Acknowledgements

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This review was undertaken within the Vietnam HIV Capacity Building Project 2012 – 2014/15 supported by Australasian Society for HIV Medicine (ASHM) through DFAT Regional HIV/AIDS Capacity Building Program 2012 – 2014/15. The report is the work of independent consultant in collaboration with Vietnam Clinical HIV/AIDS Society (VCHAS) and ASHM. The report does not necessarily represent the views of the collaborating partners.
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### Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>ASHM</td>
<td>Australasian Society for HIV Medicine</td>
</tr>
<tr>
<td>APRSN</td>
<td>Asia Pacific Regional Professional Society Network</td>
</tr>
<tr>
<td>CBO</td>
<td>Community based organization</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for disease control and prevention</td>
</tr>
<tr>
<td>CHAI</td>
<td>Clinton Health Access Initiatives</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing medical education</td>
</tr>
<tr>
<td>DFAT</td>
<td>Department of Foreign Affairs and Trade (Australia)</td>
</tr>
<tr>
<td>HAIVN</td>
<td>Harvard Medical School AIDS Initiatives in Vietnam</td>
</tr>
<tr>
<td>KAP</td>
<td>Key Affected Population</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NHTD</td>
<td>National Hospital of Tropical Diseases</td>
</tr>
<tr>
<td>OPC</td>
<td>Out Patient Clinic</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard operating procedure</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>Question and Answer</td>
</tr>
<tr>
<td>TA</td>
<td>Technical assistance</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of trainers</td>
</tr>
<tr>
<td>VAAC</td>
<td>Vietnam Administration for HIV/AIDS Control</td>
</tr>
<tr>
<td>VSID</td>
<td>Vietnam Society of Infectious Diseases</td>
</tr>
<tr>
<td>VCHAS</td>
<td>Vietnam Clinical HIV/AIDS Society</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Vietnam Clinical HIV/AIDS Society (VCHAS) was established in 2012 as the only professional society representing clinical HIV practitioners in Vietnam. Australasian Society for HIV Medicine (ASHM) and its collaborating partner – Partnership for Health Advancement in Vietnam (former HAIVN) supported the establishment of VCHAS, with the endorsement from Vietnam MoH and sector partners. During 2012-2015, VCHAS received support from ASHM – DFAT Regional HIV Health Care Capacity Development Program to build its capacity and strengthen its role in the national HIV response. This evaluation was conducted during the first quarter of 2015 in order to assess the achievement of project outputs and outcomes, developments in the capacity of VCHAS and its role in the national HIV response since the project mid-term review in early 2014, and the challenges and opportunities for VCHAS’s development after 2015. The data collection methods used in this evaluation included review of project documentation and meta-analysis of secondary data and key informants interview.

In overall terms, most project outputs and outcomes for 2012-2015 period have been achieved as planned. At the time of this evaluation, the implementation of some outstanding outputs and outcomes is ongoing and these outputs and outcomes will likely be achieved within project timeframe. The project was well designed and managed with specific M&E framework and relevant strategies to achieve its objectives.

This evaluation registered meaningful developments since the project mid-term review. These include significant changes in the performance and efficiency of the members and the organisation. Key developments include increased memberships from 300 to 1,200 and 12 branches in provinces; increased number of trained HIV professionals; and strengthened network of HIV service providers across the country. The Society continues to strengthen formal links between HIV health care workers, facilitate professional development and skills mastery in HIV medicine, and provide opportunities for members to use professional networks and assume leadership roles in the sector.

This evaluation registered important development in national awareness of VCHAS and its roles in the Vietnam HIV response. The Society is strengthening its role in national HIV workforce capacity development programs, in particular, the technical assistance (TA) training and mentoring program is contributing to improved engagement and clinical capacities of the VCHAS’s TA network, which is decentralising training and mentoring for HIV care and management to province and district levels. These sorts of roles are integral to effective implementation of national commitment to new HIV treatment targets 90-90-90 by 2020 to end AIDS by 2030. It is important to note that this can only be achieved with the ongoing collaboration and sustainable support of respective counterpart organisations in the sector including the VAAC and MoH, and ASHM and regional and international partners.

VCHAS has established good relationships and productive collaborations with sector partners in the country and Asia and Pacific regions. Strong collaboration and support between ASHM and
VCHAS in the whole process of project planning and implementation has also contributed to achieving project outputs and outcomes. The linkages between VCHAS and other regional and international partners are developed and supported through its in-country partnership programs with sector partners as well as through its organisational membership and collaboration with ASHM and sister organisations in the Asia and Pacific Regional Professional Society Network.

While this project in general, and VCHAS in particular has made significant progress over years, there had been areas requiring improvements. These include: VCHAS’s capacity to actively seek meaningful involvement of PLHIV for their inputs and collaboration in its programs and activities; its capacity to maintain adequate support for quality control and quality assurance of training programs and products; the capacity of the Society to scale up evidence - and result-based programming to improve organisational performance as well as effectiveness and efficiency of programs and activities; and Society’s proactive roles in secure long-term funding and technical support to sustain its achievements.

Based on the findings from this evaluation, following are our recommendations:

**Recommendations for VCHAS:**

- Beside its existing funding support and grants, VCHAS should develop fund raising strategies and make a specific strategic plan to target specific funding opportunities and new businesses aligned with the Society’s work. There are a number of activities including, but not limited to: how to research funding opportunities, apply for funding, design program, building and leveraging partnerships for increased funding opportunities.

