



USAID/PATH HEALTHY MARKETS

End of Project Report

2022



USAID
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USAID Cooperative Agreement
AID-440-A-14-00002

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
COVID-19	coronavirus disease 2019
CQI	continuous quality improvement
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HIV	human immunodeficiency virus
HIVST	HIV self-testing
KP	key population
LDSS	low dead space syringe
MOH	Ministry of Health
MSM	men who have sex with men
nPEP	nonoccupational post-exposure prophylaxis
OSS	one-stop shop
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	primary health care
PLHIV	people living with HIV
PrEP	pre-exposure prophylaxis
PSE	private-sector engagement
PWID	people who inject drugs
SDC	sero-discordant couple
SE	social enterprise
SOP	standard operating procedure
STI	sexually transmitted infection
TB	tuberculosis
TG	transgender
TGW	transgender women
TMA	total market approach
USAID	US Agency for International Development
VAAC	Vietnam Administration for HIV/AIDS Control



Photo: PATH

BACKGROUND

The challenge: A complex and evolving HIV epidemic

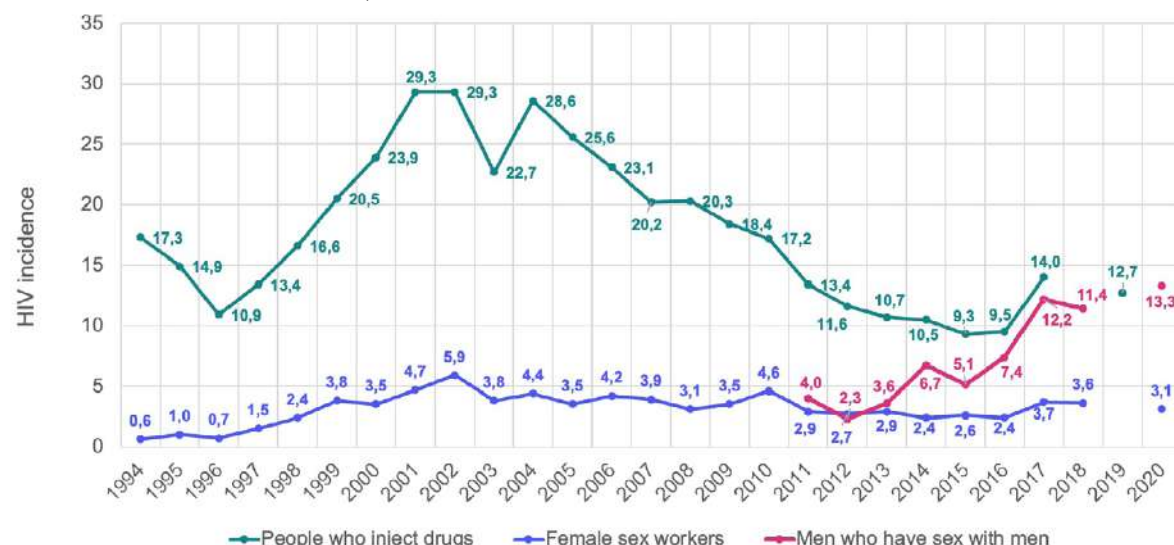


TGW in Vietnam experience intersectional and reinforcing factors that increase risk of HIV acquisition. Photo: PATH

Vietnam's HIV epidemic is concentrated among key populations, including people who inject drugs (PWID), men who have sex with men (MSM), female sex workers, transgender women (TGW), and their sexual and injecting partners. Although HIV prevalence overall has been reduced substantially over the past decade, HIV prevalence remains eightfold or greater in some key population groups compared to that of the general adult population, with males aged 25 to 49 years accounting for approximately two-thirds of this burden.¹

The epidemiology of HIV in Vietnam is rapidly evolving. From 2015 to 2020, the prevalence of HIV among MSM in 12 provinces rose from 5.1% to 13.4%, and incidence increased from 0.9% to 2.5%.² This upward trend in new infections among MSM has been observed since 2012 (Figure 1).

Figure 1. New HIV infections among people who inject drugs, female sex workers, and men who have sex with men, 1994–2020.



Source: Ministry of Health / Vietnam Administration for HIV/AIDS Control, Health sentinel surveillance data, 2021.

1. Joint United Nations Programme on HIV/AIDS (UNAIDS) website. Viet Nam country page. <http://www.unaids.org/en/regionscountries/countries/vietnam>. Accessed April 10, 2021.

2. Vietnam Ministry of Health. HIV national sentinel surveillance data from 2015 to 2020. Presented at: Vietnam Country Operational Plan 2021 meeting, April 2021; Hanoi, Vietnam.

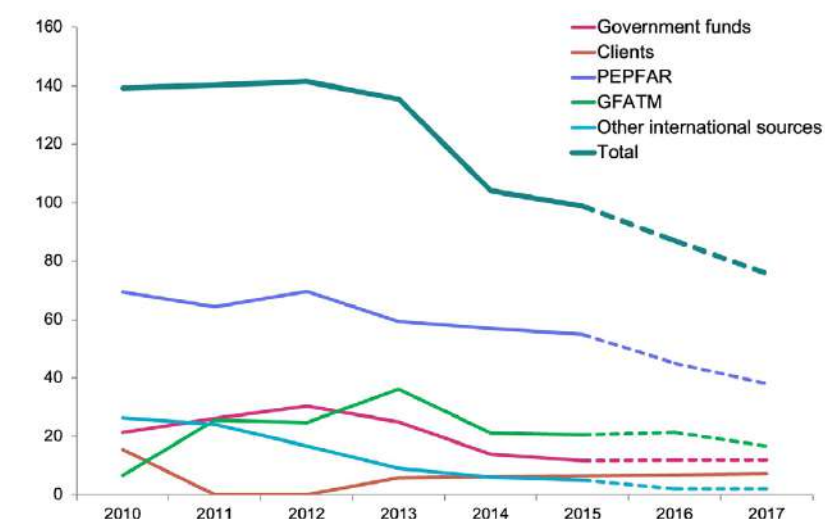
Case surveillance data from 2019 and 2020 indicate higher recent infections among younger MSM (aged 15 to 29 years), as well as a rise among PWID. While little is known about the burden of HIV or sexually transmitted infections (STIs) among TGW, a 2015 cross-sectional study in Ho Chi Minh City (HCMC) measured 18% HIV prevalence among TGW participants.³ MSM and TGW continue to be at high risk of HIV, and effective HIV testing and prevention interventions still are only reaching a limited proportion of these populations, especially those in more hidden groups or those living in peri-urban or rural areas with limited access to key population-friendly health facilities.

In the early 2010s, Vietnam had experienced a marked reduction in external donor funding for HIV prevention and treatment. This change in donor financing was in response to the country's very positive trend toward achieving lower-middle-income status, with strong year-on-year growth in gross domestic product. In 2015, 77.2% of the national HIV program was financed through external donors. Despite the increase in domestic capital and in the role of the private sector in Vietnam, policies and guidelines to encourage private-sector investment and domestic financing in the national HIV response were inadequate, and it was unclear how Vietnam would transition from a primarily donor-funded HIV response to one that was financed through domestic resources (Figure 2).

Figure 2. External donor funding for the HIV response (2010–2015) and expected investment (2016–2017).

Source: Ministry of Health, Vietnam Administration for HIV/AIDS Control. *National Plan on HIV/AIDS Prevention and Control for the Period 2016–2020*. Hanoi, Vietnam: 2015.

Abbreviations: GFATM, The Global Fund to Fight AIDS, Tuberculosis, and Malaria; PEPFAR, United States President's Emergency Plan for AIDS Relief.



The Vietnam Administration for HIV/AIDS Control (VAAC) of the Vietnam Ministry of Health (MOH) approved an investment case in 2014 that outlined the steps needed to ensure greater sustainability of the HIV response in Vietnam. This laid the foundation for the launch of Healthy Markets, a US Agency for International Development (USAID) initiative in Vietnam funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by PATH.

3. Vu BN. HIV and STIs in Transgender Women in HCMC. Ho Chi Minh City: Center for Applied Research for Men and Community Health (CARMAH); 2015.

Introducing USAID/PATH Healthy Markets

The aim of the PEPFAR-funded USAID/PATH Healthy Markets Activity, which ran from April 2014 through December 2020, was to grow a viable commercial market for HIV-related products and services through an improved environment for private-sector engagement (PSE) and investment, accelerated demand for HIV-related goods and services, and increased supply of accessible and affordable high-quality HIV commodities and services. These changes would ultimately result in market growth for HIV-related goods and services, an increase in the private-sector share of the market for HIV-related goods and services, and an increase in the use of HIV-related goods and services among populations facing the greatest HIV risks. Through applying a total market approach (TMA) and responding to key population health care needs through innovation, Healthy Markets contributed to (1) improved sustainability and country ownership of the HIV response and (2) the goals of the government of Vietnam (GVN) of 95–95–95 and epidemic control by 2030.⁴

The Healthy Markets project comprised three objectives (see Figure 3):



1. Increase local and private-sector *investment* in the market for condoms and other HIV-prevention goods and services by creating a more favorable environment for PSE and investment through the creation, enactment, and enforcement of enabling policies and incentives.



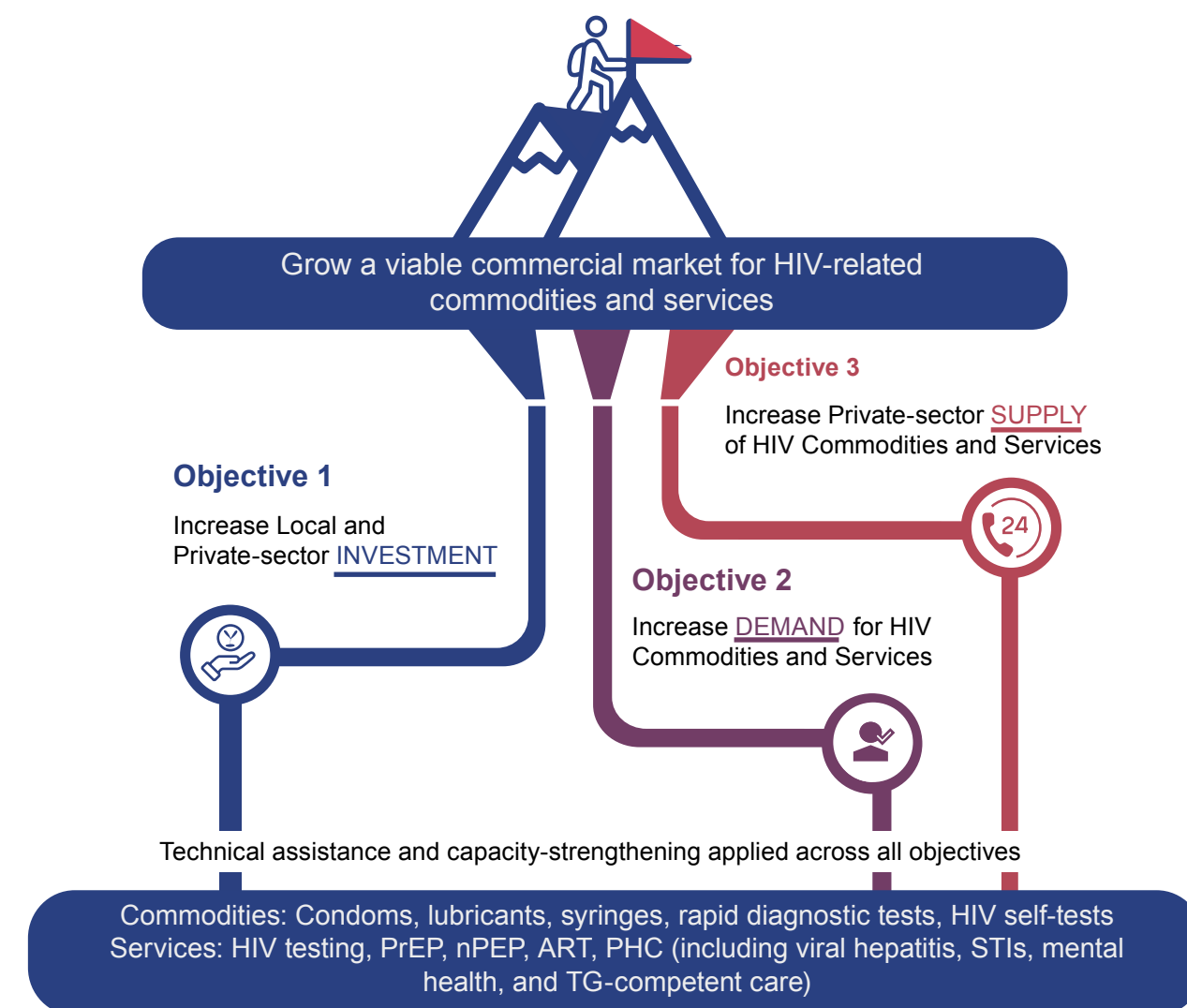
2. Increase *demand* for condoms and other HIV-related goods and services among key populations who face the greatest HIV risks by promoting behavior change through (a) consumer segmentation and mapping of willingness and ability to pay, (b) appropriate price points and points of access for products and services, and (c) targeted marketing and behavior change communication to increase purchases and use.



3. Increase private, commercial-sector *supply* of condoms and other HIV-related goods and services among key populations who face the greatest HIV risks by generating an increased supply of high-quality goods and services and developing robust and innovative distribution systems.

4. 95% of people living with HIV know their status, 95% of people who know their status are receiving treatment, and 95% of people on HIV treatment have a suppressed viral load by 2030.

Figure 3. Healthy Markets' goal, objectives, key commodities, and services of focus.



Abbreviations: ART, antiretroviral therapy; nPEP, nonoccupational post-exposure prophylaxis; PHC, primary health care; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection.

These objectives were supported and enabled by building public-private partnerships; seeding innovation; building capacity of the private sector, enterprises, the GVN, civil society organizations, and key population leaders; and generating strategic information and advocacy. At the center of Healthy Markets' strategy was the TMA, in which Healthy Markets focused on generating data and strategies to identify and reach affected populations that were able and willing to pay for HIV goods and services, while helping the GVN to prioritize and reserve finite resources for those at the base of the pyramid who were unable to pay and required sustained free access to commodities and services. The TMA aligns all sectors—the GVN, projects offering subsidized products and services, and the commercial market—ensuring access and equity across all population segments. Greater efficiencies and targeting led to a more sustainable approach and allowed the commercial sector to grow and thrive.

