COUNTRY PROFILE

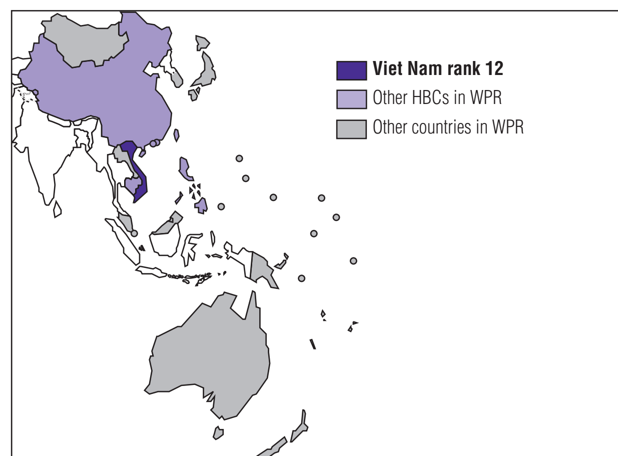
Viet Nam

The national disease prevalence survey currently under way will provide a reassessment of the burden of TB in Viet Nam, and may also help explain the apparent lack of impact of the programme, despite having met the targets for case detection and treatment success for the past 10 years. Collaborative TB/HIV activities and management of MDR/TB are relatively new areas of work, demanding new skills and more funding. Despite increased funding for 2007 and 2008, gaps remain. Formal PPM activities are being scaled up, in an attempt to address the problems of poor TB treatment in the private sector.

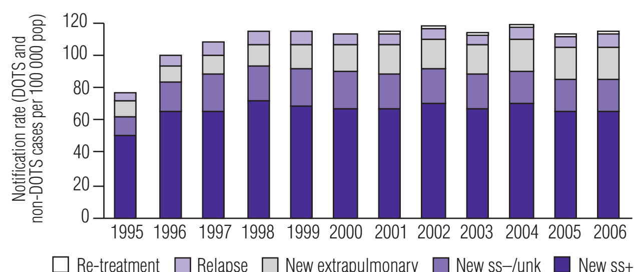
SURVEILLANCE AND EPIDEMIOLOGY, 2006

Population (thousands)[a]	86 206
Estimates of epidemiological burden[1]	
Incidence (all cases/100 000 pop/yr)	173
Trend in incidence rate (%/yr, 2005–2006)[2]	**-1.0**
Incidence (ss+/100 000 pop/yr)	77
Prevalence (all cases/100 000 pop)[2]	**225**
Mortality (deaths/100 000 pop/yr)[2]	**23**
Of new TB cases, % HIV+[b]	5.0
Of new TB cases, % MDR-TB[c]	*2.7*
Of previously treated TB cases, % MDR-TB[c]	*19*
Surveillance and DOTS implementation	
Notification rate (new and relapse/100 000 pop/yr)	113
Notification rate (new ss+/100 000 pop/yr)	65
DOTS case detection rate (new ss+, %)	**85**
DOTS treatment success (new ss+, 2005 cohort, %)	**92**
Of new pulmonary cases notified under DOTS, % ss+	77
Of new cases notified under DOTS, % extrapulmonary	20
Of new ss+ cases notified under DOTS, % in women	27
Of sub-national reports expected, % received at next reporting level[d]	100
Laboratory services[3]	
Number of laboratories performing smear microscopy	874
Number of laboratories performing culture	18
Number of laboratories performing DST	2
Of laboratories performing smear microscopy, % covered by EQA	85
Management of MDR-TB	
Of new cases notified, % receiving DST at start of treatment	–
Of new cases receiving DST at start of treatment, % MDR-TB	–
Of re-treatment cases notified, % receiving DST	–
Of re-treatment cases receiving DST, % MDR-TB	–
Collaborative TB/HIV activities	
National policy of counselling and testing TB patients for HIV?	Yes (to all patients)
National surveillance system for HIV-infection in TB patients?	Yes
Of TB patients (new and re-treatment) notified, % tested for HIV	14
Of TB patients tested for HIV, % HIV+	5
Of HIV+ TB patients detected, % receiving CPT	–
Of HIV+ TB patients detected, % receiving ART	–

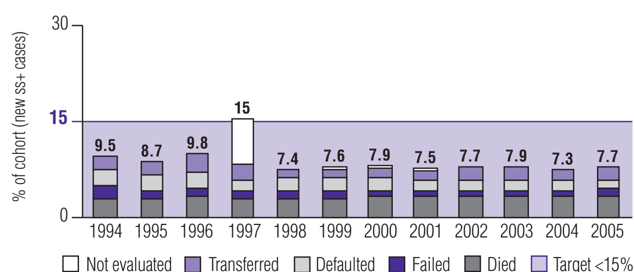
WHO Western Pacific Region (WPR)
Rank based on estimated number of incident cases (all forms) in 2006