- VCHAS should strengthen its role in the national HIV response through its active participation in the development of the National System for Monitoring and Technical Assistance in HIV Care and Management (TA model), which is managed by the MoH. VCHAS should initiate discussions and consultation with the MoH and sector partners about its role in strengthening undergraduate and in-service training curricula in HIV medicine and CME accreditation.

- The Society should strengthen its capacity to become the main source of HIV related information and resources for members and the HIV workforce in the country. The resources VCHAS produced over the last three years such as ‘HIV là gì’ handbook, the journal on infectious diseases and HIV/AIDS, job aide on decision-making in care and management of HBV as well as its forthcoming handbook for clinical care and management of HIV/AIDS at district level should be further rolled out and evaluated. Production and distribution of new resources on emerging issues such as management of hepatitis or STI co-infection with HIV, HIV medicine and general practitioners, contact tracing et al should be considered.

- VCHAS should develop strategies to work with CBO and PLHIV, and create relevant platforms for KAP to provide their inputs and collaboration in HIV programs and activities. There are many activities PLHIV could play more active role including, but not limited to, participating in program building for conferences and training events,
presenting in plenary and special sessions, participating in monitoring and evaluation of HIV services, as well as collaborating in HIV operational studies.

- VCHAS should continue to improve its website in ways to encourage its usage among the members and HIV professionals. The Society should consider the development of new online functions including: online registration for conferences and training events; the Q&A and visitor tracking (display web visitors by province/location); e-learning programs; clinical forums; member section et al. VCHAS should also develop strategies and activities to keep VCHAS members up to date with the website (through an email alert system) and incorporate website training for members in training programs and activities of the Society.

Recommendations for ASHM and collaborating partners:

Although VCHAS has developed quickly over the past years, it is still a nascent professional association. ASHM and collaborating partners should consider the continued support to help VCHAS maintain the momentum and achieve its full potential in the national and regional HIV response. The support should focus on:

- Strengthening VCHAS Secretariat’s capacity in terms of membership management and development; education online; e-mentoring; resource development, fund raising and proposal writing
- Supporting VCHAS to develop and apply quality control and quality assurance systems across its training programs, conferences and resource development with vision to scale up these sorts of activities to support regional HIV responses.
- Strengthening VCHAS participation in and its contribution to the Asia and Pacific Regional Professional Society Network by enhancing VCHAS’s ability to perform and share lessons learned from program implementation, best clinical practices and clinical studies in the field of HIV diagnosis, treatment and care.
- Supporting VCHAS to build and leverage its network of partners in country and regionally for technical inputs, potential funding assistance and new business development.
- Transferring updated knowledge of and new developments in contemporary HIV medicine to VCHAS members through regional and international capacity building programs, provision of guest speakers and regional experts, sharing of regional resources in HIV medicine, and strengthening VCHAS organisational and professional leaderships in the sector.
- Assisting VCHAS to develop fund raising strategies and research funding opportunities to maintain its achievements and scale up the Society’s programs and activities in coming years.
SECTION I INTRODUCTION

BACKGROUND OF THE PROJECT

During the years of 2011-2012, the Australasian Society for HIV Medicine (ASHM), in collaboration with the Partnership for Health Advancement in Vietnam (former the Harvard Medical School AIDS Initiatives in Vietnam (HAIVN) and in partnership with the Vietnam colleagues have successfully obtained government approval and endorsement for the Vietnam Clinical HIV/AIDS Society (VCHAS) as a professional society representing clinical HIV practitioners in Vietnam. VCHAS becomes member organisation of the Asia Pacific Regional Professional Society Network (APRSN), supported by ASHM.

The Project 2012-2014 as part of DFAT funded Regional HIV Health Care Development Program provides support for capacity development to VCHAS so that it can in turn, support and deliver training and resources in HIV and related issues to health care professionals in Vietnam.

VCHAS is now entering a period, where it is expected to demonstrate its capacities and contributions to the national HIV program in Vietnam. The Project during 2014-2015 provides further opportunities and funding and technical support to help VCHAS sustain their achievements and maintain momentum, especially to help VCHAS achieve its full potential to contribute and participate in effective national and regional HIV responses in the coming years.

The Project’s objectives\(^1\) are:

1. To strengthen the capacity of health care workers and their organisations (e.g. health services, professional associations) to actively participate in developing and maintaining effective systems for HIV prevention, testing, treatment and care;
2. To strengthen the capacity of partners to collaborate across the health care, research and community sectors to contribute to effective HIV responses

Following the mid-term review of the project 2012-2014, this year evaluation covers the project period 1 January 2014 to 31 January 2015 with vision to 30 June 2015 when the current 2014-2015 funding support ends. This evaluation is to examine the effectiveness and impacts of ASHM-VCHAS partnership program. Specifically, the objectives of this evaluation\(^2\) are to:

1) Assess capacity of VCHAS and gauge the progress of Project in achieving [capacity building] outcomes stated in the Project M&E Matrix 2014-2015
2) Identify the gaps and challenges of Project in achieving [capacity building] outcomes

\(^1\) Vietnam HIV Health Care Capacity Development Project 2012-2014/15

\(^2\) Terms of Reference. Vietnam HIV Health Care Capacity Development Project 2012-2014/15
3) Provide recommendations on how to support VCHAS to sustain its achievements and achieve full potential to contribute and participate in the national HIV response in years ahead.

**METHODOLOGY**

This evaluation comprises multiple in-depth interviews with key informants, review of project documentation and meta-analysis to obtain adequate understanding of how well this project works in the context of national and regional HIV responses.