Disrupting the status quo

Healthy Markets was a unique project in many ways. It was the first USAID/PEPFAR project to focus on PSE through a systems approach and to bring together networks of local, regional, and global partners to solve key challenges in the HIV response. As a result of these efforts, USAID/PATH Healthy Markets, the MOH/VAAC, commercial entities, and key population-led organizations introduced and scaled up transformative approaches that changed the course of HIV programming in Vietnam. During the last two years of the project, the new cadre of key population-led and private-sector HIV services that grew from Healthy Markets made vital contributions to the national COVID-19 response. The Healthy Markets intervention resulted in several “firsts” in Vietnam. Specifically, Healthy Markets:

- 1** **Redefined collaboration with the private sector** through deep, trusting shared-value partnerships, driving tangible change in how the private sector is viewed by the MOH/VAAC and other stakeholders.
- 2** **Catalyzed sustainable markets for HIV goods and services**, enabling greater commercialization of condoms, HIV self-testing (HIVST) kits, pre-exposure prophylaxis (PrEP), and other products.
- 3** **Established first-ever key population-led social enterprises and clinics** as a new avenue to autonomy and independence, garnering recognition from local authorities.
- 4** **Introduced game-changing approaches and technologies** like HIVST, lay testing, and PrEP **and enabled their scalability** through concrete policies and financing.
- 5** **Enabled health services to be offered by key populations for the first time in the history of Vietnam’s HIV response**, including through key population-led community-based organizations (CBOs), social enterprises, and clinics.
- 6** **Diversified service delivery models, establishing a range of models that respond to different key population service preferences and needs**, breaking away from conventional one-size-fits-all approaches.



“PATH brings innovation to the HIV response more than any other organization.”

Dr. Phan Thi Thu Huong
Director, VAAC, Vietnam Ministry of Health



- 7** **Addressed key populations’ health care needs through a client-centered one-stop shop (OSS) model** that integrates HIV and primary health care (PHC) and bundles services.
- 8** **Created a Doi Moi (reformation) of HIV communications** through use of human-centered design, emerging digital technology solutions, and social media platforms.
- 9** **Innovated service delivery models through digital technology solutions**, including Vietnam’s first-ever HIV applications for key population clients.
- 10** **Generated evidence on HIV-prevention financing** that enables greater sustainability for the HIV response.
- +1** **Rapidly mobilized key populations and private clinic service platforms for the emergency COVID-19 response.**

Above: Dr. Phan Thi Thu Huong speaking in Dong Nai Province.
Photo: PATH

Project geographies

Healthy Markets was active in 8 of Vietnam's 63 provinces. Activities in these provinces focused on differentiated service delivery (such as for PrEP and HIVST), HIV market development (including for condoms and HIVST kits), and key population–led organization and business capacity-strengthening—from CBOs to social enterprises and clinics. Over the eight years of the project, an additional 25 provinces adopted lay provider testing, HIVST, PrEP, and/or key population–led service models initially introduced through Healthy Markets (Figure 4).

Figure 4. Healthy Markets worked in 8 provinces directly and had “spillover” impact in an additional 25 provinces.

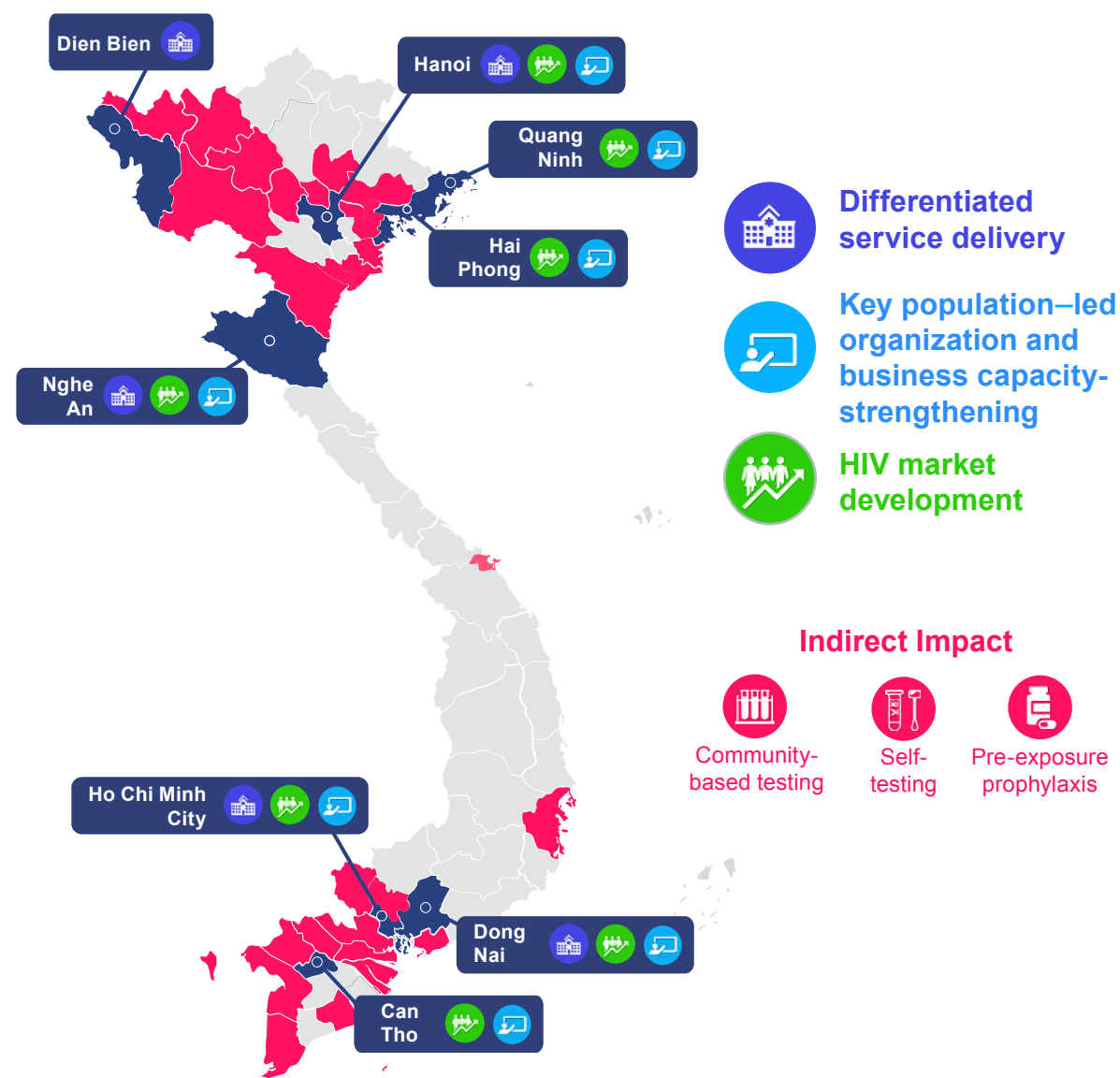


Photo: PATH

KEY RESULTS

1. Private-sector engagement: Redefined collaboration with the private sector

With a growing economy and increasing interest among companies to have greater impact through their businesses, Healthy Markets sought to create shared-value partnerships (collaborations that generate both economic and social value) through an ecosystem approach where diverse actors were brought together to solve different HIV-related challenges.



Partnerships with a range of private-sector actors enabled PrEP to be offered in a range of community-friendly settings. Photo: PATH

For PrEP, this involved engaging a constellation of companies like Mylan (a generic pharmaceutical and diagnostics manufacturer, now part of Viatris), Reliv Healthcare (local representative for health sciences companies like Mylan), and Abbott Laboratories (diagnostic manufacturer) to make donated and accessibly priced products available, reduce the cost of PrEP to clients, and make services more affordable over the long term. Healthy Markets in turn worked with key population-owned social enterprises, public health-sector clinics, and

CBOs to promote and deliver PrEP and secured pro bono and low-cost online media and chatbot development through companies like MTV, Grindr, Hornet, and Hekate for consumer engagement.



A TGW receives PrEP counseling at Glink key population-led clinic in HCMC. Photo: PATH

Healthy Markets applied this ecosystem approach to several other products and services, including condoms, low dead space syringes (LDSSs), lubricants, HIVST, STI and viral hepatitis testing and treatment, and more. Across these tailored partnerships, Healthy Markets provided technical assistance in market engagement by generating and sharing data on consumer preferences, providing technical input from international experts (e.g., from PATH syringe engineers on local development of PWID-preferred LDSSs), and connected manufacturers with local distributors such as AMV Group, Dongkuk Vietnam, OneTouch, and Dumio and retailers like Pharmacity, Medicare, and Docosan.

As a result, Healthy Markets shifted the landscape of the HIV response, increasing the number and types of partnerships (Figure 5) to where more than 150 private-sector actors engaged in and contributed to investment in the HIV response and market solutions to a range of HIV supply and demand challenges. Of these, approximately 7% were pharmaceutical companies; 11% were manufacturers and distributors of diagnostics, condoms, needles, and syringes; 20% were private clinics and social enterprises; 29% were CBOs; and 31% were multimedia companies. The project also worked closely with USAID's PSE team to forge new partnerships with American companies (such as Johnson & Johnson).

150+
private-sector
partners engaged

Figure 5. Healthy Markets' ecosystem of private-sector partners.



\$12.6M
private-sector
investment in the HIV
response generated

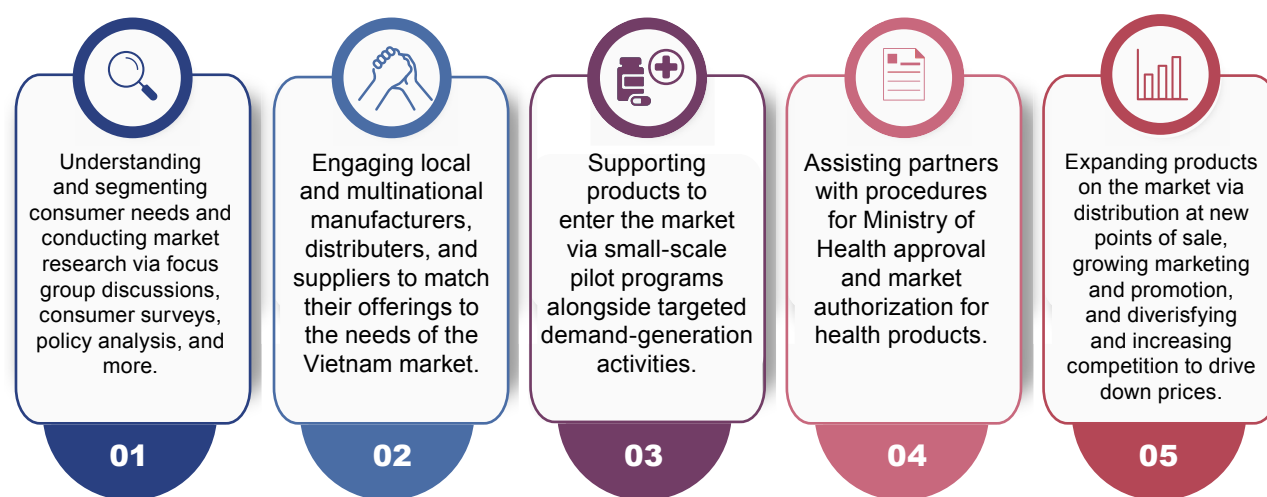
Over the life of the project, Healthy Markets tracked these partners' actual and forecasted investments in the HIV response using an annual survey. The project also supported the MOH/VAAC in developing a similar tracking system to monitor private-sector investments and integrate it into a broader tool used as part of annual national HIV program domestic-financing analyses. VAAC now requires all provinces to track and collect data. Overall, Healthy Markets led to more than an estimated US\$12.6 million investment by private-sector entities in the HIV response.

2. Market shaping: Catalyzed sustainable markets for HIV goods & services

Healthy Markets drove market innovations and disruptions centered around a TMA. The project's distinct methodology was instrumental in facilitating growth of a total market for HIV goods and services in Vietnam (Figure 6).

A TMA increases access to and use of priority health products and services by balancing free, subsidized, and commercial products and services based on the preferences and willingness to pay of key populations and people living with HIV (PLHIV), thereby increasing efficiency and equity in the health system (saving finite public-sector resources for those that cannot pay) and advancing sustainability of the HIV response.

Figure 6. Healthy Markets employed five key steps in developing and expanding a balanced HIV total market.



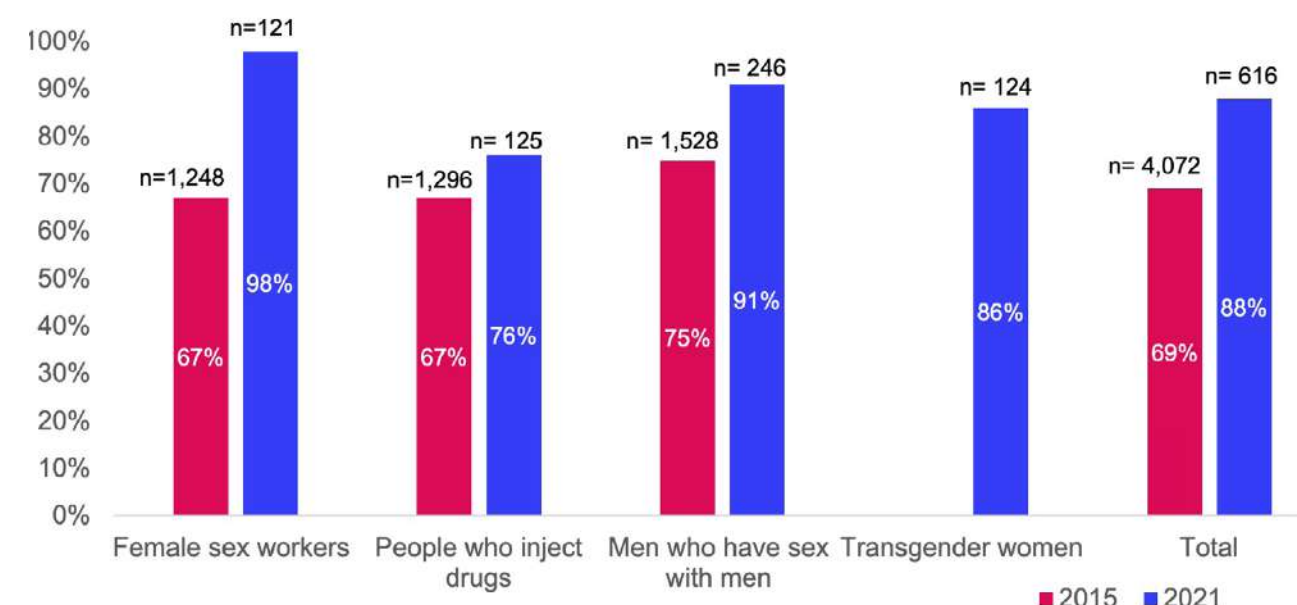
As a result of Healthy Markets' advocacy and efforts, the TMA was integrated into the VAAC National HIV/AIDS five-year plan for the period of 2016 through 2020. This paved the way for Healthy Markets and partners to achieve key market advancements, such as growing and sustaining the condom market.

In 2014, there was no robust domestic condom-manufacturing industry in Vietnam, and the majority of condoms used in health programs were imported, procured using donor resources. The influx of high-quality free or highly subsidized socially marketed condoms had disincentivized investment by commercial condom manufacturers in Vietnam.

Healthy Markets worked closely with three local condom manufacturers to assist them in securing United Nations Population Fund / World Health Organization Certification, segmenting their products to specific markets, and improving their marketing and sales capabilities. Entities like DKT International and Marie Stopes International (now MSI Reproductive Choices), which previously imported condoms from Thailand because they were cheaper and of better quality than those manufactured in Vietnam, are now able to procure high-quality, affordable locally made condoms, further boosting the Vietnam market and contributing to a reduced cost of production.

