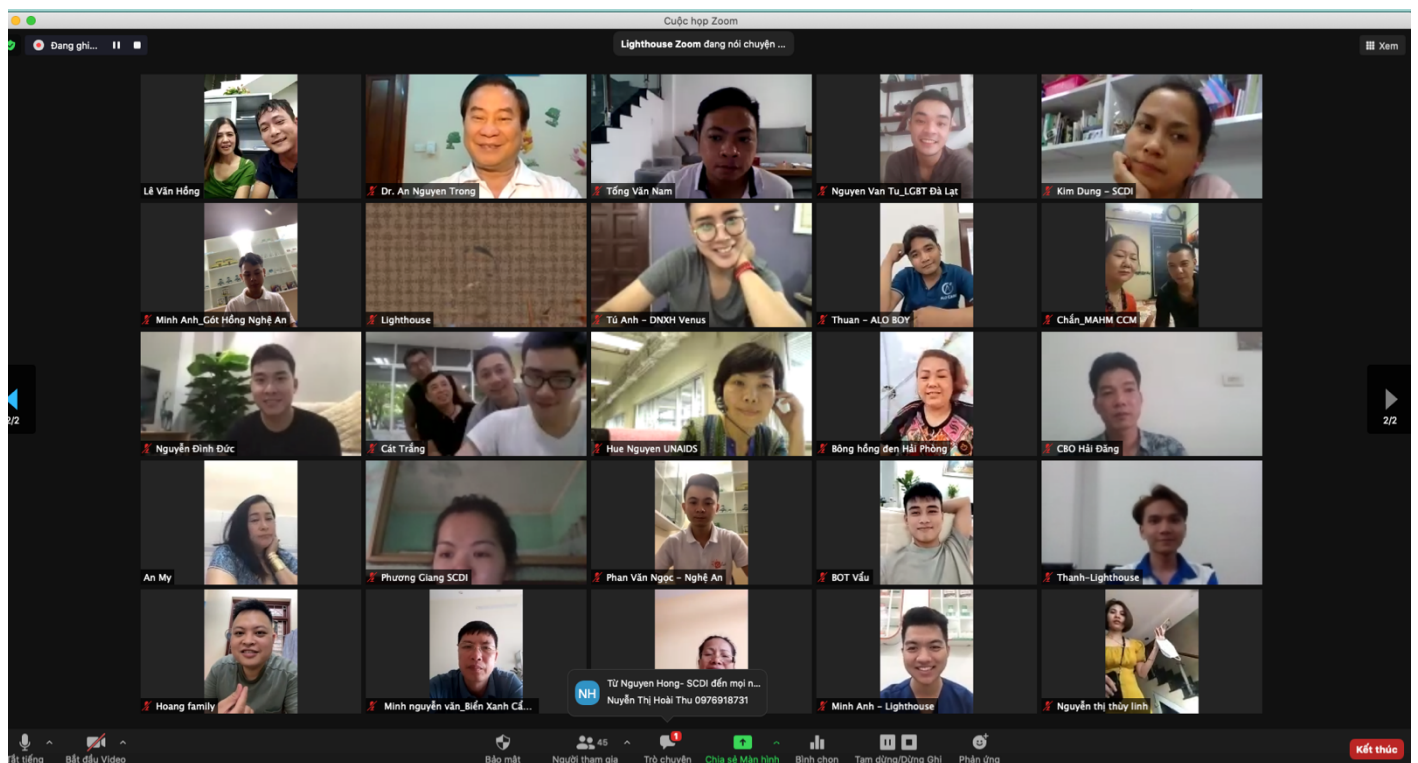


RECOMMENDATIONS OF VIETNAM'S KEY POPULATIONS AND PEOPLE LIVING WITH HIV TO THE C19RM-HIV FUNDING REQUEST

06 May 2021



BACKGROUND

Since the first case of COVID-19 infection was reported in Vietnam on 23 January 2020, the Government of Vietnam has made great efforts to control the spread of the virus as well as treat infected people. Restrictions on movement, closure of schools and colleges, suspension of non-essential services, and social distancing and lockdown have been introduced. Up to now, these measures have been enforced depending on the situation, some and/or all of them mandatory during the outbreak's escalated periods while easing at times when the pandemic is considered under control. In this context, key populations including members of LGBTIQ community, sex workers, people who use drugs, people living with HIV (PLHIV), and especially adolescents and young people, continue to be at risks from a multitude of potential long-term impacts of the pandemic. Currently, there has been no concrete solution in place to address the issues, thereby threatening the HIV program and the quality of life of these communities.

On 07 April 2021, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) sent an Allocation Letter to communicate the amount of funding allocated through the COVID-19 Response Mechanism (C19RM), which is designed to help countries that are currently receiving funding from the Global Fund to mitigate Covid-19's impacts on programs to fight HIV, TB and Malaria, and systems for health. In Vietnam, USD 21,892,238 is committed through C19RM for funding of activities that meet the following three priorities:

1. Reinforcement for COVID-19 response;
2. Flexibility in implementation of Global Fund intervention activities according to local context;
3. Improvement in health and community systems.

According to the C19RM Allocation Letter and Guidelines, applicants must ensure collaboration and consultation with stakeholders, in which emphasis is put on the meaningful engagement of civil society, key and vulnerable populations including CCM members and non-CCM representatives, from the onset of drafting funding request. This can be ensured through:

1. The organization of C19RM Full Funding Request development consultations, stakeholder meetings, technical working groups, and constituency groups;
2. Sharing the C19RM Full Funding Request drafts with the various stakeholders and requesting written contributions; and

3. Making public announcements using print media, television, radio, internet or email announcements inviting stakeholders to participate and contribute to the development of the C19RM Full Funding Request.

C19RM is an important and necessary resource in the context of the complex evolution of COVID-19 pandemic in Viet Nam. It can help to minimize the impacts of the disease on key populations and PLHIV, improve and build capacity of the community system to ensure timely response to diseases, and make meaningful contributions to improving the health system and HIV response in Vietnam towards ending the HIV epidemic by 2030.

CONSULTATION WITH KEY POPULATIONS AND PLHIV

Vietnam's Drafting Committee has started the process of developing the C19RM Funding Request since mid-April 2021 where some key inputs have been collected. It is very important to have inputs from key populations and PLHIV, especially young one to ensure that proposed activities are relevant to the situation and the needs of the community as recommended by the Global Fund.

On the afternoon of 05 May 2021, a community consultation was held by Lighthouse Social Enterprise in partnership with Mpact and YouthLEAD, with the participation of 67 community leaders and members representing different community organizations from many provinces, development partners, and other stakeholders. The discussion was splited to Young key population and Young PLWH group and Adult KPs and PLWH group focused on the impacts of COVID-19 pandemic on young and adult key populations and PLHIV as well as recommendations for actions under the C19RM Funding Request for Vietnam.

We, thus, call upon the Global Fund in Vietnam, the Country Coordination Mechanism (CCM Việt Nam), the Principle Recipient and Sub-recipients to review the below recommendations and consider incorporating them in the C19RM Funding Request for Vietnam.