**Review of project documentation:** Documents and reports related to the organisational development of VCHAS were reviewed. These include VCHAS’s constitution, strategic plan, and its membership records. Other materials and deliverables related to the project implementation were also included in this evaluation, namely: project documents and work plans; reports, including the mid-term review report; training materials and reports; distribution and evaluation of ‘HIV là gì?’ - Vietnamese edition of ‘Is It HIV?’ handbook and the Journal on Infectious Diseases and HIV/AIDS. The evaluation also assesses the utilization of VCHAS website.

**Key informant interviews:** the interviews were conducted with 16 key individuals and groups within VCHAS, sector partners and stakeholders in order to assess the achievements of the objectives of this project. The list of interviews with key informants is in the table below.

<table>
<thead>
<tr>
<th>Interviewees</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman of VCHAS</td>
<td>1</td>
</tr>
<tr>
<td>Secretary General of VCHAS</td>
<td>1</td>
</tr>
<tr>
<td>Head of Care and Treatment Department - Vietnam Administration of HIV/AIDS Control (VAAC)</td>
<td>1</td>
</tr>
<tr>
<td>The Partnership for Health Advancement in Vietnam (HAIVN) (former Harvard Medical School AIDS Initiatives in Vietnam)</td>
<td>1</td>
</tr>
<tr>
<td>Head of Administration Department of the Vietnam Society for Infectious Diseases (VSID)</td>
<td>1</td>
</tr>
<tr>
<td>Participants of the national Technical Assistance Network (TA) training courses in 5 provinces and members of VCHAS</td>
<td>5</td>
</tr>
<tr>
<td>Chairman of Vietnam Medical Association</td>
<td>1</td>
</tr>
<tr>
<td>Senior Program Manager/Health and WATSAN Section – DFAT in Vietnam</td>
<td>1</td>
</tr>
<tr>
<td>VCHAS website manager</td>
<td>1</td>
</tr>
<tr>
<td>VCHAS accountant</td>
<td>1</td>
</tr>
<tr>
<td>Huong Duong Community – based Organisation</td>
<td>1</td>
</tr>
<tr>
<td>ASHM International Program Manager for Vietnam HIV Health Care Development Project</td>
<td>1</td>
</tr>
</tbody>
</table>
SECTION II FINDINGS

This section comprises 3 parts, including: overview of achievements of project outputs and outcomes, analysis of the roles of VCHAS and its contributions to the national HIV response, and discussions of challenges and opportunities.

1. Achievements of project’s outputs and outcomes

This report will describe the overall achievements of the project after three years of implementation and evaluate project developments since the mid-term review in February 2014.

1.1. Project outputs:

Provision of scientific forums through annual national conferences

Annual national scientific conferences on infectious diseases and HIV/AIDS: The first VCHAS’s National Scientific Conference on Infectious Diseases and HIV/AIDS was held in June 2012. The Conference has since become an annual event. Building on just three years of programming, the Conference has become known for its remarkable line-up of speakers as well as great networking opportunities for attendees. Each year, it attracts top academic, clinicians, policy makers and sector partners to present their studies, share best practices and updates in infectious diseases and HIV medicine. The conference has grown in size and scope every year and the quality of these conferences has been improved over time. The number of attendees increased from about 300 participants registered at the first VCHAS’s conference in 2012 to 1,300 participants from all 63 provinces of Vietnam attending the last year event in Can Tho City. The number of abstracts submitted to the conference increased from 65 in 2013 up to 114 in 2014. Research and papers presented at these conferences span all areas of infectious diseases and HIV and AIDS. The conference program shows the line-up of speakers and presenters from across the country, especially those from provinces and from overseas. One participant said that “There were presentations on different research topics and clinical practices which were very practical and important to me. I also learned from those presentations by researchers, nurses and technicians. All experiences of treatment, including treatment success and failures, causes and recommendations for improvement were shared and discussed in different sessions. It’s really amazing”. The Secretary General of VCHAS shared in her interview that conference program recently includes more topics and updates in HIV medicine and the organization of these events has been improved over years. For example, VCHAS invited international experts to present updates in the fields of neuro-AIDS, viral hepatitis co-infection, HIV in women, and discuss the new targets for treatment scale-up beyond 2015. Last year conference also included a case-study workshop and thematic sessions as part of professional development activities for attendees. Prof. Pham Manh Hung (Chairman of Vietnam Medical Association) who attended last year conference said that he was so impressed with the program and the organisation of

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3 VCHAS Project Progress Report. March 2015
VCHAS’s conference. At the time of writing, VCHAS and collaborating partners are leading up to the fourth conference in September this year.

Provision of training program and professional development for HIV workforce

Training program for VCHAS’s members and local health staff in HIV medicine: With the support of this project, and in collaboration with sector partners, VCHAS develops and delivers education and training to support the HIV and viral hepatitis workforce, from introductory to advanced levels. VCHAS’s training program started in 2012 with a four-day training course on introductory HIV medicine for 21 health staff in central provinces of Vietnam. Recognising the need of task-shifting and decentralising HIV services to province and district levels, VCHAS established a pilot program to train province mentors in HIV medicine who will provide mentoring support for HIV service providers in districts. With this pilot program VCHAS aims at strengthening a national network for technical assistance in HIV medicine across provinces. With the support from this project, VCHAS conducted 2 courses for 53 province mentors on HIV clinical technical assistance (TA). These doctors are currently core members of the national HIV TA network. VCHAS also collaborated with HAIVN counterpart and mobilised fund from the Life Gap project to conduct 2 more training courses on TA for 41 other HIV doctors of the national TA network. At the time of this evaluation, a total of 94 province mentors were trained on HIV medicine and TA skills.