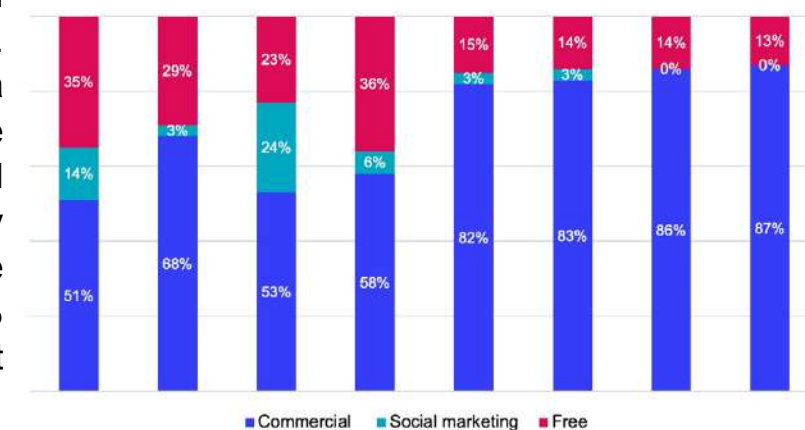
Through Healthy Markets' efforts, over 118 million condoms were sold, and key population purchases of commercial condoms rose from 69% to 88% from 2015 to 2021, with 98% of female sex workers and 91% of MSM reporting purchasing commercial condoms by the end of the project, as shown in Figure 7.

Figure 7. Change in purchase of commercial condoms among key populations between 2015 and 2021.



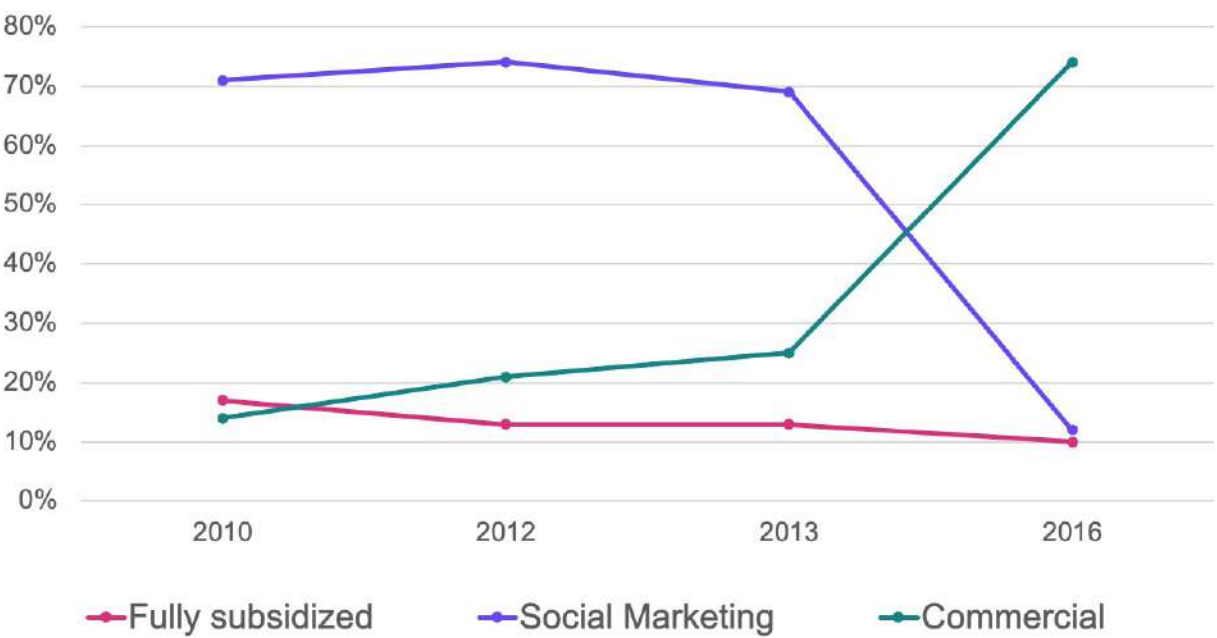
Related, Healthy Markets supported a shift in the overall condoms market in Vietnam. Only 58% of distribution was via commercial sales in 2013 due to the large volume of imported free and subsidized socially marketed condoms (see Figure 8); this proportion leaped to 87% in 2017 and has kept stable at this value since.

Figure 8. Change in commercial, socially marketed, and free condom distribution in Vietnam: 2010–2017.



Through this effort, hotels, guesthouses, and other non-traditional condom outlets which are often preferred by key populations shifted from a reliance on free condoms to making them available sustainably through affordable commercial prices (see Figure 9). Importantly, this rebalancing of the condom market has not led to reduced condom access and use among key populations.

Figure 9. Increase in commercial condom sales at nontraditional outlets (hotels and guesthouses), 2010-2016.



Sources: (1) USAID/PATH Healthy Markets. *Non-traditional outlet condom coverage and type report*. Hanoi, Vietnam: PATH; 2016. (2) Population Service International. *Non-traditional outlet condom assessments*, 2010 [and 2012, 2013]. Hanoi, Vietnam: PSI; 2010–2013, repeated measure in 6+ provinces.

Borrowing from the lessons learned from condom market shaping, Healthy Markets grew distribution models, product diversity, and consumer demand to expand markets for other key HIV goods: HIVST kits, rapid diagnostic tests, PrEP, non-occupational post-exposure prophylaxis (nPEP), lubricants, and LDSSs. For instance, Healthy Markets negotiated for combined donation and accessible pricing from the local importer of generic oral PrEP (tenofovir/emtricitabine), a World Health Organization prequalified product. This reduced pricing enabled clients under Healthy Markets’ PrEP pilot to receive the first monthly prescription at no cost, with a subsequent fee of \$15 per month. To foster greater competition, the project supported Hetero generic pharmaceuticals in product introduction for a less expensive version of oral PrEP and brokered deals with private clinics so they could benefit from the lowest-possible prices.

Healthy Markets also worked with Alere (now Abbott) and Delta in product introduction of the Alere™ HIV Combo test⁵ (a 4th-generation rapid diagnostic test that detects both HIV antibodies and antigen) and including it in the list of in vitro diagnostics in Vietnam. The project successfully advocated for Alere to make the product available at the same price as their 3rd-generation rapid antibody test. In 2019, Abbott announced that it would make this price available across all lower-middle-income countries.

LDSSs are a critical tool in preventing HIV and viral hepatitis infection among PWID. The reduced “dead space” in these needles and syringes can result in halving onward transmission for HIV and hepatitis C.⁶ In 2015, Healthy Markets assessed PWID preferences for high dead space vs. lower dead space needles and syringes, willingness to pay for different products, and types of access points. Through this market study and human-centered-design-oriented focus group discussions with PWID in the north and south of Vietnam, the preference for two distinct types of low dead space needles and syringes emerged: (1) PWID in the north wanted a product that would allow for drug mixing and preferred a 2 or 3 mL syringe with a detachable needle; (2) PWID in the south did not frequently mix drugs together and used a 1 mL syringe but preferred one specific top-of-the-range product (the B. Braun 1 mL insulin syringe) because of the smooth plunger and detachable needle. For PWID in the north, their desired product was not on the Vietnamese market, while for those in the south, their preferred product was on the market but was too expensive for many users.

Equipped with these consumer and market insights, Healthy Markets partnered with Edric, a Vietnamese medical equipment company, and Vikimco, a Vietnamese syringe manufacturer, on a mission to create a domestic market for LDSSs and improve HIV and viral hepatitis prevention among PWID. Healthy Markets, Edric, and Vikimco worked iteratively with PWID and PATH’s medical devices lab in Seattle to design, prototype, test, and refine a 3 mL LDSS. The final product was assessed among drug users and retailers, with 97% of drug users reporting that the design was suitable and 80% of pharmacies liking the product. While this syringe has not yet made it onto the market, it holds great promise for a locally made LDSS product which better aligns with the preferences of Vietnamese PWID when it comes to drug use.



Video promotion for LDSSs reads “With new generation needles and syringes, safety is within reach.” Photo: PATH

Healthy Markets also partnered with B. Braun to offer lower-priced syringes to PWID at specific outlets and worked with OneTouch and Dongkuk to make a less expensive but more appealing 1 mL syringe available for PWID in the south of Vietnam.

5. Alere is a trademark of Abbot Laboratories.
6. Guidance on Prevention of Viral Hepatitis B and C Among People Who Inject Drugs. Geneva, Switzerland: World Health Organization; 2012

Shaping & expanding the HIV testing markets

With the need to diversify HIV testing options to increase access and uptake toward the first 90/95 goals, Healthy Markets partnered with the MOH/VAAC to introduce HIVST in 2016. The goal from the start was to offer product choice between blood-based and oral fluid tests and to foster product competition to drive down prices for consumers. Healthy Markets partnered with manufacturers to generate performance data for five HIVST products (including for World Health Organization product prequalification dossiers), provide technical assistance for product registration, and assist with market introduction. Since then, both PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria have invested in HIVST, leading to its scale-up and increased coverage.

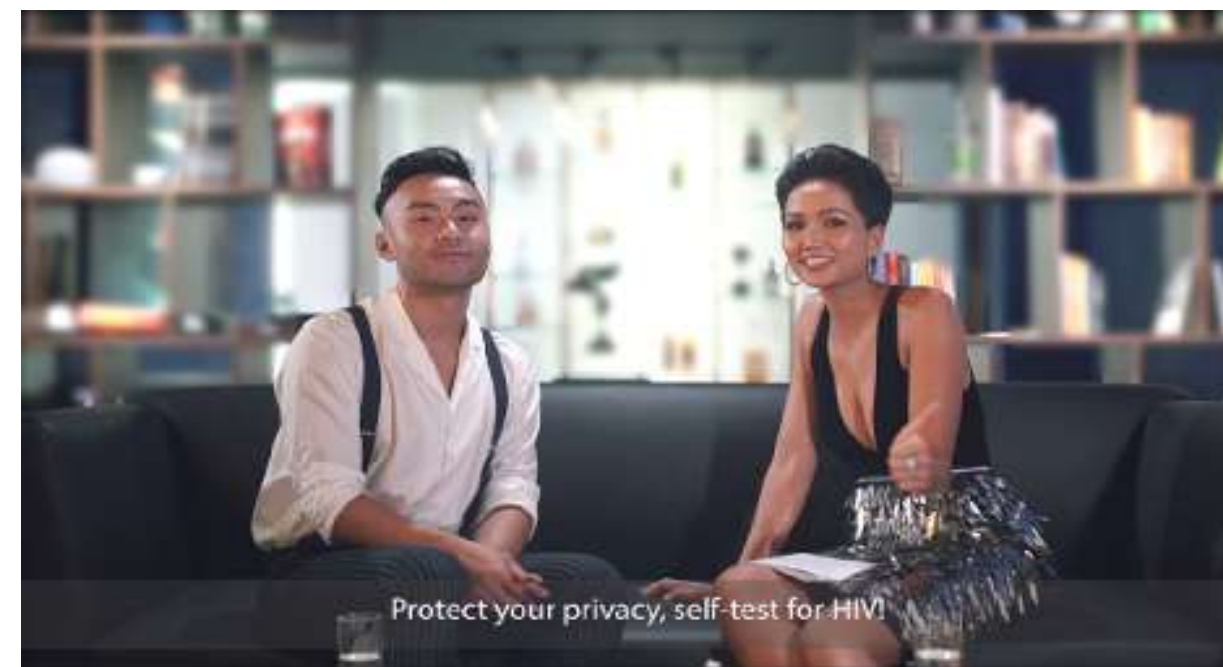


US Ambassador Ted Osius (center left) joins Vietnamese government officials and community leaders to celebrate the launch of HIVST in HCMC on August 26, 2016. Photo: PATH

One such manufacturer, BioLytical Laboratories (Canadian-based manufacturer and registered trademark owner of the INSTI® HIV Self Test), and their local representative, AMV Group (a local medical product distributor), partnered with Healthy Markets to make their product available in Vietnam. Over several months of support from Healthy Markets including in market research, demand generation, and product registration, in mid-2019 INSTI became the first HIVST product to be registered for commercial sale in Vietnam. Vietnam was the first lower-middle-income country in Asia to have an HIVST kit registered and available for sale.

Since registration, INSTI has been sold in over 100 pharmacies and 7 key population-owned clinics and social enterprises. It is also available online through e-commerce sites like Shopee, a popular platform in Southeast Asia (Figure 10).

Figure 10. Well-known MC Dustin Nguyen and Miss Universe Vietnam H'Hen Niê promote HIV self-test kits on popular web series and YouTube show, Dustin On The Go.



Note: This video was viewed by 30,000 Facebook users and boosted the number of people requesting HIVST kit delivery.

Since then, Healthy Markets has partnered with other manufacturers to register their HIVST products in Vietnam, including Viatris (Mylan HIV Self Test), OraSure (OraQuick® HIV Test), and Abbott (new HIVST kit, the CheckNOW HIV Self Test). Greater competition is now driving down prices, making HIVST kits more affordable for those that need them.

During COVID-19 lockdowns, Healthy Markets partnered with social enterprises like Glink to enable clients to self-screen for risk online, order HIVST kits, and seek information on PrEP. This approach was essential for maintaining access to HIV testing.

By the end of the project, more than 46,000 HIVST kits had been distributed through a mixture of free, subsidized, and commercial channels created by Healthy Markets and its commercial, social enterprise, and CBO partners.

“HIVST kits are accessible at pharmacies near my home. In addition, I can order an HIVST kit online, with door-to-door delivery available. Having these options means I can still safely test for HIV, even as the lockdown gets stricter in Ho Chi Minh City.”