I. THE IMPACTS OF COVID-19 ON KEY POPULATIONS AND PLHIV IN VIETNAM

IMPACT CLUSTER	SPECIFIC ISSUES
Economic and Social	<p>Key populations and PLHIV had already faced with economic hardships prior to the COVID-19 pandemic. They often did not have stable employment - being self-employed or having freelance jobs performing at festivals or fashion shows, or engaging in sex work etc. Due to the impacts of the pandemic, along with the Government's tough measures in controlling it, many business activities are interrupted and/or closed which makes the situation even more difficult for them. Many lose their jobs and have their income significantly reduced or left with no source of income altogether. Sex workers, transgender people, and people who use drugs, especially adolescents and young people, are among the most affected.</p> <p>Sex workers lose their income source, which leads to debt (and having to hide from debt collectors), their children not being able to go to school, and having no place to live. Oftentimes, they have to engage in high-risk behaviors such as unsafe sex and/or drug use with customers to earn money.</p> <p>Transgender people and other LGBTIQ people lose their jobs, have no stable income, and suffer more stigma at home and at work.</p> <p>PLHIV still face difficulties such as being forced to leave work due to their HIV status, having to accept low-paying and/or unstable jobs due to fear of being tested and having their HIV status disclosed by employers.</p> <p>Because of their economic difficulty, there are urgent needs for foods, shelters, commodities, and COVID prevention products among key populations and PLHIV.</p>
Access and Adhere to	Having their income reduced or lost due to the impacts of COVID-19, many people can no long afford essential health needs such as

Essential Health Services	<p>counseling, testing and treatment for sexually transmitted infections and Hepatitis C (HCV), and post-exposure prophylaxis (PEP).</p> <p>People who use drugs who cannot afford methadone – related costs have increased risk of discontinuing their treatment. Besides, even though HCV medication is free of charge, the costs of HCV - related tests are still high, leading to their inability to pay which leads to interruption and/or discontinuation of treatment.</p> <p>Sex workers cannot afford and access to STI testing and treatment as well as other sexual and reproductive services.</p> <p>Among key populations, especially the MSM, transgender and LGBTIQ communities, social isolation, travel restrictions, and increased pressure from families have led to an increase in the use of illicit drugs. Sexual-related risks increase while access to prevention and harm reduction commodities including condoms, lubricants, needles and syringes, and other emergency services such as PEP and ARV is limited in many places, especially in remote areas.</p> <p>PLHIV and PrEP users who were stuck in certain locations under lockdown where there was shortage of medication inventory, have also experienced treatment disruption and/or discontinuation. In addition, even though new policies on provision of the medications in the context of COVID-19 has been disseminated through many communication channels, there are many people who do not have access to such information, or have little time to react to change their place of receiving the medications.</p> <p>Key populations and PLHIV also reported that they did not receive the Government’s COVID support packages (e.g. the VND 62,000 billion and other packages) due to barriers related to identification document, lack of labor contract, being detained, etc.</p> <p>PLHIV who do not have Social Health Insurance (SHI) have also been denied ARV treatment or had their treatment discontinued at</p>
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	<p>some locations. This is done against official dispatches which stipulate the continuation of ARV treatment for PLHIV without SHI or those with SHI at a different level or location until 01 July 2021.</p>
<p>Social Health Insurance (SHI)</p>	<p>SHI is an issue that has not been fully resolved before the pandemic and has become more serious in the current context of large-scale transition of donor-funded ART to SHI-financed ART. The pandemic makes it more difficult for PLHIV to access to quality out-of-pocket channels.</p> <p>Many key populations and PLHIV cannot afford SHI. While some others are unable to buy it due to lack of identification document or other conditions which make them illegible.</p> <p>PLHIV on ART financed by SHI provided by their company or school have also faced with difficulty when their SHI payment is interrupted due to losing their job or graduating from school.</p> <p>PLHIV also experience treatment interruption and discontinuation because they do not want to go to their hometown to buy SHI or receive ART due to fear of disclosing their information.</p> <p>Moreover, the regulations on transitioning to SHI-financed ART have very close deadlines (e.g. Circular No. 225/AIDS/ĐT), taking place at time of the outbreak (with restrictions on travel, people being requested to work overtime), which make it difficult for many people to complete the necessary procedures to buy SHI or to change their health service receiving place. The instructions on how to buy or change health service receiving place under SHI are not well communicated to the community which causes confusion and affects the treatment process.</p> <p>The community predict that should these barriers not removed, they will lead to increased rates of treatment interruption or discontinuation, or people will opt to informal or low quality services, thereby affecting the National Strategy and Goals on HIV Prevention and Control.</p>