Since July 2014, VCHAS carried out 2 more training courses and case-study workshops on HIV care and management for its members of the 2 newly established branches in Ha Giang and Bac Ninh provinces. An important point to be made here is that the doctors at provincial level who had been trained in the previous HIV TA program conducted these 2 courses with the support from VCHAS senior members. Training evaluation indicates that most participants found the training contents and teaching methods relevant and useful. Eighty five (85%) of participants agreed that the training contents were very informative, and 70% believed that knowledge provided in these courses was relevant and applicable to their work.

Interviews also revealed that the contents of TA training program were found relevant in providing provincial mentors with knowledge of contemporary HIV medicine as well as sets of skills those mentors need to support district HIV professionals. Most TA course participants reported their application of the new knowledge and skills in their routine practice. We also registered evidence of knowledge transfer and provision of mentoring support by TA network members to their peers.

This project also provided regular opportunities for senior members of VCHAS to attend international/regional training activities since 2012. At the time of writing, 7 clinical leaders of VCHAS participated in ASHM International Short Courses in HIV Medicine, and 3 senior members including VCHAS chairman participated in Australia Award Fellowship programs as well as regional scientific conferences such as 2012 Australasian HIV and AIDS Conference, 2013 HIVNAT Bangkok Symposium on HIV medicine, the International AIDS 2014 Conference and the ASHM Partnership and Leadership program. The interviewed participants said that

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attending these conferences actually “opened their mind set” in HIV medicine and provide opportunities to keep VCHAS connected to sector partners in Asia and Pacific regions for medical updates and experience exchange.

Publication and distribution of HIV resources

Translation and distribution of “Is this HIV?” handbook: with recognition of the importance of a simple resource to facilitate early detection of HIV infection and related conditions, especially at primary health care level, the project supported VCHAS to translate “Is this HIV” handbook - a joint publication of ASHM and TREAT Asia for distribution and evaluation in the country. As mentioned in the mid term review, Vietnamese edition of this resource was produced by VCHAS and 1,300 copies had been printed and distributed to HIV clinical staff across the country. Recently, the Ministry of Public Security has requested VCHAS to support 200 copies of ‘Is It HIV?’ handbook for distribution and evaluation in prison settings. Though the handbook was designed to assist HIV diagnosis, the mid-term review also registered suggestions that the local health staff expected more resources with updates on management of HIV infection and related conditions. At the time of writing, VCHAS is planning to develop a handbook on ‘Clinical Management of HIV/AIDS at District Level’. The handbook is expected to be launched at the 2015 national VCHAS conference in September.

Production and distribution of Journal on Infectious diseases and HIV/AIDS: Along with training courses, the project supported VCHAS to develop a Journal on Infectious diseases and HIV/AIDS with an expectation that it will be an effective channel for the access to information of the local health workers. In addition, the Journal also provides a room for researchers to publish their related study results. A total of 8 volumes had been published. For each volume, 3,000 copies were printed and distributed through VCHAS and networks of collaborating partners. This evaluation also revealed some significant changes in this Journal since the mid-term review. The quality of the published papers has improved and the Journal has been given its International Standard Serial Number (ISSN) since 2013 and gained 0.5 score for the paper published (maximum score is 1). In addition, the length of the Journal in each volume also increased from 60 pages up to 100 pages. All interviewed participants agreed that the Journal is a good resource for those clinicians who work in the field of HIV medicine in Vietnam.

The publication and distribution of the Vietnamese version of ‘Is It HIV?’ handbook, Journal on HIV and Infectious Diseases, and decision-making reference Guide on HIV- HBV/HCV Co-infection, Diagnosis and Management (details about production and distribution of the later was included in the mid-term review in March 2014) are making contributions to early detection of HIV infection and related conditions at primary care level and improved capacity for HIV diagnosis among healthcare workers in provincial and district HIV clinics. Production of these sorts of resources in Vietnamese language increases opportunities for clinicians with limited English proficiency to have better access to up-to-date information in HIV medicine.


6 Issuance 20/TTKHCN-ISSN (0866 – 7829), Ministry of Science and Technology
VCHAS’s website development and its usage: as presented in the mid-term review report, the website of VCHAS (vchas.org.vn) is well designed with various functions and it utilises open platform for future modules when needed. The website also receives support from and shares resources with the website of the National Hospital for Tropical Diseases by having its hosting in the same server and being managed by the same technical group. There is an advantage that the webmaster for these two websites is also a member of the Secretariat of VCHAS. According the webmaster, since the mid-term review, VCHAS has assigned 2 more staff to assist with website management. In general, the website is regularly updated and users have easy access to VCHAS news and calendar of events, as well as updates on HIV policies, clinical guidelines and best practices. All training programs and materials, and conference abstracts and presentations were uploaded onto the website. HIV resources such as Vietnamese edition of “Is this HIV” handbook and Journal of Infectious diseases and HIV/AIDS are also made available for free access. It is not surprising that the number of web visits has increased significantly after one year since the mid-term review in 2014 (from 40,000 up to 196,000 visits at the time of this evaluation).

However, it is recommended that VCHAS keep improving its website by incorporating new functions including: online registration for conferences and training events; the Q&A and visitor tracking (display web visitors by province/location); e-learning and mentoring programs; clinical forums; member section et al.