- HIVST client in HCMC

3. Key population businesses: Established first-ever key population-led social enterprises

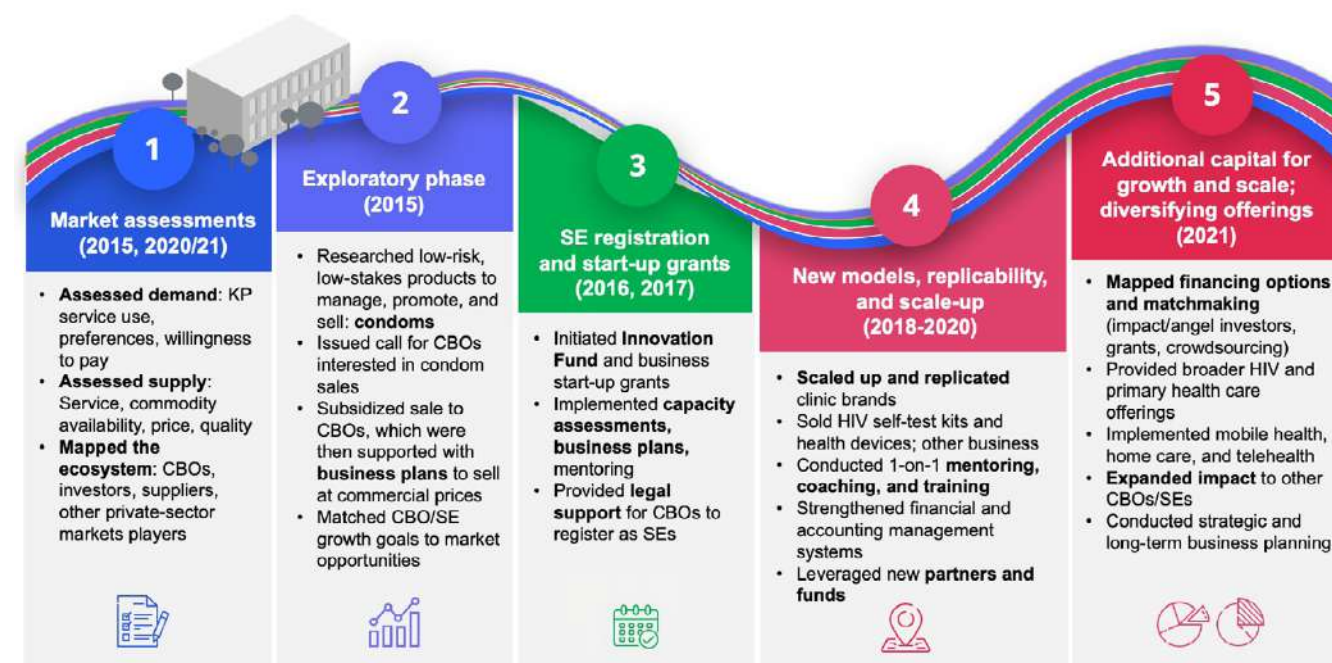
Entrepreneurship is one of Vietnam's most defining features. Since the early 2000s, CBOs in Vietnam have been engaged in the national HIV program through their role in peer outreach, counseling, and more. However, until 2014, none had registered legal businesses that would enable expansion in the sale, distribution, and delivery of key HIV goods and services.



Nha Minh ("My Home") clinic is one of the 13 key population-led and key population-friendly clinics established with support from Healthy Markets. Nha Minh offers key populations in HCMC comprehensive health service packages, which extended to COVID-19 care in 2021. Photo: PATH

In 2015, Healthy Markets saw the new legal category of social enterprise as an opportunity for key population-led CBOs to secure legal status in Vietnam while exploring options to generate income and reduce reliance on donor funding. Healthy Markets began partnering with key population-led CBOs to assess their business capability needs, gauge their interest in developing as businesses, and develop their capacities with small-scale condom sales and distribution. This paved the way for Healthy Markets to deliver tailored technical assistance and capacity-strengthening packages for supporting key population-led groups that were ready to develop, and interested in developing, as businesses. Healthy Markets' partner, the Centre for Social Initiatives Promotion, was vital in offering crosscutting social enterprise technical assistance and linking key population-led CBOs to the social enterprise community and to resources in Vietnam. Five key stages defined this journey, starting in 2015 with baseline market and consumer assessments and finishing with generation of additional capital and growth in 2021 (Figure 11).

Figure 11. The five key stages of Healthy Markets' Innovation Fund journey.



Abbreviations: CBO, community-based organization; KP, key population; SE, social enterprise.

Throughout its nearly eight years of operation, Healthy Markets provided targeted assistance, training, and mentoring to 44 key population-led organizations, supporting them in advancing along a continuum of business development. Of these, 29 new key population-led businesses emerged. A 2019 assessment of a subset of 9 key population-led businesses divided by three types—CBO businesses, social enterprises, and commercial companies, like clinics—found that all but 1 broke even by month 8 of operations, and 100% reported annual increases in sales and revenue. All the private clinics, 75% of social enterprises, and 67% of CBOs achieved their financial sustainability goals.

In a follow-up assessment, conducted in 2021, revenues of a subset of these organizations saw an approximate fivefold increase, while profits more than doubled over five years (Figure 12).

Figure 12. Revenues and profits (in USD) for a subset of key population-led businesses, 2016–2020.



Today, these key population-led businesses are recognized by local authorities for their essential contributions to the HIV program, and their role has now been encoded in Vietnam’s National Strategy to End AIDS by 2030 and revised national HIV law.



44 key population-led organizations trained to provide HIV services



16 social enterprises formed and operating 13 primary care clinics

“With Healthy Markets’ support, Alo Care clinic has grown considerably and is now able to deliver affordable, community-based health services that have been lifechanging for our clients. Key populations can now have their needs met in one place and be supported by their peers at our clinic. At the same time, by offering a mix of free and paid-for services, we are helping to ensure the sustainability of critical services like PrEP and HIV testing, while also supporting Vietnam to reach its HIV epidemic prevention and control goals.”



THUAN MINH NGUYEN
Director, Alo Care clinic

Photo: PATH

Thuan Minh Nguyen is the vivacious leader of Alo Care, a key population-led social enterprise clinic with two branches, in HCMC and Dong Nai. Originally established in HCMC as a self-help group aiming to bring high-quality care to key populations, Alo Care received assistance from Healthy Markets to begin providing community-based HIV testing in 2016 and establish its first clinic in 2019. In the following year, Healthy Markets worked with Alo Care to open its second location in Dong Nai Province, develop targeted demand-generation strategies, and diversify the clinic’s offerings to include PrEP, antiretroviral therapy (ART), STI

testing, and more. Simultaneously, Healthy Markets worked with the team in expanding the “Alo Boy” network (Alo Care’s CBO arm) to reach more clients and link them to care and support. As a result, Alo Care now brings in nearly \$95,000 in revenue annually and has doubled its profits in the last year alone. Most recently, Alo Care was at the forefront of the community COVID-19 response, during which it leveraged its cutting-edge digital tools to deliver remote PrEP services and HIVST during Vietnam’s fourth COVID-19 wave.

4. Policymaking: Introduced game-changing approaches & technologies & enabled their scalability

Healthy Markets worked with the MOH Legal Department, VAAC, and stakeholders to advance 11 critical policies, laws, and guidelines that enabled market introduction and expansion for diverse HIV products and services; facilitated implementation of differentiated HIV service delivery models; and grew autonomy and capacity for local partners.



A community outreach worker provides a man with information on HIV testing in the mountainous province of Dien Bien. Healthy Markets' community-based testing pilot generated compelling evidence to inform nationwide scale-up of this model. Photo: PATH

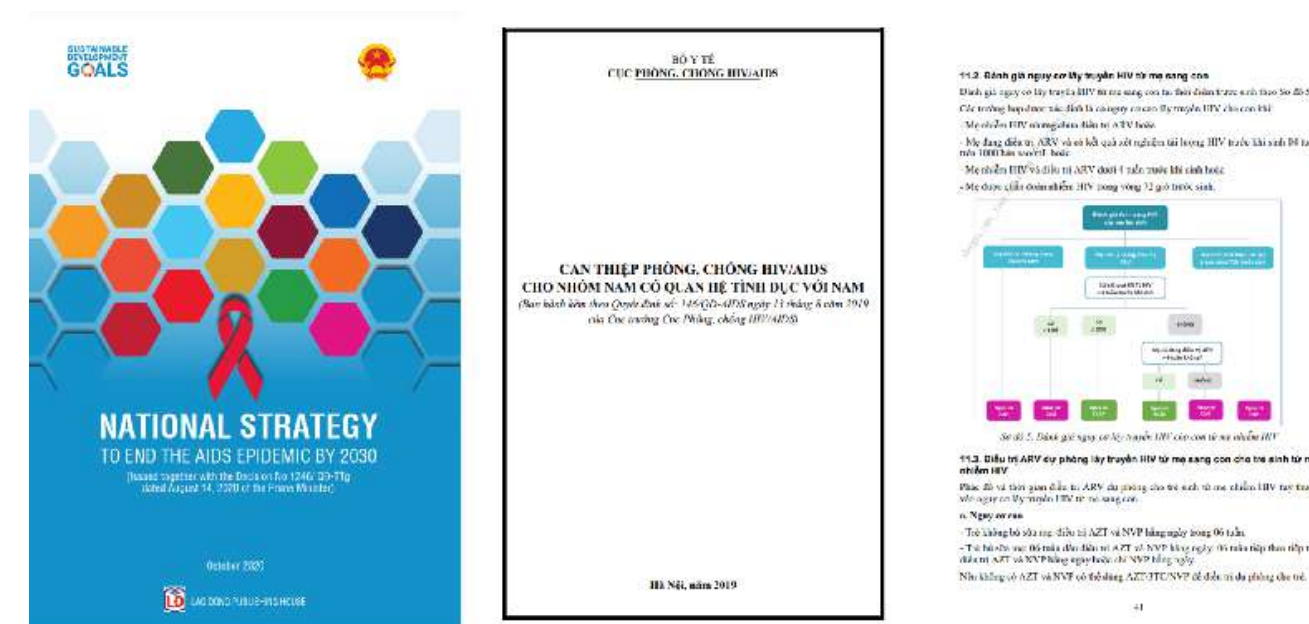
Six new HIV testing and PrEP products introduced and scaled with this legal backing are the INSTI HIV Self-Test, Viatis/Myran HIV Self-Test, OraQuick HIV Self-Test, rapid 4th-generation testing for earlier diagnosis and PrEP enrollment (Aleré Combo), and two generic oral PrEP formularies (Myran and Hetero). **Seven new services include** CBO-led and health volunteer HIV lay testing, HIVST services, nPEP, PrEP, mental health care, and trans-competent care, delivered through **seven new models of care**: key population-led clinics, OSS-led PrEP, outpatient clinic PrEP, commune health station and CBO PrEP delivery ("C+C PrEP"), mobile PrEP ("PrEP on Wheels"), and Tele-PrEP.

Examples of transformative policies and guidelines include a first-ever national HIV PSE plan; first-ever separate and distinct national guidelines on MSM and transgender (TG) interventions; guidelines for HIV lay testing and HIVST, PrEP, and nPEP; and policies that classify HIVST as "normal goods" and allow their sale in regular retail settings, like convenience stores. Healthy Markets also provided significant support to VAAC in encoding the role of key population-led organizations and the private sector and innovations in the amended HIV law and National HIV Strategy to End AIDS by 2030 (Figure 13). (See Annex for a full list of policies developed with support and advocacy from Healthy Markets.)



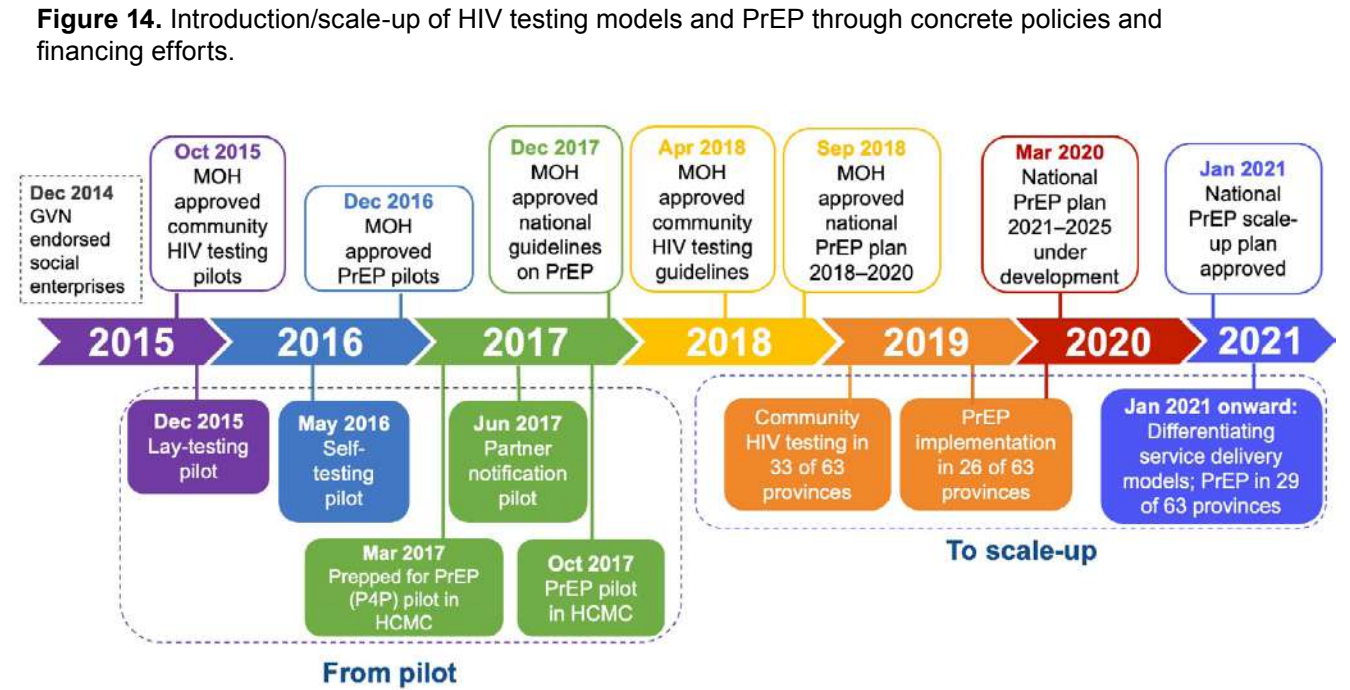
major national policies and laws created with support from Healthy Markets

Figure 13. A snapshot of some key policies and guidelines developed with Healthy Markets' support, evidence, and advocacy.



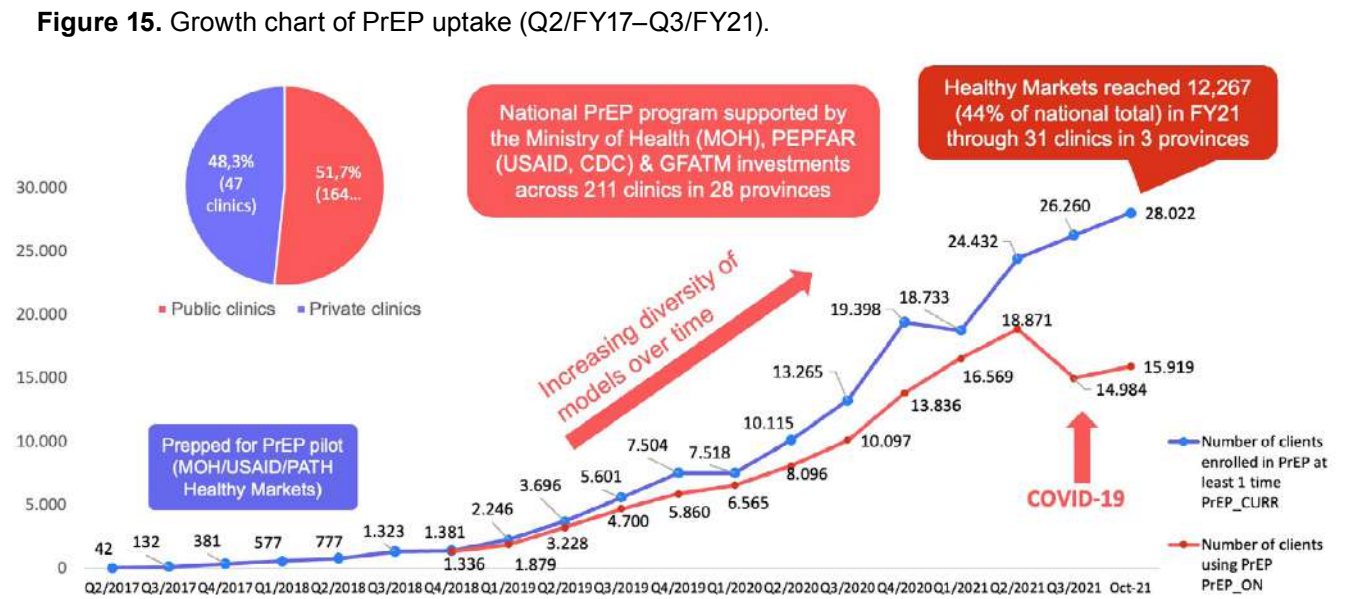
Note: From left to right: *National Strategy to End AIDS by 2030*; guidelines on HIV/AIDS prevention and control interventions for men who have sex with men; updated PrEP service delivery guidelines (2021).

