

# Supporting tuberculosis control in Vietnam

## Building bridges to reduce TB burden

Tuberculosis (TB) is a leading cause of illness worldwide and is the number one cause of death in people with HIV/AIDS. Vietnam ranks 12 out of the 22 highest TB-burden countries identified by the World Health Organization (WHO). In 2013 in Vietnam, 94,853 new cases of TB were identified, with more than 9,000 previous cases needing re-treatment, and approximately 18,000 people died from the disease.

Since 2008, PATH has been working with national and international partners to improve TB case detection and treatment. Our strategy in Vietnam focuses on harnessing the power of public and private sectors to identify and treat people with TB and informing and empowering policymakers, media, communities, and people affected by TB. By 2014, over 6000 persons with TB have been detected through PATH's projects.

### CONNECTING PUBLIC- AND PRIVATE-SECTOR FACILITIES

In Vietnam, where almost one-third of health care is provided by the private sector, a significant proportion of the population first seeks medical care from private pharmacies and clinics. People who seek medical care from these providers are at risk of receiving TB care and treatment that is not in line with international standards, which could lead to the development of drug-resistant TB.

Vietnam is responding to this challenge by focusing on a public-private mix (PPM) strategy. PATH, working with the national TB program (NTP), provincial health departments, and public- and private-sector providers, implements the PPM approach in seven provinces.

The PPM model centers on a referral system that encourages private pharmacies and clinics and public non-TB facilities to refer people with presumptive TB to TB facilities for diagnosis and treatment. TB facilities also strengthen the skills of private and public non-TB providers to identify the disease through trainings, review meetings, and supportive supervision. Providers also receive TB- and HIV-related information to give to clients. This model builds the capacity of providers in interpersonal communication and counseling, and it contributes to the overall strengthening of Vietnam's health system.

To help identify more TB patients, PATH launched the implementation of a PPM diagnosis model in seven private and public non-TB hospitals in 2013 in Ho Chi Minh City, Binh Dinh, Hanoi, and Ba Ria-Vung Tau. The diagnosis model allows patients to access and use TB diagnostic services at non-TB facilities. Patients diagnosed with TB in these hospitals are then referred to TB facilities for treatment. By making it



Tran Thi Huong Lien

### POLICY ADVOCACY CREATES LASTING CHANGE IN VIETNAM

Since 2012, PATH has been engaged in national-level policy advocacy activities to support TB control activities in Vietnam. For instance, to encourage PPM activities nationwide, PATH, with the NTP, developed a circular and guidelines on PPM implementation, including information on referral, sputum collection and transportation, and diagnosis and treatment. The Ministry of Health approved Circular 02 and guidelines in March 2013.

PATH also worked closely with the Vietnam Administration of Medical Services and NTP to develop the national TB control strategy to 2020, with a vision to 2030. Finalized in October 2013, the vice prime minister approved the strategy in March 2014.

Most recently, PATH, with the NTP, integrated PPM monitoring and evaluation indicators into the existing routine recording and reporting system of the NTP. The approved new system streamlines the recording and reporting of all TB activities and was introduced in every province in January 2014.

more convenient for patients to access TB diagnostic services at locations other than TB facilities, this model results in quicker diagnosis and treatment and minimizes the number of cases lost when a person is referred to a TB facility for testing. Three additional hospitals in Ho Chi Minh City will begin implementing the model in mid-2014.

### SUPPORTING AN INTEGRATED APPROACH TO TB CONTROL

According to WHO, seven percent of TB patients in Vietnam are HIV positive. Recognizing this issue, PATH worked with provincial health departments in Ba Ria-Vung Tau and Ho Chi Minh City to develop a referral system that links HIV community networks to TB and HIV facilities and these two facilities to each other. PATH trained staff at TB and HIV facilities on TB/HIV referral and focused on the role peer outreach workers, self-help groups, and home-based care teams could play in intensifying TB case finding among people living with HIV.

PATH is also working to bring more innovative TB control interventions to communities amid a lack of human resources in the NTP system. One way PATH is helping bring TB control activities to the community level is by implementing a model of community care and support for TB patients. In this model, PATH trains community volunteers from the local Women's Union, Red Cross Society, and village health promoters on TB symptoms, treatment, infection control, and interpersonal communication and counseling. The trained community volunteers and village health promoters provide TB patients with medical, nutritional, and emotional support, which aids in maintaining treatment adherence. Trained community volunteers also refer people to TB facilities for testing if they show symptoms of TB, helping them to receive TB treatment early and limit the risk of transmitting TB to others.

### PATH'S COMMITMENT

Vietnam has achieved a high TB treatment success rate (greater than 90%). However, according to WHO, poor treatment adherence has led to the emergence of multidrug-resistant (MDR) TB in 19 percent of old cases and nearly 3 percent of new cases in Vietnam.

Since 2013, in collaboration with the NTP, PATH has been piloting a mobile health application in 28 communes in two districts of Ba Ria-Vung Tau province. The software links to the national TB treatment management database and sends SMS texts to patients, reminding them to take their medicine and present at TB units for health checks.

Preliminary findings show improved treatment adherence and success rates—which increased from 91% to 98%—in TB patients. In addition, community health workers can easily access individual patient data via mobile phone, allowing them to update the system with home-visit data so upper-level managers have real-time access to patient information.

PATH is looking to expand this model to other districts to collect additional evidence on its effectiveness. Evaluation results will contribute to a set of recommendations for the NTP.

Project activities in Ho Chi Minh City, Hanoi, Binh Dinh, and Ba Ria-Vung Tau provinces are funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria's Round 9 TB funding to the NTP, a part of the Ministry of Health. For more information about PATH's TB program in Vietnam, please contact Dr. Vu Thi Hoang My, Vietnam TB program director, at [mvu@path.org](mailto:mvu@path.org).



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Second floor, Hanoi Towers  
49 Hai Ba Trung Street  
Hoan Kiem District, Hanoi  
Vietnam