

Vietnam Stop TB Partnership

1. Primary contact information	
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2. Value added of the partnering initiative

2.1. Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?

Vietnam TB Control Program (NTP) was established in 1957. In the process of operating, although NTP gained several achievements, NTP encountered a lot of difficulties. Therefore, the assistance of the other partners was necessary. Since 1984, NTP has received much assistance from the international organizations as WHO, UICTMR, MCNV, KNCV. Then, NTP has been funded by CDC, the Global Fund (GFATM), USAID, etc. Most of the co-operations are bilateral ones.

The initiative of setting up VSTP in order to co-ordinate generally the activities of assistance was proposed in 2008. In 2010, VSTP was officially established.

The main assistance needs have been changed according to NTP's development through each period. In the beginning years, drugs, traffics, facilities, experience, etc. were the principle problems of NTP. In the current period, the main problems are TB patient detection and DOTS implementation, especially in the remote, mountainous and border areas. Besides, there are several problems such as TB/HIV, MDR in closed settings as prisons, training centers; public-private collaboration; TB drug management; Advocacy-communication-social mobilization (ACSM) in community; application of new technology, investigation and surveillance of TB incidence, evaluation of NTP's effectiveness, staff training, strengthening TB Control Network, especially improvement of local levels.

2.2. How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?

VSTP has met well the requests and tasks of the NTP, for example, the facilities, equipments, vehicle and new technology guidance for TB Control. Moreover, operating targets have been fulfilled better with high quality. In addition, VSTP has done well on ACSM in community, improvement of TB treatment, more MDR-TB, HIV/AIDS patients have been managed and TB patients in the closed settings have been diagnosed and treated better (some figures are indicated at 4.3).

2.3. Do you think the partnering initiative has worked so far?

- **If it has worked well, why? How have you set it up? What process have you used? What were the main steps?**
- **If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?**

In general, it cannot be denied that VSTP has operated well. This is results of ACSM activities and partner selection. The partners have participated voluntarily and they have the same goals, interests of the NTP. VSTP has shared information of purposes, needs and capacity of the partners. Working mechanism of the VSTP bases on supportive, collaborative and the equal relationships.

However, there is some partners who work not yet effective, therefore additional discussion and investigation need to be conducted.

2.4. Who among the following stakeholders – national TB programme, civil society (faith based organizations, non-governmental organizations, community based organizations) and the private/business sector – is involved? In what way?

In Vietnam, the partners in VSTP can be classified into 3 groups. Group 1 consists of the Governmental institutions such as Ministry of Education and Training, Ministry of Labour, Invalids and Social Affairs, Ministry of Public Security, Military Medical Department (Ministry of Defence), HIV/AIDS control administration (Ministry of Health), etc. Group 2 consists of the community institutions, the social and politic unions such as Women's Union, Farmer's Union, Vietnam Medical Association, Vietnam Youth Association, Centres for Community Health Development, etc. Group 3 includes international organizations such as KNCV, MCNV, WHO, WB, UICTMR, GF, CDC, USAID, PATH, etc. (see more at 2.5 and 3.2).

2.5. What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?

The partners collaborate with the NTP to fulfil their mission to achieve their goals and targets. For example, the social civil organization need to bring their members with benefits of health care service, charity activities (Farmer's Union, Women's union, Vietnamese Red Cross, etc); There are TB diagnosis and treatment services for people in closed settings (Ministry of Public Security), for schools (Ministry of Education and Training), for soldiers and people in remote, mountainous and border areas (Military Medical Department – Ministry of Defence). The international organizations collaborate

with the NTP to implement their so called Development Assistant Programs for the developing countries.

3. Building the partnering initiative

3.1. What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?

When objectives, goals and capacity of the partners such as among the international and domestic organizations; and among the Governmental institutions and the civil organizations are not the same, some challenges will occur. The individual meetings among groups of partners sharing the same goals and similar conditions can solve these problems. Besides, if necessary, partners having the occurring problems should discuss separately in order to solve the specific problems. There is very few partners who can participate in some deeper professional areas of TB control such as PPMs, relationship with pharmaceutical stores, implementation of new technology, MDR TB, TB/HIV etc. The partnership expansion in these aspects has been proposed. (see more 4.2).

3.2. Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?

Some of the partners have not made the detailed plan in terms of staffs, fund, program, implementing place and duration in order to carry out the NTP. This problem is being solved step by step through discussion with each partner. However, this solution is dependent on characteristics, capacity and objectives of each partner.

In general, Ministries and Governmental Departments make their own detailed plan to direct their organizational system. The International Organizations often make the more detailed plan in terms of activities' content, implementing duration and locations. On the side of the civil and social organizations, their implementation of activities is not consistent; or their expected activity is only communication; or they make the specific plan to co-operate with NTP.