From 2015 to 2021, a number of critical HIV prevention services have grown from small-scale pilots to established service models across high-risk provinces. These have been encoded into key MOH guidelines (Figure 14).



Abbreviations: GVN, government of Vietnam; HCMC, Ho Chi Minh City; MOH, Ministry of Health; PrEP, pre-exposure prophylaxis.

The sizable growth in PrEP uptake across the country from 2017 to 2021 is just one example of the impact Healthy Markets’ interventions have had (Figure 15).



Source: Adapted from VAAC National PrEP Statistics, November 2021.
Abbreviations: FY, fiscal year; GFATM, Global Fund to Fight AIDS, Tuberculosis and Malaria; PrEP, pre-exposure prophylaxis.

5. Key population–led services: Enabled health services to be offered by key populations for the first time

In 2014, the key population community's need for high-quality, friendly, and accessible HIV testing and prevention services was not being adequately met. HIV testing services were limited to public facilities and provided by health care workers only. Though a small network of community outreach workers and community-based groups was emerging, these providers were only able to refer clients to health facilities for HIV testing services.

Adapting learnings from similar country contexts, Healthy Markets worked closely with key population–led CBOs to redefine how communities themselves could contribute to the HIV response. This started with a pilot in 2015 to allow non-health care workers to offer HIV testing in the community for the first time ever in Vietnam. Key population lay providers were engaged and trained to provide HIV testing for their peers in community settings (outside of traditional health care settings), where people live, socialize, and prefer to receive care.



Newly formed key population–led Glink clinic was the first private clinic to be certified to offer ART; the clinic enrolled clients on PrEP in March 2017 as part of the nation’s first PrEP pilot, which grew into a national PrEP program. Photo: PATH

The project’s strategy for creating greater opportunities for key population–led health care services was progressive, with each breakthrough building on the other (Figure 16):

- **HIVST and lay testing:** Key populations’ being allowed to offer HIV testing for the first time in 2015 provided the initial proof that they were capable of much more than outreach. A key finding was that key populations in the community preferred either lay testing or HIVST delivered by other key populations over facility-based testing and that these services drew the majority of first-time testers and resulted in higher HIV positivity yields than facility-based testing. Healthy Markets trained and certified more than 928 lay providers in seven provinces using a curriculum developed and approved by VAAC.
- **Health care social enterprises:** At the same time, Healthy Markets identified the newly created social enterprise status (in December 2014) as a critical opportunity for key population–led CBOs to seek formal legal status in Vietnam, receive recognition for their work, and create a pathway to health care business status and economic sustainability. Healthy Markets supported CBOs already engaged in commercial sales, such as condoms, in creating and submitting dossiers for social enterprise registration. Social enterprises expanded their business ventures into medical device and product sales and into non-health areas such as design, event planning, and sale of non-health products.
- **Key population–led clinics:** This led to key population–led to social enterprises’ establishing clinics and pharmacies, starting in 2016, with 13 operational by the end of the project.
- **Key population–led clinics as OSSs:** From initially offering HIV testing, ART, nPEP, and PrEP services, these clinics quickly expanded their offerings to a wider range of key population–preferred services, including for STIs, viral hepatitis, tuberculosis, mental health care, TG-competent care, noncommunicable diseases, and more.

Figure 16. Evolution of key population–led HIV and health care.



By the end of Healthy Markets, **nearly 218,000 people received HIV testing in the community through the project, of which 9,341 were newly diagnosed with HIV and 8,986 (96.2% of those diagnosed) were linked to ART.** This represents nearly 7% of total new HIV diagnoses in Vietnam during this period.

Additionally, Healthy Markets’ model for **index partner testing was used to test 19,222 partners of those newly diagnosed with HIV, of which 1,994 were diagnosed with HIV (10.4%) and 1,963 (99.3% of those diagnosed) were enrolled in ART.** The HIV case yields from community-based testing, HIVST, and index partner testing (4.5%, 2.7%, and 10.4%, respectively) were significantly higher than the 1.5% yield generated by conventional HIV testing approaches nationwide—particularly among first-time testers, who make up 67.0% of HIV lay-testing clients (Figure 17).

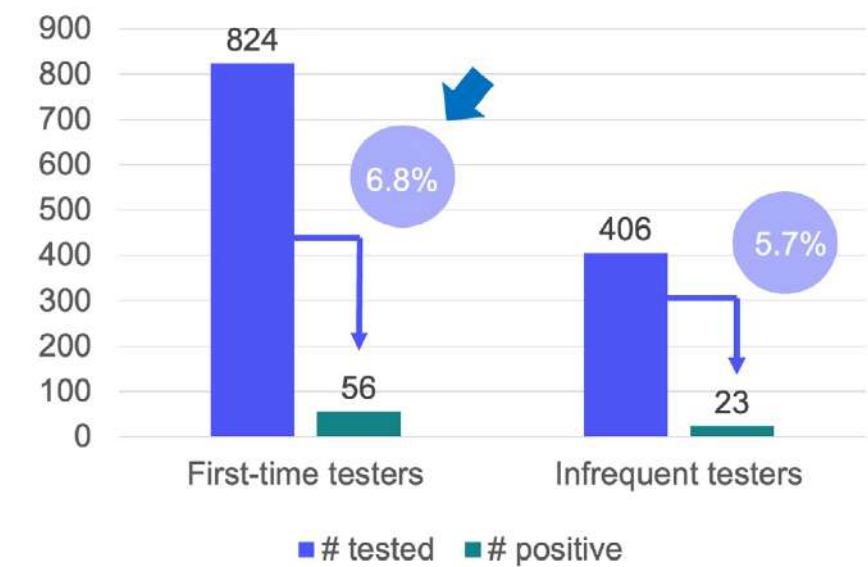
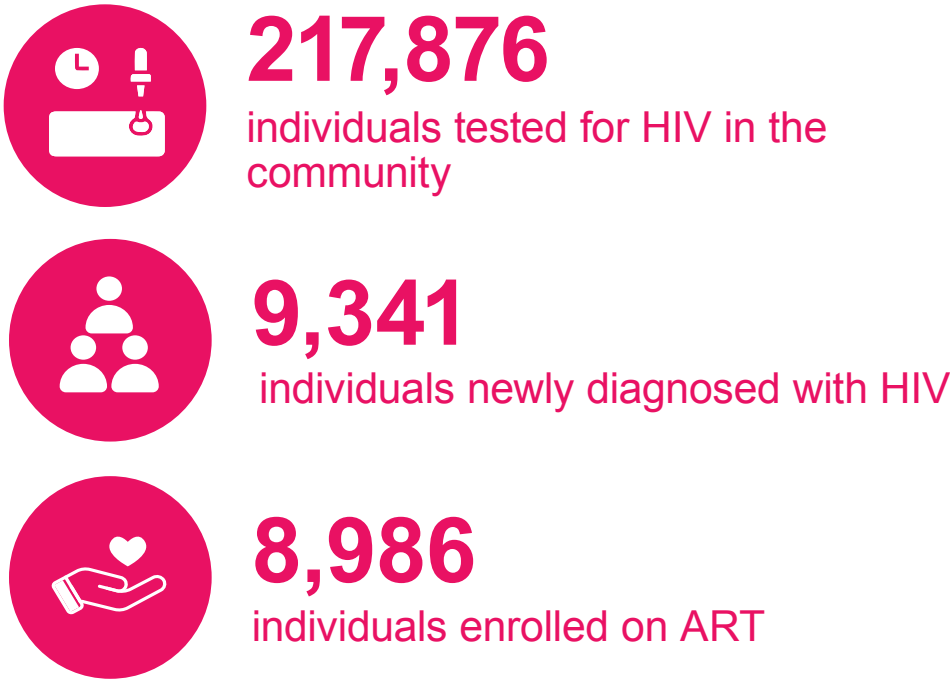


Figure 17. HIV positivity rates among first-time and infrequent testers.

Source: Vu BN, Green KE, Phan HTT, et al. Lay provider HIV testing: a promising strategy to reach the undiagnosed key populations in Vietnam. *PLoS One*. 2018;13(12):e0210063. Figure 1. <https://doi.org/10.1371/journal.pone.0210063>.



6. Differentiated service delivery: Established a range of models

In a 2016 survey conducted by Healthy Markets, 89% of 799 MSM and TGW self-assessed as being at substantial risk of HIV. A vast majority (91%) said they would opt for PrEP if it were available in Vietnam. In addition, more than 70% stated they wanted to receive PrEP through key population-led services.

Healthy Markets and VAAC launched the Prepped for PrEP! pilot in March 2017, introducing PrEP in Vietnam for the first time ever. Following the success of the pilot, the GVN progressively scaled up PrEP services to 29 provinces and subsequently committed to extending PrEP nationwide and reaching 75,000 people by 2025.

To help realize this plan, Healthy Markets and VAAC partnered to better understand key population service preferences and progressively introduce differentiated PrEP service delivery models (Figure 18) to best increase access to acceptable PrEP services among a range of key population subgroups. These include PrEP at key population-led and private clinics, OSS PrEP, public-sector PrEP delivery (at outpatient clinics and commune health centers), mobile PrEP (“PrEP on Wheels” and “PrEP Bus”), PrEP at pharmacies (“P-PrEP”), commune health station and CBO partnership (“C+C”) in PrEP delivery, and virtual PrEP (counseling and delivery of PrEP drugs at home during COVID-19). Importantly, the introduction of virtual PrEP services during COVID-19 laid the foundation for a new Tele-PrEP model to be introduced in 2022.

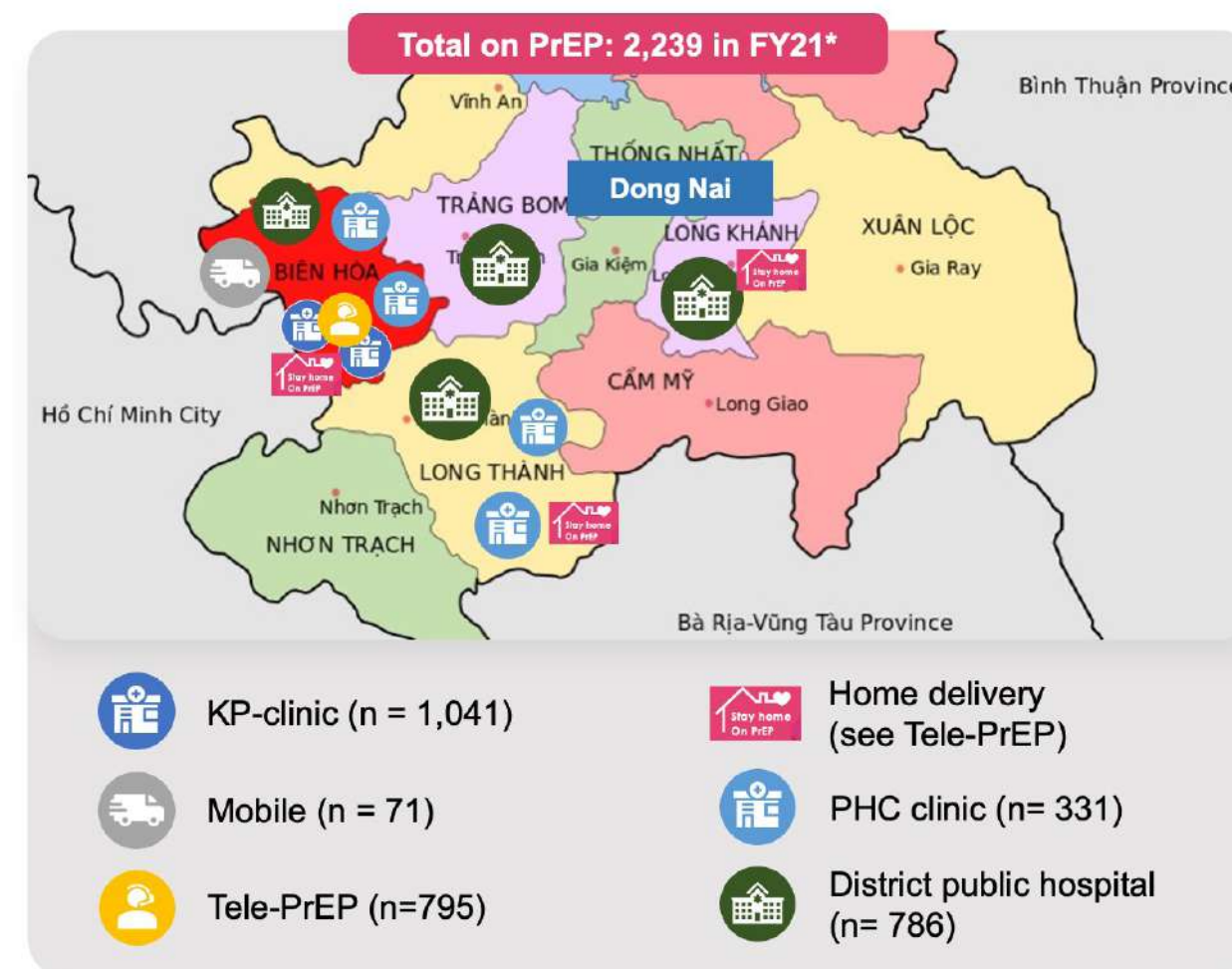
Figure 18. Healthy Markets’ differentiated PrEP service delivery models.



Abbreviations: KP, key population; PrEP, service delivery models.

These models have been essential to the decentralization, de-medicalization, and simplification of PrEP services to accelerate uptake. In Dong Nai, a peri-urban province bordering HCMC, differentiated PrEP models and strong provincial leadership contributed to a rapid scale-up in new PrEP enrollments, from 413 in FY20 to 2,235 in FY21 (Figure 19).

Figure 19. Peri-urban provincial differentiated PrEP approach in Dong Nai—a range of service options based on key population preferences and distinct characteristics.



Note: Tele-PrEP / home delivery are a subset of key population-led clinic PrEP and district hospital PrEP. Abbreviations: FY, fiscal year; PHC, primary health care; PrEP, pre-exposure prophylaxis.

In total, 16,754 people were initiated on PrEP through Healthy Markets-supported models (accounting for nearly half of all PrEP users in the country as of December 2021), with an average median monthly enrollment of 177 clients (Figure 20). PrEP was encoded in the national HIV guidelines in 2019.

16.7k
people enrolled on PrEP

Figure 20. Cumulative PrEP uptake over time in three high-HIV-burden provinces (Ho Chi Minh City, Dong Nai, Hanoi) and among different key populations.