Following table summarises example deliverables of the project over time7:

<table>
<thead>
<tr>
<th>Outputs</th>
<th>At the Mid-term review</th>
<th>At the final evaluation (cumulative data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of training courses</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Number of participants attended training courses</td>
<td>74</td>
<td>165</td>
</tr>
<tr>
<td>Number of website visits</td>
<td>40,000</td>
<td>196,000</td>
</tr>
<tr>
<td>Number of volumes of the Journal on Infectious Diseases and HIV/AIDS</td>
<td>3 (with 9,000 copies distributed)</td>
<td>8 (with 24,000 copies distributed)</td>
</tr>
<tr>
<td>National scientific conferences on infectious diseases and HIV/AIDS</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of participants attended national conferences on infectious diseases and HIV/AIDS</td>
<td>600</td>
<td>1,300</td>
</tr>
<tr>
<td>Number of abstract submissions to VCHAS conferences</td>
<td>65</td>
<td>114</td>
</tr>
</tbody>
</table>

7 VCHAS Project Progress Report. March 2015
1.2. Project outcomes:

As stated in the project’s objectives, it is expected that the capacity of VCHAS in “developing and maintaining effective systems for HIV prevention, testing, treatment and care” is improved. This section will mainly present key findings about the improvement of capacity of VCHAS and its engagement and collaboration with sector partners.

VCHAS’s organisational capacity:

The organisational capacity of VCHAS was assessed in several aspects, including its structure, leadership and governance. Generally, similar to other professional associations in Vietnam, VCHAS has its own constitution with clear management structure and job description for Board members and its Secretariat. Although VCHAS is considered as a nascent and fledgling professional society compared to sister organisations in the region, it has been growing significantly over the last 3 years since its establishment. Network of VCHAS has been developed and strengthened in a number of provinces across the country. At the time of this evaluation, VCHAS has 1,200 active members (compared to 300 memberships at the launch of the society in 2012) and 12 branches in all regions of Vietnam\(^8\) (see the list of VCHAS branches in annex 1). VCHAS is also planning to establish 10 more branches during 2015\(^9\).

**Figure 1 Number of active members of VCHAS over time**

As mentioned in the mid-term review report, leadership continues to be one of the strengths of VCHAS. All Board members are leaders in the field of HIV medicine in Vietnam, and members from the wider sector such as VAAC, the Vietnam Lung Association and Hanoi Medical University. The Board has recently included new memberships from seven provinces where new VCHAS branches have established\(^10\). This broadening of Board and Committee memberships is bringing administration and governance experience into the VCHAS structure. The Board has

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\(^8\) VCHAS Project Progress Report. March 2015

\(^9\) Interviews with VCHAS chairman. March 2015

\(^10\) VCHAS Project Progress Report. March 2015
clear vision and strategies to support the development of VCHAS. The Secretariat and sub-committees/ taskforce groups have been strengthened and operationalised effectively.

In terms of governance capacity, VCHAS is guided by its five-year Strategic Plan. The society holds its Annual General Meeting (AGM) in adjacent to the VCHAS Conference to discuss organisational management matters and the annual work-plan. The leaders from the provincial branches also attend the AGM in order to integrate their programs into the overall work-plan of VCHAS. This project has also improved the capacity of VCHAS in monitoring and evaluation (M&E). VCHAS Board and Secretariat have gained better understanding about the concept and application of program logical framework, M&E system, indicators, data collection, analysis and use of data for program planning and reporting.

Improvements in the coordination within VCHAS have also been evident in this evaluation. At the mid-term review, the coordination between VCHAS headquarters and southern provinces was not effective which resulted in limited engagement of colleagues from southern provinces in VCHAS programs and activities. However, this limitation has been effectively addressed after one year and the effective coordination with southern provinces is evident by the fact that more branches have been established in the central and southern regions11.

The implementation capacity of VCHAS is demonstrated by the fact that the majority of project outputs have been completed on time. This evaluation confirms that the strong implementation capacity that VCHAS possesses is due to its strong Secretariat and effective management structure. Apart from the above-mentioned inputs in mentoring and training program, senior members of VCHAS provide technical support and expertise to the national program of HIV/AIDS, especially on HIV treatment guidelines and SOPs.

Seeking funds to cover running costs and to support programs and activities is not an easy task for most professional associations in Vietnam. Currently, this project supports staff time for Chairman and Secretariat General positions as well as Secretariat costs. The project also co-supports hosting costs, communication expenditure and maintenance of the website with the National Hospital for Tropical Diseases. At the time of writing, VCHAS continues to mobilise the support from government HIV programs as well as from other sector partners to scale up its activities. For example, VCHAS has been successful in mobilising funds from various industry and sector partners, beside ASHM’s support to run the national conference. According to the interviewed account manager of VCHAS, the last year conference costed about 100,000USD and the support from this project was about AUD 15,000 (this amount helped offset part of conference costs and covered expense to bring a guest speaker from Australia to the conference). Other sources of funding support for the last year conference included USD 10,000 from HAIVN, USD 10,000 from VAAC/CDC project in Vietnam as well as funding support from industry partners such as GILEAD, Roche, MSD and BD. VCHAS is also collaborating with a number of international organisations/ agencies for technical collaboration and support (these include ASHM, HAIVN; CDC, CHAI, WHO et al).

11 VCHAS Project Progress Report. March 2015; Interviews with VCHAS members from southern provinces.
Partnerships and collaborations:

Another expected outcome of the project is improved capacity of VCHAS “to collaborate across the health care, research and community sectors to contribute to effective HIV responses”. Soon after the inception, VCHAS has been proactive in developing its relationship with various partners in the country and Asia and Pacific regions.