Disruption of Supply of Medication	<p>The community has noticed many problems related to supply of medication and treatment regimens, affecting the confidence and trust of clients as well as their treatment experiences.</p> <p>In many provinces, due to shortage in supply of ARV, PLHIV cannot receive their dose for a long period, instead they have to pick up their medication several times a month, which affect their work and life, and cause confusion and anxiety.</p> <p>The constant change in treatment regimen recently has also made PLHIV lose their trust and confidence in treatment. Some have even stopped their treatment or turned to self-medication or informal sources without consultation. This poses high risks to the health of the community.</p> <p>PLHIV on the second line regimen also experience shortage of medication during their treatment.</p>
Stigma and violence	<p>Stigma and violence against PLHIV and key populations is documented at an increased rate during the outbreak. This stems from the existing social stigma against these populations.</p> <p>PLHIV have experienced stigma at local health facilities where they temporarily receive ARV or when they change their place of treatment under SHI. These clinics often lack awareness of the community, using unfriendly language, not protecting their confidentiality properly, or having time-consuming procedures.</p> <p>Members of LGBTIQ community have experienced stigma from their family due to gender pressure, forced marriage, etc. They also experience online stigma and bullying due to their sexual orientation, gender identity and sexual behaviors.</p> <p>Sex workers who have to return to their hometown because they can no longer work, suffer emotional violence from their neighbors and family. They also face increased violence from partners and</p>

	<p>clients when selling sex due to lack of protection and client selection.</p> <p>All of the above combined with self-stigmatization, lack of coping skills and protection mechanisms make key populations and PLHIV even more severely affected both in term of their physical and mental health.</p>
Key populations	<p>Since the outbreak, despite being frontline workers participating in the HIV program and having to frequent hotspots and health facilities, community-based organizations have not received the necessary supports such as COVID protection products, allowances in terms of client support, testing referral, medications, telephone and remote client support etc. From the beginning of 2020, the community-based organizations have also not been provided with support on house rental, allowance for staff etc.</p> <p>Due to lack of experience in dealing with crises and pandemics, and skills to transition interventions to virtual platforms, many activities of community-based organizations have been delayed or halted. Community-based organizations also lack skills to mobilize resources from sources other than the Global Fund project which result in insufficient funding to maintain operations. This is a great threat to the National HIV Program as well as the joint efforts to end HIV in Vietnam.</p>
COVID-19 vaccine	<p>As mentioned above, despite being frontline workers supporting the HIV program in the context of COVID-19, community workers are not among the priority groups for COVID-19 vaccination. This increases their risk when implementing interventions.</p> <p>PLHIV are also considered to be at higher risk for COVID due to their regular visits to health facilities (to receive medications), weakened immune systems – especially in people who are not treated, have their treatment interrupted or late treatment.</p>

	Many people still do not have proper information on COVID and its vaccines which causes confusion about COVID and HIV, vaccines and side effects etc. This can affect the morale of PLHIV.
Mental health	Mental health is a cross-sectional issue of many aspects affecting key populations. An increase in mental health problems in the context of COVID-19 is noted in all communities due to discrimination from families and health workers, economic pressures, and anxiety about COVID infection, gender violence, etc.
Other	<p>In addition, we also notice a number of other issues that arise in the context of COVID including:</p> <ol style="list-style-type: none"> 1. Violation in terms of disclosure of information of PLHIV on mass media due to they being infected with or having close contact with a person infected with COVID-19 (e.g., the cases of an F1 patient receiving HIV treatment at an OPC in Bach Mai hospital in 2020 or a COVID-infected patient in Tu Son, Bac Ninh is disclosed of living with HIV). 2. HIV communication activities are affected by the pandemic, thereby increases the risk of new infections among adolescents and young people.

II. COMMUNITY RECOMMENDATIONS

Based on the abovementioned issues, community representatives at the consultation have made recommendations to the Funding Request. We call upon the Global Fund Project Management Unit in Vietnam, the Vietnam Administration of HIV/AIDS Control, CCM Vietnam, the Global Fund Project Management Unit for HIV Prevention - VUSTA Component, the Sub-recipients – ISDS Institute, SCDI Center, and Life Center, to review these recommendations and consider to include them in the C19RM Funding Request for Vietnam. Feedbacks on these recommendations are greatly welcomed.