Case notifications
Notification rates fairly stable since late 1990s, despite consistently high case detection and treatment success rates



Unfavourable treatment outcomes, DOTS
Treatment success rates consistently at or above target for more than 10 years



DOTS expansion and enhancement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
DOTS coverage (%)	50	95	93	96	99	100	100	100	100	100	100	100
DOTS notification rate (new and relapse/100 000 pop)	38	68	103	110	113	114	113	117	112	117	112	113
DOTS notification rate (new ss+/100 000 pop)	26	51	66	69	69	67	68	70	68	70	65	65
DOTS case detection rate (all new cases, %)	18	33	51	55	58	58	59	61	59	62	60	61
DOTS case detection rate (new ss+, %)	30	59	78	82	83	82	83	87	85	89	84	85
Case detection rate within DOTS areas (new ss+, %)[e]	59	62	84	86	84	82	83	87	85	89	84	85
DOTS treatment success (new ss+, %)	91	90	85	93	92	92	93	92	92	93	92	–
DOTS re-treatment success (ss+, %)	81	84	80	84	87	79	85	85	85	84	83	–

IMPLEMENTING THE STOP TB STRATEGY[1]

DOTS EXPANSION AND ENHANCEMENT

Political commitment, standardized treatment, and monitoring and evaluation system

Achievements

- Hosted end-term external evaluation of the NTP (2001–2005)
- Produced 21st annual report of NTP activities

Planned activities

All planned activities reported for 2007 are described under the headings below.

Quality-assured bacteriology

Achievements

- Piloted laboratory quality assurance services (LQAS) in 4 provincial laboratories: Quang Ninh, Da Nang, Ho Chi Minh, and Tien Giang

Planned activities

- Implement LQAS in 17 provincial laboratories (bringing total to 21 out of 64 provinces)
- Establish DST services required for management of MDR-TB

Drug supply and management system

Achievements

- Ensured uninterrupted supply of quality-assured first-line drugs, provided free-of-charge to patients

Planned activities

- Organize a meeting with MOH on procurement of anti-TB drugs, especially second-line drugs
- Obtain technical support from MSH on procurement, management and distribution of anti-TB drugs

TB/HIV, MDR-TB AND OTHER CHALLENGES

Collaborative TB/HIV activities

Achievements

- Pilot tested HIV counselling and testing in TB units in 3 provinces with high HIV prevalence
- Developed forms and registers for collaborative TB/HIV activities and trained TB/HIV staff in use of new forms and registers
- Initiated development of national policy guidelines on collaborative TB/HIV activities

Planned activities

- Establish HIV counselling and testing centres in additional TB units
- Complete development of national policy guidelines on collaborative TB/HIV activities
- Introduce routine screening for TB in HIV-positive people

Diagnosis and treatment of multidrug-resistant TB

Achievements

- Established focus group for MDR-TB
- Conducted situation analysis on availability of second-line anti-TB drugs outside NTP
- Studied treatment history of failures, relapse and chronic TB cases and investigated anti-TB drug resistance patterns among re-treatment TB cases

Planned activities

- Implement management of MDR-TB in pilot sites
- Initiate DRS and computerize data for ongoing DRS as well as laboratory data on MDR-TB and XDR-TB
- Submit proposal to GLC
- Develop guidelines for management of MDR-TB and implement them in Ho Chi Minh City

High-risk groups and special situations

Achievements

- Included special activities for TB among prisoners and in ethnic minority groups, and initiatives to address gender-related issues in NTP development plan 2007–2011

Planned activities

- Increase access to and use of health services for ethnic minority groups and poor people by expanding integrated community health services to remote and mountainous districts/areas

HEALTH SYSTEM STRENGTHENING, INCLUDING HUMAN RESOURCE DEVELOPMENT

Achievements

- Expanded "Strengthening primary health-care network and TB control" project to remote and mountainous areas
- Conducted training on TB for general health staff
- Completed PPM scale up in the country, which is a pathfinder for creating linkages between the private and public health sectors

Planned activities

- Continue capacity-building on TB control for TB staff, HIV workers, the private sector and general health-care workers
- Develop plan for PAL adaptation and implementation and PAL guidelines

[1] Unless otherwise specified, achievements are for financial year 2006; planned activities are for financial year 2007.