Strong collaboration and support between ASHM and VCHAS continues to be important to the ongoing development of VCHAS, and is of particular relevance to the current development context and the health policy in Vietnam, where the government is promoting the roles of private sector and professional associations in early HIV diagnosis, treatment and care. It is evident that VCHAS has made meaningful developments since its formation in June 2012. Within nearly three years of the support from the ASHM-DFAT HIV Health Care Capacity Development project, VCHAS has made significant progress in the performance and efficiency of its members and the organisation.

The ongoing partnership and collaborations between VCHAS and ASHM is guided by an MoU signed in 2012. There is strong evidence of Secretariat support and collaborations between the two societies in programs and activities other than this project. These include support for VCHAS members to participate in regional and international forums and network with counterparts in the regions. These events include Australasian HIV and AIDS Conferences, HIV international strategy planning workshop, ASHM International Short Courses, Australia Award Fellowship, ASHM Leadership and Partnership Program et al.

VCHAS has also been offered its Organisational Sustaining Membership with ASHM and has become an active member of the Asia and Pacific Regional Professional Societies Network (APRSN) which ASHM manages. Through its membership in the APRSN, VCHAS has developed its partnership with other sister organisations in Asia and Pacific regions such as IDI from Indonesia, Timor Leste Medical Association HIV Doctors Working Group, PNG Sexual Health and HIV/AIDS Society, and OSSHHM.

ASHM has been recently acknowledged as a ‘long-term partner’ for its long-term partnerships and commitment of support to the development of VCHAS at the 3rd National Conference on Infectious Diseases and HIV/AIDS in Can Tho city.

VCHAS continues to strengthen its engagement with VAAC and the MoH of Vietnam, other professional partners in country, such as Lung Association, Vietnam Society for Infectious Diseases and its new partnership with the Vietnam Medical Association (VMA). VCHAS is also maintaining strong collaborations and partnerships with HAIVN, LIFE-GAP/CDC, CHAI, WHO, GILEAD, and respective pharmaceutical companies, on VCHAS projects. These partnerships have been very positive. Indications are strong that these sorts of relationships are integral to effective program implementation.

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12 Vice director of VAAC, the head of administrative office of VAAC and vice director of life-GAP/CDC project are current members of the Board.
2. The roles and contributions of VCHAS to the national/regional HIV response

Vietnam has recently adopted the new “90-90-90” targets, in which 90% of people living with HIV know their HIV status, 90% of people who know their HIV status access to HIV treatment and 90% of people on HIV treatment achieve viral suppression. Nevertheless, the current treatment coverage in Vietnam remains relatively low, just 67.6% of eligible people and 32.5% among all PLHIV have access to ART\textsuperscript{13}. To support the achievement of these targets, a cascade framework named “Continuum of HIV prevention and care” is being applied in Vietnam, in which it combines the prevention components with the continuum treatment cascade\textsuperscript{14} (see figure 2 below). So, the key question is: “Beside the main role of VCHAS in improving quality of diagnosis and treatment, what are the other roles VCHAS can play to contribute to strengthening the links between the components in this cascade in order to ensure the universal access to care and treatment?”

Figure 2 Continuum of HIV prevention and care cascade

At the time of this evaluation, it seems that the majority of VCHAS’s contribution to HIV responses is associated with the last five components in the above cascade. This issue is important in terms of VCHAS building the capacity of the HIV workforce to assist the scale-up of user-friendly counseling and testing, as well as quality treatment and care services through outpatient clinics (OPC) networks in provinces and districts.

There is increasing number of evidences since the mid-term review, that the role of VCHAS within the national response has been recognised by the MoH and national HIV program. VCHAS Board and senior members of the Society have been invited by the MoH to lead the development and application of HIV and hepatitis related guidelines for diagnosis, treatment and

\textsuperscript{13} Vietnam AIDS response progress report, 2014

\textsuperscript{14} CDC 2012
care. In this position, they are providing technical inputs to the national HIV program, especially on HIV and co-infection treatment guidelines and SOPs.

As the national medical professional association, VCHAS is well placed to assist MoH and national HIV program in the areas of HIV capacity building and provision of quality HIV services. VCHAS has already made contributions to the development of training curricula and materials on continuing medical education (CME) on HIV/AIDS and communicable diseases through its membership in CME committees, as well as through provision of technical inputs to curriculum development. VCHAS is also working with WHO and sector partners to operationalise the ‘WHO 2013 Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection’ in the local context.

The effective role of VCHAS is also evident in the way that the Society has taken initiative in establishing and improving engagement and clinical capacities of the national HIV TA network, which is decentralising training and mentoring for HIV care and management to province and district levels. The evaluation registered increased national awareness of VCHAS and its roles in the Vietnam HIV response. At the time of this evaluation, VCHAS has been successful in promoting its pilot TA program to VAAC and the MoH. Draft outline of the National System for Monitoring and Technical Assistance in HIV Care and Management (Figure 3 below) has been discussed with sector partners and stakeholders in the country. VAAC and the MoH are developing guidelines on how to set up and test the TA model in other provinces.