Source: USAID/PATH Healthy Markets quarterly data.

Abbreviations: FSW, female sex workers; FY, fiscal year; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; PWID, people who inject drugs; SDC, sero-discordant couple; TGW, transgender women.

Similarly, Healthy Markets differentiated HIVST strategies in Vietnam across four key areas: **(1) client preferences** in type of test (oral fluid or blood-based HIVST) or type of product (INSTI, OraQuick, or Mylan); **(2) distribution outlets** (via online, through a peer, at CBO / social enterprise offices, at health facilities, via mobile services, or at a pharmacy or other retail outlet); **(3) type of distribution** (direct or secondary by index client testing or social network testing); and **(4) method of administration** (assisted or unassisted). HIVST is now available nationwide through these various modalities (Figure 21).

Figure 21. Through Healthy Markets, HIV self-testing was made available on a range of virtual platforms, offering greater convenience and confidentiality for key populations.



PrEP is a powerful shield to protect us from HIV. I've observed amazing innovations that made PrEP services easily accessible to people who need it the most in Vietnam. I can now take PrEP provided by a key population-owned and [key population]-led private clinic, at a public clinic, or through other models such as mobile PrEP.



Dustin Phuc Nguyen
MSM influencer & Content Creator

Photo: Dustin

Dustin Nguyen, a gay influencer, YouTuber, and PrEP user himself, has been supporting PrEP scale-up efforts in Vietnam since 2017. A longtime partner of Healthy Markets, Dustin leverages his popular Facebook page and YouTube channel to reach his 310,000 followers with valuable information on PrEP and other HIV services. Engagement from

community influencers and health activists like Dustin has been instrumental in raising awareness of and demand for PrEP and in linking clients to the PrEP services that best meet their preferences and needs.

7. Integrated care: Addressed key population health care needs through an OSS model

Key populations have a range of health care needs that may include, but is not exclusive to, HIV prevention and treatment. Key population preferences for a wider range of integrated, person-centered PHC services were articulated in a number of studies implemented by Healthy Markets and through client feedback at key population-led clinics.

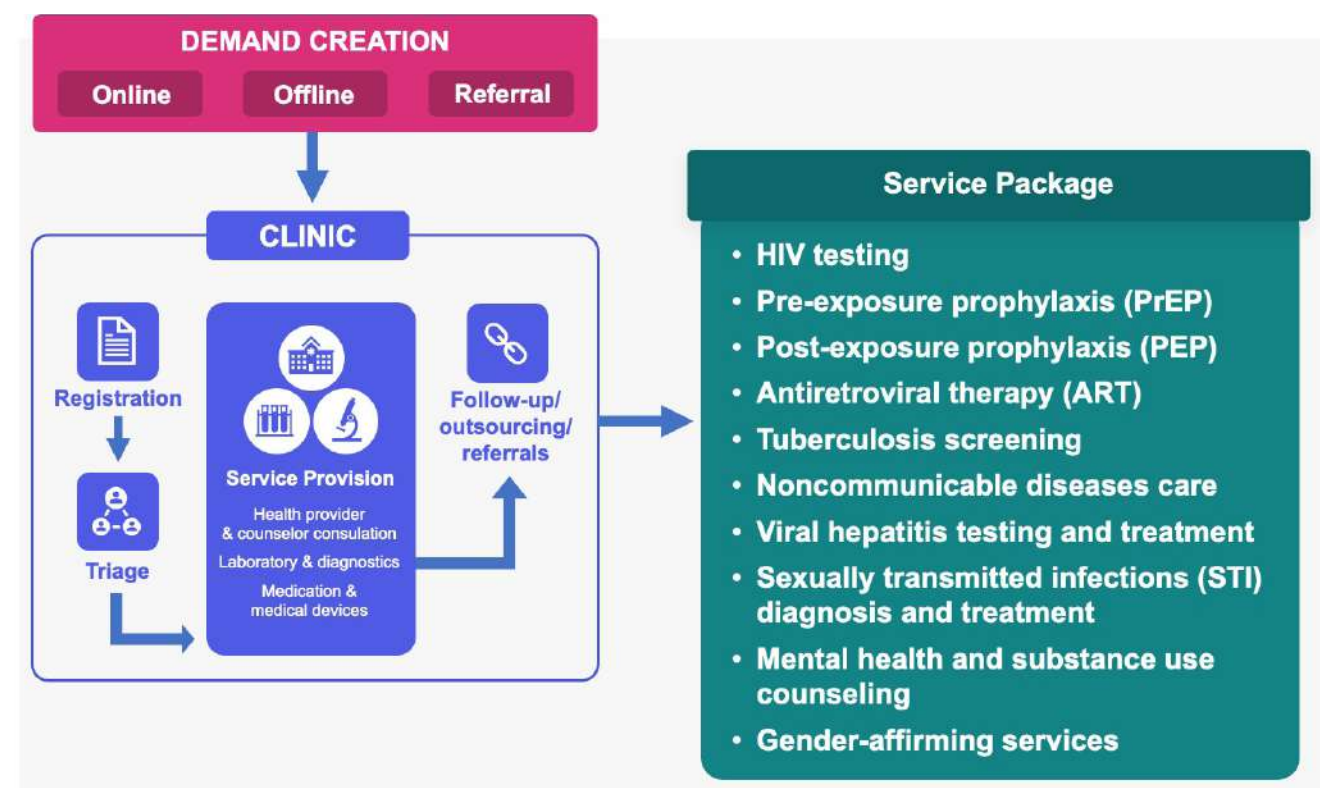


One-stop shop sites offer clients a wide range of health services and service delivery options, including remote counseling. Photos: PATH

In 2017 Healthy Markets began to incrementally add on PHC offerings to core HIV services by integrating hepatitis C virus and STI testing into the range of testing done at key population-led clinics. In same year, Healthy Markets attracted investment from Novartis Foundation to enable Glink and another key population-led social enterprise Galant to offer hypertension screening and treatment services. In 2018 the project initiated training and support for clinics to enable them to provide mental health screening and care and launched a peer-mentoring effort with Tangerine Clinic and Academy in Thailand (previously housed at the Thai Red Cross and now at the Institute of HIV Research and Innovation) to enable key population-led clinics to offer TG-competent care, including hormone testing and counseling.

In 2019, the team built on this work to implement an OSS integrative care model at five private clinics in Hanoi and HCMC. These locations offer a range of high-quality health services meeting the needs of different segments of key population clients and connect eligible individuals to PrEP. Nine essential services are delivered by clinics using standard operating procedures developed by Healthy Markets (Figure 22).

Figure 22. Clients are reached through a number of pathways and linked to integrative care at one-stop shop clinics.



In just one year, more than 10,000 people received care across these five OSS sites. The clinics observed significant uptake in viral hepatitis, STI, and mental health services following OSS implementation: during one year of OSS implementation, more than 4,270 and 4,211 people tested for hepatitis B and C viruses, respectively; 5,275 people tested for STIs; and 3,399 people received mental health counseling. Moreover, the OSS approach was an important way to reach new PrEP clients: during the model implementation, 27.7% of clients (1,598/5,757) who initially came in for non-PrEP services were linked to PrEP.

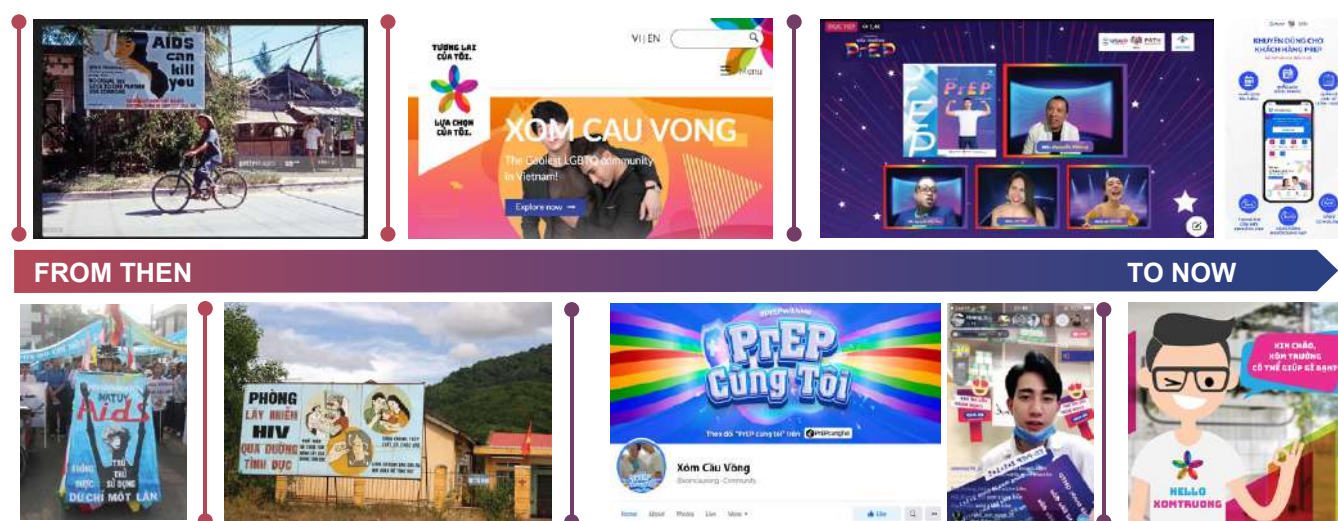

10,374
people received care
at OSS clinics

8. Demand generation: Created a Doi Moi (reformation) of HIV communications

In 2014, perception of low HIV risk among key populations, lack of engaging behavioral health communication, and one-size-fits-all public-sector services (including for outreach and HIV testing and treatment) contributed to low awareness and uptake of services. Only around one-third of key populations reported seeking HIV testing annually. Critically, Vietnam lacked a range of key population–informed and key population–led HIV communication activities and models needed to generate awareness, trust, and use of HIV goods and services.

Beginning in 2015, Healthy Markets applied an iterative human-centered design approach to behavior change communication that focused on what resonates for key populations in terms of their life aspirations, ideas of fun, and health-seeking behaviors. This fostered an ecosystem of learning and co-creation between key population groups and Healthy Markets and resulted in increasing capacity among key population–led organizations to research, plan, and implement tailored social and behavioral change communication that resonated with their communities and enabled rapid adaptation to content to keep it fresh and relevant (Figure 23).

Figure 23. HIV demand generation in the early 2000s (stark imagery) vs. now (fresh, fun community-responsive content).



Note: Healthy Markets focused on four key innovations—engaging community influencers, applying adaptive messaging, using digital tools, and curating exclusive key population platforms—to calibrate HIV demand creation to what key populations need and want.

Increasing the leadership role of key population–led CBOs and social enterprises in demand generation and outreach resulted in:



Strong alliances with key population micro- and macro-influencers who act as HIV service ambassadors and engage in demand-generation efforts.



Establishment of community-run online platforms that drive greater HIV awareness and reach and link clients to care.



Creation of spaces where key population community members can convene and receive support—such as meet-ups in saunas and other hot spots, anonymous online groups, and more.

Healthy Markets also brought in a number of new media partners to aid in reaching key populations through the platforms with which they most engage—like MTV, Grindr, Hornet, and BlueD—and brokered deals with tech companies like Hekate (a local artificial intelligence company), which offered a sizeable discount for a chatbot. This tool has increased key populations' access to 24/7 information on HIV testing, prevention, and treatment.

These efforts resulted in significant increases in awareness of, trust in, and use of key HIV-related goods and services and revolutionized strategies in HIV-related behavior change communication across the country. In all, more than 8 million views were garnered with online content disseminated across 12 digital platforms.

 **8M+**
views garnered with online content

 **12**
digital platforms leveraged to increase HIV awareness among key populations

9. Technology: Innovated service delivery models through digital solutions

Sophisticated tools for linking online users to offline care is a requisite to increasing uptake of HIV goods and services among tech-savvy key populations in Vietnam. Alongside digitizing HIV demand-creation models, Healthy Markets introduced a number of first-ever cutting-edge tools for attracting clients online and helping them to access HIV prevention, testing, and treatment services through automated and nonautomated case management.

One such tool is the creation of the **first dedicated MSM and TG HIV, health, and lifestyle Facebook pages in Vietnam** (Figure 24). As part of the HIV communications Doi Moi (reformation), Healthy Markets, and gay leaders launched “**Rainbow Village**” (“Xom Cau Vong” in Vietnamese), a Facebook page for MSM and gay and bisexual men. Content is a curated blend of fun, sexy HIV, health, and lifestyle content, which has enabled it to remain popular seven years after its creation. At its height the site attracted more than 320,000 users. Users tended to be young and primarily from HCMC and Hanoi.



Figure 24. Examples of promotional content from the “Rainbow Village” (top) and “Be Me. Be Sexy” (bottom) pages.

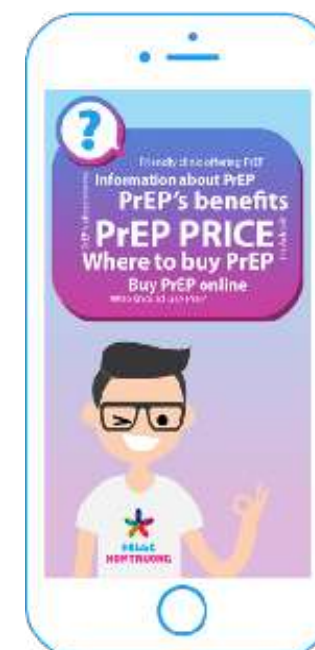
A mini-study among 424 members in 2016 found that 75% were not otherwise connected to CBOs or peer HIV service providers, and 38% self-assessed as being at a very high risk of HIV, indicating that this platform was reaching individuals at risk of HIV who were otherwise not being engaged by HIV outreach efforts.

“**Be Me. Be Sexy**” (“Co Nang. Goi Cam”) was created by TGW leaders in 2016 to provide a place to celebrate TGW and offer tips, advice, and connections for well-being. The Facebook page has 20,000 followers, a number which has remained steady over the past six years. As with the Rainbow Village page, “Be Me. Be Sexy” provides an open space for TG people to connect and exchange lifestyle tips and HIV-prevention and care-related information, interspersed with other popular topics to keep interest and engagement levels high.



Healthy Markets and partners celebrate the launch of the Xom Cau Vong (Rainbow Village) community-led Facebook page. Established in 2015, Xom Cau Vong continues to be a hub where key population communities access information on HIV and sexual health and connect with their peers. Photo: PATH/Matthew Dakin

Figure 25. Healthy Markets’ artificial intelligence chatbot.



Another tool is the **artificial intelligence chatbot**, which is embedded in the Facebook Messenger app and Xom Cau Vong website and automatically responds to typical queries from users 24/7 (Figure 25). From August 2018 through December 2021, the chatbot generated 22,038 responses to 2,628 users. On average, it saved page administrators 15 hours per month.