ENGAGING ALL CARE PROVIDERS

Achievements

- Instituted formal PPM activities in 17 out of 64 provincial TB units; trained private practitioners in TB control, and signed agreements

Planned activities

- Establish PPM advisory board at national level
- Develop PPM strategy and operational guidelines

EMPOWERING PEOPLE WITH TB, AND COMMUNITIES

Advocacy, communication and social mobilization

Achievements

- Undertook ACSM activities in all 64 provincial TB units
- Conducted workshop on TB with the Viet Nam Women's Union, Viet Nam Farmer's Union and Ministry of Education
- Conducted communication campaign on World TB Day
- Developed IEC material on TB for communes

Planned activities

- Strengthen cooperation on IEC with the Viet Nam Women's Union, Viet Nam Farmer's Union and the Ministry of Education
- Communicate knowledge on TB to communities through TV, radio, newspapers, posters, leaflets and other media
- Develop IEC material for ethnic minorities in mountainous provinces
- Develop IEC material for mass media

Community participation in TB care

Achievements

- Involved communities in TB control in all 673 district TB units; in suspect identification and referral, and patient treatment support

Planned activities

- Develop IEC material for communes, including booklet on TB and TB/HIV

Patients' Charter

Achievements

The Patients' Charter was published in 2006 and was therefore not available for use in countries until then.

Planned activities

- None reported

RESEARCH, INCLUDING SPECIAL SURVEYS AND IMPACT MEASUREMENT

Achievements

- Developed protocol and commenced disease prevalence survey; completed sampling in all 70 clusters

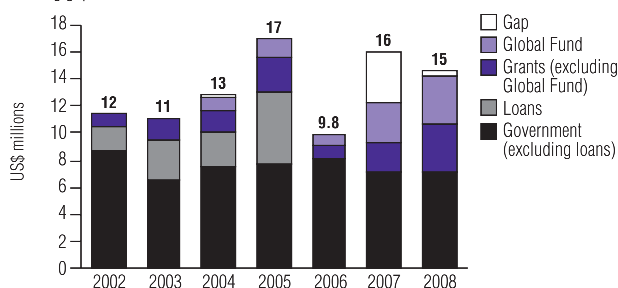
Planned activities

- Analyse results of disease prevalence survey
- Conduct surveys on TB/HIV morbidity and mortality

FINANCING THE STOP TB STRATEGY

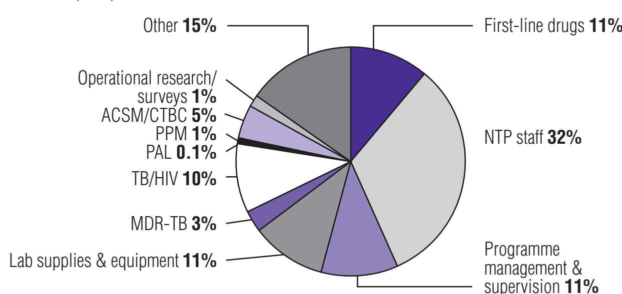
NTP budget by source of funding

Increased funding from the Global Fund and other donors in 2007 and 2008, reducing funding gaps that existed in 2007



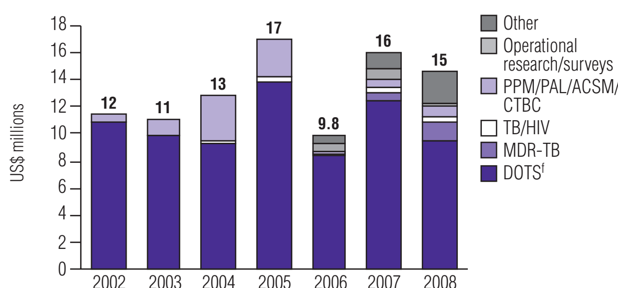
NTP budget by line item, 2008

Largest component of budget is for DOTS (65%), followed by collaborative TB/HIV activities (10%)



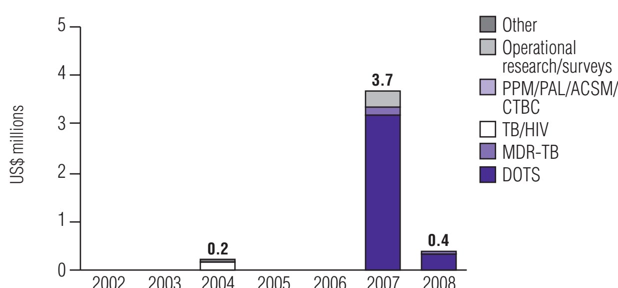
NTP budget by line item

Increased funding needs for new components of the Stop TB Strategy in 2007–2008, such as MDR-TB, PPM and ACSM; increased budget for DOTS reflects plan to establish 5 new culture laboratories



