, encourage people to actively prevent and control TB.

i. Ministry of Defense

Provide TB prevention and control services for officers and soldiers appropriate to their job characteristics; preside over and coordinate with the Ministry of Health to expand military-civilian medical cooperation to disseminate TB prevention and control information, and provide TB diagnosis and treatment for the people in border areas, islands, and hard-to-reach areas.

j. Ministry of Internal Affair

Coordinate with related Ministries/sectors to timely revise and adjust policies and regulations on TB prevention and control to make them consistent with current conditions.

k. Vietnam Fatherland Front

It is suggested that the Vietnam Fatherland Front, Socio-political organizations and socio-professional organizations, depending on their functions and responsibilities, participate in the implementation of this Strategy, and coordinate with the Ministry of Health in monitoring Strategic implementation.

l. Provincial-level and central-ruled cities People’s Committee

- Have the responsibility to direct the implementation of tasks, measures and projects under the Strategy in provinces/cities.
- Establish and strengthen the provincial TB prevention and control Steering Committee to support provincial-level People’s Committee to develop, implement and monitor the implementation of the Strategy at local.
- Develop appropriate policies to attract human resources for TB prevention and control activities in provinces/cities; develop and determine targets for TB prevention and control in the socio-economic development plans of the province/city.
- In addition to annual funding allocated from State budget, each province/city should proactively invest budget, human resource and material facilities for the province/city’s TB prevention and control Program.
- Direct local agencies and organizations to closely coordinate and regularly monitor, supervise the implementation of the Strategy, periodically report to the Ministry of Health the implementation results as well as any recommendations and amendments on regulations in order to improve effectiveness of TB prevention and control activities.

**Article 2.** This Decision takes effect as of its signing date.

**Article 3.** Ministers, Heads of ministerial - level agencies, Heads of Government agencies, chairpersons of People’s Councils of provinces and centrally ruled cities and related organizations and individuals are responsible for the implementation of this Decision.

**Distribution List:**
- PM, Deputy PMs;
- Ministries, ministerial level agencies, Government Departments;
- Office of the Central Steering Committee for Anti-Corruption;
- People’s Councils of provinces and centrally ruled cities;
- Party Central Committee Office;
- Office of the General Secretary of the Party;
- Office of the President;
- Office of the National Assembly;
- Supreme People’s Court;
- Supreme People's Procuracy;
- State Audit office;
- National Financial Supervisory Committee;
- Bank for Social Policies;
- Viet Nam Development Bank;
- Central Committee of the Fatherland Front;
- Central offices of organizations and associations;
- Government Office: Miniter/chairman, vice chairmen, Assistants of PM, Portal, Departments: KTTH, PL, V.III;
- For archives: records management, KGVX (03 copies).

On behalf of **PRIME MINISTER**

DEPUTY PRIME MINISTER

Vu Duc Dam