A key informant working in DFAT in Vietnam recalled: “Previously, the coordination between different stakeholders like VAAC, PACs and NHTD was not strong enough and there was no clear formal network for professional support to the HIV workforce at provincial and lower levels. Whenever they had questions related to clinical issues they did not know where and how to get professional support. Often, they used their personal relationship to seek professional advices and support. The TA model is important to end this situation. In the evaluation of our project supported to CHAI we got the feedback from CHAI’s staff that CHAI has developed its collaboration with VCHAS at provincial level to perform TA, without this collaboration it would be difficult for CHAI to implement and maintain the clinical support in the field of HIV”.
Figure 3 Draft Outline of the National System for Monitoring and Technical Assistance in HIV Care and Management in Vietnam (Unpublished concept paper. VAAC February 2015)

MoH – VAAC and provincial health services

Technical Support

- Adult HIV
- Paediatric HIV
- PMTCT

National Hospital for Tropical Diseases (NHTD) in Hanoi
Tropical Diseases Hospital (TDH) in HCMC
Hue General Hospital

VCHAS and collaborating professional societies such as VSID; the Lung Association et al

Systems Support

Quality Assurance (HIVQUAL)

- Working Mechanisms
- Staff
- Funding/Resources
- Guidelines

MoH-VAAC

(With support from international partners on particular activities)

Province

District

Community

International partners (e.g. HAIVN, ASHM, and CDC et al)

- Training of mentors
- Mentoring supportive supervision in provinces
- E-mentoring
- Mentoring toolkit; Guidelines; Resources
In our opinion, there are opportunities where VCHAS could have played better roles to improve its participation in the above treatment cascade. The review of training materials and interviews showed that, currently, VCHAS is focusing more on clinical issues but less on important factors that could influence the quality of services and treatment, including: how to effectively enroll HIV positive persons in care/treatment programs after diagnosis? How to ensure retention in and adherence to care and treatment of HIV infection? Stigma, discrimination, gender based violence are also other important factors that could affect the access to and the quality of care and treatment. These factors have been clearly stated in global strategy to end AIDS epidemic “the bedrock of the AIDS response is an absolute commitment to protecting human rights. Nothing less than zero discrimination is acceptable”\textsuperscript{15}. Future capacity building activities of VCHAS should take these factors into consideration and incorporate necessary actions in future work-plans to improve the awareness and skills of HIV workforce in these matters.

The second objective of this project is about strengthening the capacity of partners to collaborate across the health care, research and community sectors to contribute to effective HIV responses. In our opinion, most of the project’s activities are targeted specifically at the medical workforce and its capacity to manage HIV and related diseases. There are nonetheless, opportunities for civil society participation at various stages of design and delivery. It is evident that VCHAS has made initial efforts to seek any opportunity to effectively involve PLHIV in its activities. PLHIV representatives have been and continue to be invited as keynote speakers at the annual VCHAS scientific conferences. Management of HIV – TB and viral hepatitis co-infection, as well as other matters related to key affected populations, are addressed in VCHAS training courses. VCHAS is planning to support particular training activities for KAP to strengthen the collaboration of these groups in HIV care and management. Recently, VCHAS had conducted a short training on viral hepatitis co-infection for one community based organisation (CBO) in Hanoi.

There is a limited appreciation of the need to actively collaborate with key affected population groups in the management of HIV in Vietnam, especially in provinces and districts. There are arguments around the interviewees that a clinical professional society like VCHAS, should, place its focus on clinical issues in care and management of HIV infection and related conditions, rather than stretching its efforts to work with community in the prevention components. Such perspective could be relevant in the situation where VCHAS is still in early stage of capacity development for its members and HIV health care workers, which is expected to result in provision of quality diagnosis, treatment and care for PLWHIV. It is important for VCHAS, however to develop strategies for effective partnership with and active engagement of PLHIV and community organisations for their inputs and collaboration in future programming. One interviewee said “treatment at community is important and there should be more involvement of the CBOs as they could help to improve the access to treatment and compliance. However, VCHAS has not yet placed adequate amount of efforts on these issues”.

According to UNAIDS\textsuperscript{16}, Vietnam currently has both low level of HIV testing among key affected populations (KAP) and late initiation of ART. Decentralisation of HIV services with expectation to increase treatment coverage and early initiation will require increased testing

\textsuperscript{15} UNAIDS 2014, Ending the AIDS epidemic by 2030

\textsuperscript{16} UNAIDS Optimising Vietnam’s HIV response: An Investment Case. 2014

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coverage for KAP, improved referral for timely enrollment in treatment, and increased adherence. This once again affirms that such program as this project and VCHAS itself will need to be part of broader efforts to improve the management of diagnosis and treatment by improving service linkage across the ‘reach, test, treat and retain’ cascade. This will require close collaboration between testing and treatment providers and members of key populations and PLHIV communities, since many of those in need are hard to reach due to the stigma attached to their risk behaviours.

3. Challenges and opportunities

As VCHAS is just in the early stage of development, the Society is facing several challenges. Firstly, the development of VCHAS’s network and memberships will take time and need further support. 12 branches VCHAS established over the last three years is still a humble number compared to the ultimate goal of having VCHAS’s branches in all 63 provinces.

The capacity of VCHAS members at provincial and district levels is still limited, especially their proficiency in English and computer skills. These limitations set obstacles to access to new knowledge and to participate in regional and international training programs and conferences. Several VCHAS members registered their concern of limited computer skills, which make them feel uncomfortable when using Internet for online clinical coaching and mentoring or downloading guidelines and training materials. Therefore, the application of IT technology for clinical TA through online forums and the VCHAS website will require further investment in the website infrastructure and capacity building for VCHAS members.

VCHAS headquarters are also facing staffing challenges. Most senior members and VCHAS Board are working on part-time and on voluntary basis for the organisation. These members are often busy with their clinical assignment and/ or managerial responsibilities in their affiliates and hospitals.