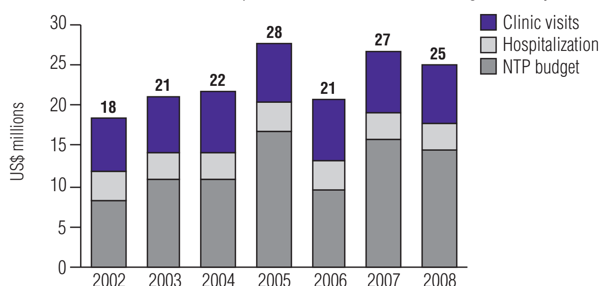
NTP funding gap by line item

Funding gap within DOTS component mainly for first-line drugs and routine programme management and supervision activities; funding gap in 2008 much smaller than in 2007



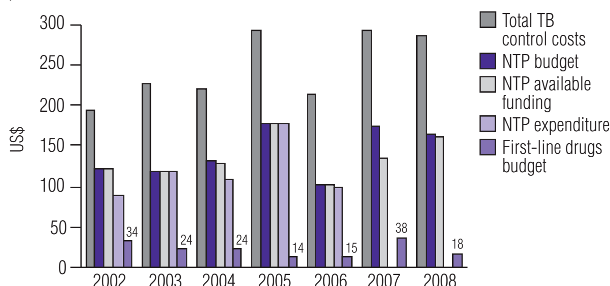
Total TB control costs by line item[4]

Cost of outpatient visits during TB treatment based on 66 visits; hospitalization costs based on estimate that 60% of TB patients are admitted for an average of 30 days



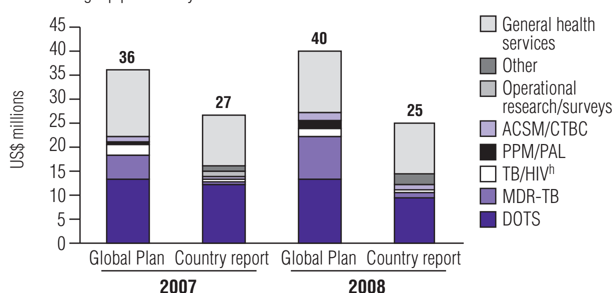
Per patient costs, budgets and expenditures[5]

Expenditure per patient in 2006 lowest since 2003; highest first-line drugs budget per patient in 2007



Comparison of country report and Global Plan:[g] total TB control costs, 2007–2008

Targets for MDR-TB patients to be treated in Global MDR/XDR response plan much higher than scaling-up planned by NTP



NTP budget and funding gap by Stop TB Strategy component

	2007		2008	
(US$ millions)	BUDGET	GAP	BUDGET	GAP
DOTS expansion and enhancement	12	3.2	9.4	0.3
TB/HIV, MDR-TB and other challenges	1.0	0.2	1.8	0.1
Health system strengthening	0	0	0.01	0
Engage all care providers	0.02	0.01	0.1	0
People with TB, and communities	0.5	0	0.7	0
Research	0.9	0.3	0.2	0.01
Other	1.0	0	2.2	0

Financial indicators for TB

	2007	2008
Government contribution to NTP budget (including loans)	45%	49%
Government contribution to total cost of TB control (including loans)	67%	70%
NTP budget funded	77%	97%
Per capita health financial indicators (US$)		
NTP budget per capita	0.2	0.2
Total costs for TB control per capita	0.3	0.3
Funding gap per capita	0.005	0.001
Government health expenditure per capita (2004)	8.1	
Total health expenditure per capita (2004)	30	

SOURCES, METHODS AND ABBREVIATIONS

a–h Please see footnotes page 169.

1 Incidence, prevalence and mortality estimates include patients infected with HIV. Incidence estimate based on assumption of ARTI of 1.7% in 1997, and assumed to be declining at 1% per year as in other countries in WPR.

2 MDG and STB Partnership indicators shown in bold. Targets are 70% case detection of smear-positive cases under DOTS, 85% treatment success, to ensure that the incidence rate is falling by 2015, and to reduce incidence rates and halve 1990 prevalence and mortality rates by 2015. Estimates for 1990 are prevalence 444/100 000 pop and mortality 39/100 000 pop/yr.

3 For routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population.

4 Total TB control costs for 2002–2006 are based on expenditure, whereas those for 2007–2008 are based on budgets. Estimates of the costs of clinic visits and hospitalization are WHO estimates based on data provided by the NTP and from other sources. See Methods for further details.

5 NTP available funding for 2004–2006 is based on the amount of funding actually received, using retrospective data; available funding for 2002–2003 and 2007–2008 is based on prospectively reported budget data, and estimated as the total budget minus any reported funding gap.

– indicates not available; pop, population; ss+, sputum smear-positive; ss–, sputum smear-negative pulmonary; unk, pulmonary – sputum smear not done or result unknown; yr, year.