The VSTP is planning to map all partners with detail information in short and long term within 2011 by asking them to develop their plan along with the 5 year national strategic plan of the NTP 2011–15.

3.3. Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?

From 2008, the VSTP supported NTP to apply round 9 application of the GFATM.

In the period from June to December 2010, VSTP held 2 meetings with the attention of all the partners in order to raise ideas for the 5-year national strategic plan of NTP, 2011–15. The meeting aimed at making the partners more obvious about the implementing orientation.

On 9th December 2010, the VSTP with NTP organized the workshop mobilizing resource for the 5 year plan, following by the VSTP meeting to discuss how individual partner to participate in TB control in the next 5 years.

As the next meeting scheduled in April 2011, all partners are asked to prepare their plan in period of 1 year 7/2011 – 6/2012 and presenting in the meeting, following with individual discussion with coordination board and the NTP to make action plan more effectively.

Within the VSTP, technical working groups such as ACSM, MDR TB, TB/HIV, New technology application have been proposed establishment.

3.4. Which national TB plan activities are the partners contributing to?

Currently, the key orientation of VSTP in Vietnam is support the NTP to increase TB detection by strengthen ACSM activities all partners, PAL (CCHD) and PPMs (PATH, URC).

There are 3 partners engaged in round 9 GFATM grant for TB: PATH, CCHD and the Farmer's Union.

Other partners mainly to contribute in ACSM activities such as campaign on the World TB Day 24th March.

There are 4 application submitted to TB REACH Wave 2 for TB control in Vietnam in 2011.

3.5. How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?

Each Partner should have action plan along with contract with the NTP to clarify the aims, service delivery areas, tasks, indicators and budget plan.

The partners operate according to the contract and they are provided with supervision, training if needed .

There is the periodic meeting quarterly to notify the activities and solve the arising problems. There is also ad hoc meeting if requested. The separate meetings with each partner will be held if necessary.

Periodically the VSTP will join with the NTP to evaluate the plans of partners by annually review meeting or specific evaluation.

4. Thinking through and taking stock

4.1. Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?

The VSTP has policy to encourage all partners to be involved effectively in TB control towards to TB elimination in Vietnam. Therefore, all partners is equally treated in term of right and responsibility. However, the key international partners is WHO, CDC, KNCV, GFATM.

Nationally, ministries (MoH, MPI, MoF) and local authorities are key partners.

Besides, widening the partners has been proposed. (see more 4.2).

4.2. What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/improved?

Basically, VSTP in Vietnam has mobilized its partners' capacity. The partners have contributed their efforts, finance, staffs and experience to NTP and brought partly success for NTP. (See more 4.3.). In the future, the partnership network will be widened more. For example, the potential partners of VSTP may be organization of the private doctors and pharmacists associations, general hospitals, Business, pharmaceutical companies, the Faith organizations, the Elder's Unions, the Veteran Unions, etc. Establishment of VSTP groups at local levels has been proposed. Besides, the researches, proposals and contributions of the Governmental institutions on policies, guidelines and activities of TB Control have been proposed.

4.3. Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?

Some examples of partners' contribution to NTP in 2010 are presented as follow. Farmer's Union implemented ACSM activities for people in some remote communes of 5 mountainous provinces.

Women's Union trained 80 propagandists in 9 provinces, issued propagandistic manuals on TB Control for propagandists.

Ministry of Education and Training trained and guided TB Control for Educational managers of 39 provinces (among the total 63 provinces). HIV/AIDS Control Program joined study on screening TB among PLWHAs in 5 provinces (6,7 million populations).

Medical Department of Ministry of Public Security conducted TB and HIV screening for more than 7.000 prisoners and open 8 training classes on TB prevention for over 260 health staffs working in prisons.

In one province such as Nam Dinh, in 2010 the General hospitals detected and referred 458 TB patients to TB Specialty Hospitals in comparison to 248 patients in 2009.

Etc.

4.4. How do you think the Stop TB Partnership could support your partnering initiative?

On May, 2010, the Global STP held the XVIIIth meeting in Vietnam. This event raised prestige and position of Vietnam STP. Vietnam STP hope to keep regular contact, exchange information with the Global STP and receive implementing experience from the Global STP. The VSTP hope that the Global STP will be the bridge between Vietnam STP and STP in other countries.

4.5. Anything else you would like to highlight?

STP in Vietnam has had the significant contributions to the Tb control. The VSTP also proposes to expand more organizations and implement some new activities. It is necessary to strengthen management capacity with the better working condition such as office and logistic issues. Communication with STP in other countries and the Global STP are also needed to improve effectiveness of the VSTP.