General recommendations:

1. To expand the support site to provinces/areas not currently covered by the VUSTA Component Project;
2. To organize official consultations and information sharing sessions on the C19RM Funding Request to the community.
3. To ensure evaluation and sustainability of activities beyond the project.
4. To provide urgent support in terms of commodities, supply of medication, COVID protection products, and financial support for community-based organizations to maintain and transform their interventions to virtual platforms.
5. To prioritize capacity building for the community to respond to emergencies and crisis.

RECOMMENDATION CLUSTER	SPECIFIC RECOMMENDATIONS
Social Support	1. To provide emergency support in term of foods, commodities, and shelter for key populations and PLHIV experiencing economic difficulties.
	2. To provide COVID protection products such as gloves, hand sanitizer, masks etc. to community-based organizations, community members, and PLHIV who cannot afford them.
Financial Support	1. To provide full or partial support for costs of testing and treatment of STIs for key populations and PLHIV experiencing economical difficulties.
	2. To provide full or partial support for costs of methadone therapy during the outbreak for people who use drugs experiencing economical difficulties.
	3. To provide full or partial support for costs of purchasing SHI for PLHIV who cannot afford it.
	4. To provide full or partial support for costs of co-payment for HCV treatment for key populations and PLHIV.

	5. To provide support for costs of telephone, internet and allowances for community workers who provide remote support to clients.
	6. To establish a post-COVID recovery and livelihood fund for community-based organizations.
Health Support	1. To ensure the provision and supply of tests and medications in project areas.
	2. To establish an emergency fund to support ARV and PEP in case of shortage of medication or for people transferring to SHI-financed system to ensure treatment continuation for PLHIV.
	3. To implement community-based HIV, COVID and STI testing through various forms such as online, remote and mobile.
	4. To give priority of COVID vaccination to community workers, health workers, and PLHIV.
	5. To consider delaying the deadline for transitioning to SHI-financed system in the context of the pandemic so that the community can have more time to prepare to buy SHI or change their health service receiving place.
	6. To provide mental health support and services to the community, and communication on mental health self-care.
	7. To promote harm reduction interventions and provide necessary support for people who use drugs, especially those using synthetic drugs and young people who use drugs.
Communication Support	1. To build a community communication system to provide timely, accurate and sufficient information on changing regulations and policies related to treatment in the context of the pandemic.
	2. To provide timely, accurate and sufficient information about COVID and vaccines.

	3. To establish communication channels to provide timely information and clarifications on purchasing SHI or changing health service receiving place etc. To provide in-person support regarding this matter.
	4. To promote positive image of key populations and PLHIV in the health system to reduce stigma and discrimination. 5. To raise awareness of the health system on standards of conduct, community-friendly conducts, and client confidentiality protection mechanisms.
Advocacy	1. To advocate on issues related to identification document to increase the community's access to Government's support policies and SHI. To advocate for more favorable conditions for the community to buy and use SHI.
	2. To advocate for inclusion of Methadone therapy, PrEP, and PEP in SHI.
	3. To implement training activities for health workers on key-population friendly conducts, and to reduce stigma and discrimination in the health system against key populations and PLHIV.
Community system to respond to pandemics	1. To develop a community response toolkit for crises and pandemics.
	2. To strengthen basic skills to respond to crises and pandemics including: Organizational development, Resource mobilization, Use of social networks and information technology, Online service provision, and Basic mental health care.
	3. To build an inter-provincial community system to promptly respond to issues in the context of the pandemic. This system is connected to the Global Fund project, PRs, SRs and other government agencies.
Monitoring	1. To develop community-led monitoring, documentation and quick response mechanisms.

	2. To develop a mechanism for monitoring of local health systems in implementing community friendly services according to the regulations.
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