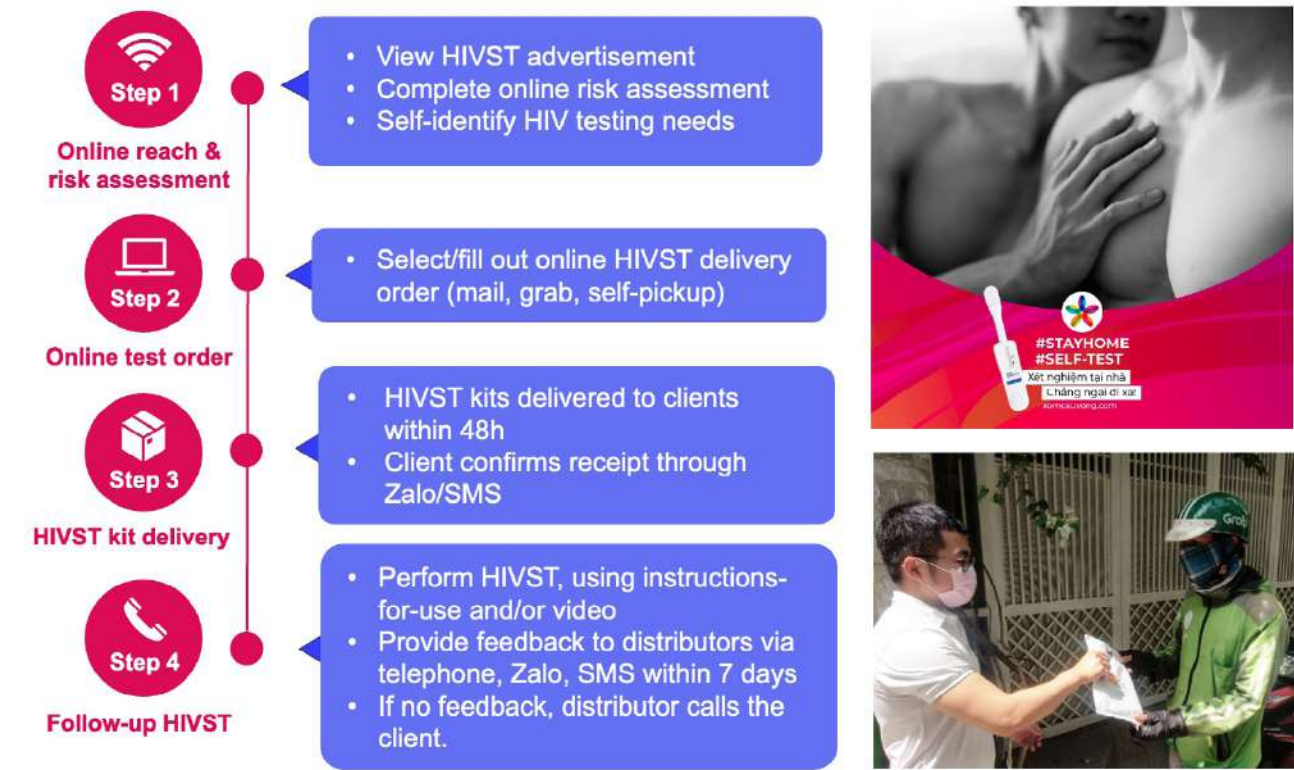
Additionally, Healthy Markets established **first-ever HIV applications for key populations**, including the Toihen (“iReserve”) online service-booking app (Figure 26). In 2021, this was upgraded to an all-in-one platform called Carezone. The Carezone mobile application and supporting website have become an OSS destination and “pocket friend” for key population communities in accessing trusted information on HIV and sexual health topics, scheduling an appointment with a health provider, and receiving virtual counseling and other services.



Figure 26. The Carezone app brings care closer to individuals seeking online counseling, service bookings, and information on HIV.

An online risk calculator enables high-risk key populations to self-screen for their HIV risk, book an HIV test with a lay provider or request delivery of an at-home HIVST kit, and register for PrEP (Figure 27). From April 2020 to September 2021, the calculator was used by 2,035 self-screener. Among these, 1,251 users (62%) self-assessed as being at “high” or “very high” HIV risk; 1,081 HIVST kit orders were placed; and 580 clients registered for PrEP. This platform played an instrumental role in ensuring access to HIV testing during COVID-19 lockdowns in Vietnam, acting as an important entry point for key populations to self-identify their HIV testing needs and order HIVST kits.

Figure 27. Healthy Markets’ “Stay Home. Self-Test” campaign, online Risk Assessment Calculator, and varied delivery approaches ensured continued access to HIV self-testing (HIVST) and care during COVID-19 and beyond.



A conversation with Vu Hoang Mai Chau, TG influencer and leader of the Vietnam Network of Transgender People

Globally and in Vietnam, TG people experience higher HIV prevalence than many other groups. In the past, HIV interventions reaching TG people often overlooked the distinct preferences and needs that TG people have with regards to HIV, safer sex, and general health care. This prompted Healthy Markets to identify TG leaders and champions and collaborate with them to design and implement innovative, TG-competent HIV demand-generation activities.

We spoke with the long-time community leader and effervescent TG influencer, Vu Hoang Mai Chau, on her partnership with Healthy Markets:



Photo: PATH

Tell me a little bit about how you first became involved in the community HIV response?

In 2008, I started working on HIV prevention projects as a community outreach worker. At that time, HIV communication was very limited, and the Vietnamese community still had negative thoughts about HIV, labeling it the “forever disease.” After feeling motivated to create a space for TG people to have a more inclusive voice and be able to access HIV services, I established the Vietnam Network of Transgender People.

What are some other key activities that you’ve partnered on with Healthy Markets?

With Healthy Markets’ support, I collaborated with partners to design and implement various communication activities to promote PrEP, including PrEP Ambassadors—a first-of-its-kind campaign that was co-created with the TG community and leveraged the voices of key population influencers on TikTok and other digital platforms. I also have led a number of capacity-strengthening trainings for TG community members.

What do you think has been the most significant milestone for the TG community?

The launch of the “Be Me. Be Sexy” fan page, co-developed with Healthy Markets, was a huge milestone. This is the very first Facebook page dedicated to the TG community, and it has created an unprecedented opportunity for us to share our voice and participate in HIV service promotion. The feeling of talking, sharing, and understanding each other in a cozy space is the reason why [the page] attracts TGW. Alongside this, the “Be Me. Be Happy” campaign [Vietnam’s first TGW-focused HIV campaign] and its butterfly logo represent the metamorphosis that the TGW community is going through in Vietnam, with our own gender, our identity, and our promising futures. It is a beautiful platform for us to speak out, take care of ourselves, and be recognized as our true selves.



Mai Chau and her peers leverage their reach and influence among young key population communities to encourage PrEP enrollment. Photo: PATH

How is the role of community influencers in the HIV response different now compared to a decade ago?

In the past, people were afraid to come out and participate in the HIV program. With Healthy Markets’ capacity-strengthening support and mobilization of key populations, many influencers from the TG community are now highly skilled in delivering HIV services and have strong voices on HIV and antidiscrimination issues in Vietnam and in the region.

10. Financing: Generated evidence on HIV-prevention financing

From the start of PrEP introduction in 2017, Healthy Markets has been working with the MOH to generate evidence on its cost-effectiveness and budget impact to inform financing options, including inclusion within social health insurance and generation of a co-pay model.

Evidence generated from the Prepped for PrEP! pilot and the implementation of eight differentiated service delivery models—alongside a study with the University of Washington which found that publicly financed PrEP would be cost-effective and bring significant public health benefit in terms of HIV cases averted—helped PATH build a case for domestic financing of PrEP. A five-year PrEP financing plan is now underway and will be critical in increasing sustainable PrEP financing through a balanced combination of domestic, commercial, and donor funds.



Many TGW face barriers when it comes to accessing even basic health care, including cost. Since 2017, Healthy Markets has repeatedly assessed TGW’s ability and willingness to pay for PrEP and differentiated PrEP service delivery models. These assessments generated essential evidence that is now informing national PrEP financing efforts. Photo: PATH

+1. COVID-19 response: Rapidly mobilized key population and private clinic service platforms

In late 2020, Healthy Markets partnered with the MOH to survey the potential role of the private health care sector, including social enterprise clinics, in the COVID-19 response. The resulting report made a strong recommendation that private-sector clinics, hospitals, and pharmacies be engaged in the full range of response activities, from vaccine rollout to testing and contact tracing, and finally to care for people with moderate to severe COVID-19.

These results were rapidly put into action just a few months later, when the 2021 Delta variant and low vaccine coverage combined to create a debilitating surge in COVID-19 infections and deaths beginning in the spring of 2021. Healthy Markets turned to its extensive network of key population–led social enterprise clinics in Vietnam to take on a range of COVID-19 response activities in the face of a rapidly growing surge. The project assisted partners in contributing to the public health response across six key areas:



Vaccines: In HCMC and Hanoi, four social enterprise clinics—Glink, Galant, My Home, and Bien Viet—were enlisted by the departments of health to support city-wide and key population–focused vaccine drives and worked with Healthy Markets to reach more than 41,000 people.



Home care: Healthy Markets worked with partners to support individuals self-treating for mild to severe COVID-19 at home. This included a package of telemedicine to provide care and counseling for clients isolating in their homes and home care packages and visits to address persistent symptoms and to monitor oxygen saturation levels using pulse oximeters (Figure 28). In all, Healthy Markets–supported clinics delivered 311 pulse oximeters and 235 medicine packages to key population clients and PLHIV diagnosed with COVID-19, as well as potentially lifesaving oxygen concentrators to four clients with severe COVID-19.



Private clinic health care worker administering a COVID-19 vaccine in HCMC. Photo: My Home clinic



Figure 28. My Home clinic's "Doctor's Embrace" task force offered COVID-19 support to key populations and people living with HIV.



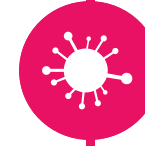
Communications: Healthy Markets worked with partners to design and implement impactful community-driven initiatives and communications activities—such as My Home clinic's "Doctor's Embrace" task force and Glink's Community Care Forum—using tailored insights into what communities need and want.



Mental health care: With intensified anxiety and depression among key population clients yet inability to meet in person, key population–led and key population–friendly clinics took their mental health services virtual and organized one-on-one telecounseling and closed-group online counseling sessions (Figure 29).



Food support: Months of intensive lockdowns put many key populations and PLHIV, as well as their families, in an extremely difficult financial situation due to job loss and decreased or no income, while food prices soared as lockdowns disrupted supply chains. Healthy Markets helped 12 key population–led clinics, social enterprises, and CBOs procure and deliver 2,820 food relief packages to food-insecure individuals and their families.



Infection prevention and control: With technical assistance from Healthy Markets, key population–led clinics developed COVID-19 infection trackers to monitor clients and staff diagnosed with COVID-19 (e.g., location, venue, infection severity, and report received) and to support the contract-tracing efforts of COVID-19-diagnosed individuals. At the same time, Healthy Markets supported clinics such as Glink in becoming department of health certified in providing COVID-19 testing in their in-house labs, thereby enhancing national testing capacity.



Continuity of care: In parallel, Healthy Markets worked with partners to maintain continuity of care for more than 550 PLHIV or people at risk of HIV by pioneering the use of telemedicine and delivering HIV testing, prevention, and treatment services to those at home or in quarantine centers.



A community worker from Alo Care clinic delivers a food package to a client during HCMC's critical fourth COVID-19 wave. Photo: Alo Care



Figure 29. Promotion for Glink clinic's "Your Space. Our Care" online meetings which provide confidential mental health support to key populations.



A peer counselor from Glink in HCMC provides virtual counseling to a PrEP client on how to use the INSTI HIV Self Test for self-monitoring of their HIV status. Photo: Glink Vietnam



Photo: PATH

FINAL THOUGHTS

Advancing Vietnam's HIV response, together!

By December 2021, the HIV response had fundamentally changed in Vietnam, with Healthy Markets playing a critical role in this evolution. From limited engagement of the private sector and key population-led organizations to one where these groups play a leading role in service delivery and are key to a sustained national HIV response. From less key population-centric or key population-led communication and demand creation to a vibrant ecosystem of key population-driven online and offline content. From limited key population-preferred HIV testing and prevention options to a range of HIV testing options and rapid scale-up of highly effective oral PrEP. From a one-size-fits-all approach to HIV services to an exciting range of service models that span the public and private sectors; PHC, home-based, and online services; and pharmacy and mobile delivery. And throughout, partnerships, co-creation, and innovation that provided the foundation for each step of these transformations. We are grateful for the collaboration with and inspiration from our phenomenal partners from the GVN, key population organizations, commercial entities, USAID and PEPFAR implementing mechanisms, and many others.

The background is a complex, abstract pattern of overlapping triangles and polygons in various shades of red, ranging from deep maroon to bright, almost white-red. The shapes are irregular and create a sense of depth and movement. The word "ANNEX" is centered in the upper right quadrant, rendered in a clean, white, sans-serif font.

ANNEX

KEY PROJECT RESOURCES

Tables 1 through 5 list out some of the key resources developed by or with support from Healthy Markets, including national guidelines and policies; articles and briefs; peer-reviewed literature; conference abstracts and presentations; and tools for service delivery and demand generation.

Table 1. List of national guidelines and policies/laws developed with Healthy Markets' support, advocacy, and technical assistance.

No.	Name	Relevance	Type	Date
1	National Community HIV Testing Guidelines	These are Vietnam's first national guidelines on community-based HIV testing and include detailed technical guidance on community-based HIV lay testing, self-testing, index testing, and mobile testing. The release of these guidelines represents a culture shift within the MOH in Vietnam to more diverse and effective HIV testing methods (including through first-ever engagement of lay providers in HIV screening), which better suit those most at risk of infection and have the potential to be more sustainable, as international donor support for HIV programs in Vietnam reduces.	National service delivery guidelines	April 27, 2018
2	Decree 155	This decree delegates community-based HIV testing, making it much simpler for community-based testing providers to offer fee-based testing.	National policy/law	November 12, 2018
3	MOH national PrEP plan 2018–2020	Following the completion of the Prepped for PrEP pilot in 2017, this was the first public commitment by MOH/VAAC to scale up PrEP services, with a target of PrEP services in 11 provinces by 2020.	National policy/law	September 28, 2018
4	National Guidelines on HIV/AIDS Care and Treatment (revised)	This revision to the national HIV/AIDS care and treatment guidelines incorporated a section on PrEP service delivery that covers daily and event-driven PrEP and updated guidance on treatment enrollment, allowing for individuals confirmed as HIV positive with antibody or antigen testing to be eligible for antiretroviral therapy following confirmatory testing.	National service delivery guidelines	November 20, 2019

No.	Name	Relevance	Type	Date
5	National guidelines on HIV prevention for MSM	These are the first comprehensive national guidelines on HIV prevention, care, and treatment for MSM, one of the key population groups at highest risk for HIV in Vietnam.	National service delivery guidelines	August 13, 2019
6	National guidelines on HIV prevention for TG persons	These are the first national guidelines on HIV service delivery for TG populations. The guidelines focus on implementation of HIV prevention measures but also emphasize and guide gender-affirming services, including hormone measurement and use and counseling around gender-affirming surgeries.	National service delivery guidelines	October 8, 2020
7	National HIV Strategy to End AIDS by 2030	The strategy articulates a number of new services and approaches that will support attainment of Vietnam's HIV epidemic control goals, such as PrEP, nPEP, HIV lay and self-testing, prevention and treatment of sexually transmitted infections and viral hepatitis, MSM and TG interventions, key population-led CSO services, PSE, and HIV prevention financing.	National policy/law	August 14, 2020
8	The Law Amending and Supplementing a Number of Articles of the Law on HIV/AIDS Prevention and Control	The national HIV law directs the provision of HIV testing, prevention, and treatment services across the country. This revision calls for several key approaches to diversifying HIV financing and increasing the role of the private sector in the HIV response, including key population-led health services, PrEP and HIV self-testing services, the total market approach, private-sector engagement, engagement of key population-led CSOs and social enterprises, and social contracting.	National policy/law	November 16, 2020
9	MOH national PrEP scale-up plan 2021–2025	This ambitious plan commits to extending PrEP to all 63 provinces by 2025 to accelerate attainment of Vietnam's 95-95-95 goals.	National policy/law	December 11, 2020

No.	Name	Relevance	Type	Date
10	Circular 23	This circular recategorizes HIVST kits as 'normal goods' (meaning they can be sold in pharmacies, supermarkets, and other retail outlets, as well as online, much like condoms), and represents one critical step in the creation of a more sustainable commercial market for HIVST.	National policy/law	December 9, 2021
11	National HIV Private Sector Engagement Plan	This plan defines the ways in which the private sector is encouraged to support the national HIV program, high-quality standards, and reporting requirements to enable more comprehensive annual private-sector investment tracking. This is the first national plan to clearly set objectives for increasing the proportion of private-sector investment in HIV/AIDS prevention and control services.	National policy/law	December 21, 2021
12	National Guidelines on HIV/AIDS Care and Treatment (revised)	These guidelines include updates related to creatinine testing frequency, recommended populations for event-driven PrEP, and differentiated PrEP service delivery models and products (including the dapivirine vaginal ring). They also provide a list of high-quality monitoring indicators for which PrEP clinics are required to collect data. The approval of these guidelines codifies service quality monitoring and improvement as central to HIV service provision and will assist clinics in identifying key areas for improvement.	National service delivery guidelines	December 31, 2021

Abbreviations: CSO, civil society organization; HIVST, HIV self-test; MOH, Ministry of Health; MSM, men who have sex with men; nPEP, non-occupational post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; PSE, private-sector enterprise; TG, transgender; VAAC, Vietnam Administration for HIV/AIDS Control.

Table 2. List of key program articles and briefs developed by Healthy Markets.

No.	Name	Type	Date
1	Vietnam's "rainbow village" comes together to defeat HIV	Article	2015
2	Community influencers on the frontline of the fight against HIV in Vietnam	Technical brief	2016
3	Access to answers: HIV self-testing could help Vietnam accelerate its efforts to end HIV transmission	Article	2016
4	Is Vietnam prepared for PrEP?	Article	2016
5	Online change agents: a new peer-outreach model advancing lifesaving behavior change over social media	Technical brief	2016
6	Improving Access to HIV Testing Through Lay Providers and Self-Testing in Vietnam	Technical brief	2016
7	Transgender women and HIV in Vietnam	Technical brief	2017
8	Healthy Markets	Fact sheet	2017
9	A look back at four decades of the condom supply chain in Vietnam	Article	2018
10	"Be Me. Be Happy!" Breaking down barriers to HIV services for transgender women in Vietnam	Article	2018
11	Love, respect, and courage prevents the spread of HIV in Vietnam	Article	2018
12	100,000 people in Vietnam choose community-based HIV testing	Article	2018
13	Leveraging the total market approach for a sustainable condom market	Technical brief	2018
14	Prepped for PrEP!	Technical brief	2018
15	HIV self-testing in Vietnam	Technical brief	2018

No.	Name	Type	Date
16	Shared-value partnership: Healthy Markets and MTV Vietnam	Technical brief	2018
17	From online to offline: Using digital and social media to eliminate HIV in Vietnam	Technical brief	2018
18	PATH: Combatting HIV in Vietnam through Partnerships	Technical brief	2019
19	Stopping HIV with differentiated partner notification services	Article	2019
20	Index partner notification services in Vietnam	Technical brief	2019
21	Promoting self-care through the private sector during COVID-19	Technical brief	2021
22	Let's talk about mental health	Technical brief	2021

Table 3. List of key peer-reviewed literature from Healthy Markets.

No.	Title	Lead author	Year	Journal
1	From conventional to disruptive: upturning the HIV testing status quo among men who have sex with men in Vietnam	Green KE et al.	2018	Journal of International AIDS Society
2	Lay provider HIV testing: a promising strategy to reach the undiagnosed key populations in Vietnam	Vu BN et al.	2018	PloS One
3	Demedicalisation of HIV interventions to end AIDS in the Asia-Pacific	Janamnuysook R et al.	2021	Sexual Health
4	Ending AIDS in the Asia-Pacific region by 2030: are we on track? Policy, epidemiological and intervention insights	Green KE et al.	2021	Sexual Health
5	Prepped for PrEP? Acceptability, continuation and adherence among men who have sex with men and transgender women enrolled as part of Vietnam's first pre-exposure prophylaxis program	Green KE et al.	2021	Sexual Health
6	Caring for the whole person: Transgender-competent HIV pre-exposure prophylaxis as part of integrated primary health care services in Vietnam	Doan HA et al.	2022	Journal of International AIDS Society

Table 4. List of conference abstracts and presentations from Healthy Markets.

No.	Title	Lead author	Year	Type / Conference
1	Lay provider HIV testing services for key populations: Preliminary results from a new strategy to accelerate 90-90-90 in Vietnam	Vu BN et al.	2016	Poster at AIDS 2016
2	Are HIV-affected populations willing and able to pay for HIV prevention goods and services? Results from a cross-sectional study in Vietnam	Vu BN et al.	2016	Poster at AIDS 2016
3	Is HIV self-testing acceptable to key populations in Vietnam: Results from a cross-sectional study among men who have sex with men, female sex workers and people who inject drugs	Green KE et al.	2016	Poster at AIDS 2016
4	Factors that influence or impede low dead space syringe use among people who inject drugs in Vietnam	Green KE et al.	2016	Poster at AIDS 2016
5	Lay provider HIV testing: A promising strategy to accelerate 90-90-90 in Vietnam	Vu BN et al.	2017	Poster at IAS 2017
6	How acceptable and feasible is HIV self-testing among key populations in Vietnam? Preliminary results from an intervention evaluation study	Green KE et al.	2017	Poster at IAS 2017
7	Assisted and unassisted partner notification and HIV testing for the sexual and injecting partners of people living with HIV in Vietnam: Preliminary results of the HIV testing-to-treatment cascade	Doan HA et al.	2018	Poster at AIDS 2018
8	From online reach to offline services: Using social media to increase uptake of and access to HIV testing among MSM in Vietnam	Tran TT et al.	2018	Poster at AIDS 2018
9	Acceptability and effectiveness of lay provider HIV testing among key populations in Vietnam: Results from an intervention evaluation	Vu BN et al.	2018	Poster at AIDS 2018
10	Performance and usability of OraQuick oral fluid-based rapid HIV self-test among key populations in Vietnam	Vu BN et al.	2018	Poster at AIDS 2018

No.	Title	Lead author	Year	Type / Conference
11	PrEP for key populations in Hanoi and Ho Chi Minh City, Vietnam has the potential to cost-effectively decrease HIV incidence in urban settings: A mathematical modeling analysis	Gannon S et al.	2018	Poster at AIDS 2018
12	Key population–delivered oral pre-exposure prophylaxis: initial enrollment, adherence and retention results among men who have sex with men in Vietnam	Green KE et al.	2019	Poster at IAS 2019
13	Low PrEP uptake but good retention among transgender women: preliminary results from real-world PrEP roll-out in Vietnam	Green KE et al.	2019	Poster at IAS 2019
14	Approaches to increase financial sustainability of the community-based HIV response	Vu BN et al.	2020	Oral presentation at AIDS 2020
15	Leading from the community: How key population organizations in Vietnam transformed from peer support groups to clinical service providers	Le TM et al.	2020	Oral presentation at AIDS 2020
16	Trans-forming PrEP in Vietnam: Rethinking service delivery to enhance access among transgender women	Green KE et al.	2020	Oral presentation at AIDS 2020
17	The #Stayhome #Selftest campaign. Rapid pivot of HIV testing services to enable continuity of care in Hanoi, Vietnam during the COVID-19 lock-down	Green KE et al.	2020	Oral presentation at AIDS 2020
18	#PrEP4Love: Key population led PrEP services in Vietnam	Tran TT et al.	2020	Satellite at AIDS 2020
19	#PrEP4Love: MSM-delivered event-driven PrEP and STI services in Vietnam: early implementation experiences	Ngo HV et al.	2020	Satellite at AIDS 2020
20	COVID-19 and HIVST: Zoom into HIVST online distribution models, experiences from Vietnam & South Africa	Green KE et al.	2020	Satellite at AIDS 2020

No.	Title	Lead author	Year	Type / Conference
21	Integrating viral hepatitis and PrEP services through KP-led clinics in Vietnam: An opportunity to achieve dual elimination of HIV and viral hepatitis by 2030	Vu BN et al.	2021	Poster at IAS 2021
22	Acceptability of and willingness to pay for long-acting injectable pre-exposure prophylaxis among men who have sex with men, transgender women, female sex workers and people who inject drugs in Vietnam	Green KE et al.	2021	Poster at IAS 2021
23	Increasing HIVST access through private sector, online and other innovative approaches before and during COVID 19	Green KE et al.	2021	Presentation at IAS 2021
24	Differentiated PrEP delivery - from pilots to pushing towards the global PrEP targets	Green KE et al.	2021	Presentation at IAS 2021
25	Impact of COVID-19 on key populations and people living with HIV in Vietnam: Economic hardship and reduced psychosocial wellbeing	Tran LK	2021	Poster at the Asia-Pacific AIDS & Co-infections Conference 2021
26	Key population and local government-led social contracting in Vietnam: A pathway to expanding coverage of publicly-financed HIV services	Vu YH et al.	2022	Poster at AIDS 2022
27	Advancing the sustainability of key population-led organizations in Vietnam through a social enterprise approach	Vu YH et al.	2022	Poster at AIDS 2022
28	Sexually transmitted infections among clients seeking both pre-exposure prophylaxis (PrEP) and non-PrEP services at key population-led and -friendly private clinics in Vietnam	Doan HA et al.	2022	Poster at AIDS 2022
29	Building up quality of PrEP services offered by key population-led clinics through a continuous quality improvement approach: A case study of Glink Hanoi clinic in Vietnam	Doan HA et al.	2022	Poster at AIDS 2022

30	Tele-PrEP during the Delta COVID-19 outbreak in Vietnam: Use of remote client engagement and home-delivery of pre-exposure prophylaxis and HIV self-test kits to maintain client access during lockdown	Green KE et al.	2022	Poster at AIDS 2022
31	Integration of hepatitis B and C testing into HIV services: An opportunity to achieve dual elimination of viral hepatitis and HIV in Vietnam	Vu BN et al.	2022	Oral presentation at AIDS 2022

Table 5. List of technical materials developed by Healthy Markets.

Topic	Content	Type	Year
1. HIV counseling & testing			
1.1. Lay testing and self-testing	Training curriculum on the delivery of HIV testing services within community settings	Training curriculum	2015
	Procedures for community-based lay provider and self-testing at CBO offices	SOPs	2015
	CBO-based HIV testing flow chart (HIV lay testing and self-testing) CBO-based HIV testing flow chart (HIV lay testing and self-testing)	Job aid	2016
	Instruction for use: HIV self-testing with OraQuick® Rapid HIV-1/2 Ab and Alere Determine™ HIV-1/2 test kits	Job aid	2016
	Instruction for use: HIV lay testing with Alere Determine™ HIV-1/2, SD Bioline HIV-1/2, and 4th generation Alere™ HIV Combo test kits	Job aid	2017
1.2. Index client testing	Training curriculum on the delivery of HIV testing and counseling for injecting and/or sexual partners	Training curriculum	2016
	Procedures for delivering assisted index client testing and HIV counseling	SOP	2020
	HIV index partner testing service flow	Job aid	2018
	HIV index partner testing service flow (updated)	Job aid	2020
	Flowchart on monitoring and reporting on adverse events	Job aid	2020
	Summary of process for monitoring and reporting on adverse events and flowchart on resolutions for adverse events	Job aid	2020

Topic	Content	Type	Year
1.3. Social network testing	Social network testing service procedures	SOP	2020
2. Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)			
2.1. PrEP	Two-day training curriculum on the delivery of PrEP services	Training curriculum	2016
	PrEP Q&A leaflet for clients	Leaflet	2016
	PrEP service flow at clinics and CBOs	Job aid	2020
2.2. Continuous quality improvement	Toolkit guiding the implementation of continuous quality improvement activities for PrEP clinics	Toolkit	2020
3. Primary health care / one-stop shop services			
3.1. Transgender health care	Two-day training on gender-affirmative hormone treatment, drug interactions for transgender people, STIs among TGW, and other topics related to transgender health care	Training curriculum	2018
	One-day refresher training course on delivering transgender-competent HIV and health care services	Training curriculum	2021
	SOPs for community-led hormone level checkup and monitoring at clinics	SOP	2018
3.2. STIs	Two-day training course for doctors and counselors who provide PrEP, PEP, and/or ART services. Includes information on STIs and PrEP; screening, diagnosis, treatment, and management for different STIs; and SOPs for STI service delivery.	Training curriculum	2019
	Guides for STI screening, diagnosis, and treatment service delivery for clients initiating PrEP.	SOPs	2019
	Job aids supporting providers to identify the appropriate treatment regime for clients with chlamydia, gonorrhea, and/or syphilis	Job aid	2019
	Client leaflets with information on STI routes of transmission, testing and treatment options, and prevention	Leaflets	2019

Topic	Content	Type	Year
3.3. Mental health	Three-day training that aims to improve service provider understanding of the connections between mental health and HIV and provide an opportunity for providers to learn and practice how to assess for mental health problems, plan for mental health care, and offer basic interventions for mental health and substance abuse support	Training curriculum	2021
3.4. Mental health	SOPs covering clinical service delivery procedures for 11 key services/areas: (1) overall client flow at one-stop shop clinics; (2) HIV counseling & testing; (3) PrEP; (4) PEP; (5) ART; (6) tuberculosis; (7) viral hepatitis; (8) STIs; (9) mental health; (10) gender-affirming care; and (11) PEPFAR antiretroviral drug management	SOPs	2021
4. HIV demand generation			
4.1 Social media	Training curriculum on the application of social media to HIV service demand creation	Training curriculum	2021
4.2. PrEP events	A “how to” guide on organizing online and offline PrEP events	Guidelines	2021
4.3 Live-streaming	Comprehensive guidance on how to organize successful livestreams related to HIV services	Handbook	2021

Abbreviations: ART, antiretroviral therapy; CBO, community-based organization; PEPFAR, U.S. President’s Emergency Plan for AIDS Relief; SOP, standard operating procedure; STI, sexually transmitted infection; TGW, transgender women.



For more information about Healthy Markets,
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