Existing policies and administrative bureaucracy related to the role of civil society in general and professional societies in particular are in transition which still limits the chance for those societies to achieve their full potential to participate in and contribute to national health care programs. Unlike many other countries, in Vietnam, professional medical societies do not yet have full authority upon medical training curriculum and accreditation. Accreditation processes and CME in Vietnam are still largely managed by nominated medical schools and institutions as well as the MoH. In our opinion, specialist physicians such as HIV doctors should be attached to their respective professional affiliation like VCHAS to maintain their knowledge, skills, competence and performance. In future, VCHAS should be well positioned to lead the Maintenance of Certification Program for HIV professionals across the country. This in turn would provide VCHAS with better capacity to support HIV workforce in productive and sustainable manner.

Despite the above challenges there are opportunities for the development and contributions of VCHAS to the national HIV program in Vietnam. Generally speaking, Vietnam is in the transition to its full market economy where the government likely shifts a number of public services and businesses to the private sector. After a long period of subsidising ART in the country, the two big donors (Global Fund and PEPFAR) are phasing out and winding up their
programs in 2017-2018. Interviews with staff of VAAC revealed that the MOH and the Social Health Insurance Department had discussed and agreed that ART for PLHIV will be covered under the health insurance scheme. At this stage, MoH and stakeholders are discussing the design and operation of this scheme after 2017. Ending international support for ART also creates rooms for industry partners to participate in the ARV markets. In this new context, according to interviewed Board members of VCHAS, the Society could continue their role by: 1) providing consultative support and advice to the MoH and the Social Health Insurance Department regarding the development of treatment packages for PLHIV under the health insurance scheme; 2) working with industry partners to update clinical guidelines and training materials for strategic use of ARV drugs for treatment of HIV infection and viral hepatitis co-infections.

4. Sustainability

A common question in evaluation is the sustainability of the project. There are early evidences of sustainable outcomes of the program. These include reported improved clinical capacity of VCHAS members and the TA network. The vast majority of VCHAS members are employed in government health services and consequently VCHAS activities are well positioned to eventually be sustained within the national health services. VCHAS will continue to link its members across Vietnam to ongoing capacity development. Last but not least, VCHAS has established its strong leadership and commitment and its role has been recognised by sector and industry partners. At the time of this evaluation, VCHAS is mainly dependent on the DFAT Grant Program however the society is also receiving some support from a number of other donors in Vietnam.

Financial sustainability is the major challenge for VCHAS. Current sources of income include humble membership fees, at about 15USD per person for 5 years, and project grants and financial support from various in-country and international partners. At the time of writing, VCHAS shares the office and Secretariat running costs with the National Hospital for Tropical Diseases and quite a few senior members are working for the Society on a voluntary basis. While such financial challenges are not unusual for a nascent professional group like VCHAS, further and more long-term secure funding and technical support is vitally important to help VCHAS sustain their achievements and maintain momentum, especially in some major initiatives such as development of the national TA network and VCHAS annual HIV/AIDS conference.
SECTION III CONCLUSIONS

The project’s support to the establishment and development of VCHAS is of particular relevance to the current development context and the health policy in Vietnam where the government is promoting the roles of private sector and professional associations in decentralising HIV services to provinces and districts. The support of this project to VCHAS is also in line with international HIV approach where supporting civil society to participate in HIV responses is one of 10 essential steps to achieve “Three Zero” in the HIV response (Zero new infection; Zero AIDS related death and Zero discrimination)\(^\text{17}\).

In overall terms, the project has achieved its objectives set for 2012-2015 period. This evaluation registered meaningful developments since the project mid-term review. These include significant changes in the performance and efficiency of the members and the organisation. Key developments include increased memberships and branches in provinces; increased number of trained HIV professionals; and strengthened network of HIV service providers across the country. The Society continues to strengthen formal links between HIV health care workers, facilitate professional development and skills mastery in HIV medicine, and provide opportunities for members develop and use professional networks and assume leadership roles in the sector.

This evaluation registered important development in national awareness of VCHAS and its roles in the Vietnam HIV response. The Society is strengthening its role in national HIV workforce capacity development program, in particular, the above mentioned technical assistance (TA) training and mentoring program is contributing to improved engagement and clinical capacities of the VCHAS’s TA network, which is decentralising training and mentoring for HIV care and management to province and district levels. These sorts of roles are integral to effective implementation of national commitment to new HIV treatment targets 90-90-90 by 2020 to end AIDS by 2030. It is important to note that this can only be achieved with the ongoing collaboration and sustainable support of respective counterpart organisations in the sector including the VAAC and MoH, and ASHM and regional and international partners.

VCHAS has established good relationships and productive collaborations with sector partners in the country and Asia and Pacific regions. Strong collaboration and support between ASHM and VCHAS in the whole process of project planning and implementation has also contributed to achieving project outputs and outcomes. The linkages between VCHAS and other regional and international partners are developed and supported through its in-country partnership programs with sector partners as well as through its organisational membership and collaboration with ASHM and sister organisations in the Asia and Pacific Regional Professional Society Network.

\(^{17}\) UN 2011 High Level Meeting on AIDS
While this project in general, and VCHAS in particular has made significant progress over years, there had been areas requiring improvements. These include: VCHAS’s capacity to actively seek meaningful involvement of PLHIV for their inputs and collaboration in its programs and activities; its capacity to maintain adequate support for quality control and quality assurance of training programs and products; the capacity of the Society to scale up evidence - and result-based programming to improve organisational performance as well as effectiveness and efficiency of programs and activities; and Society’s proactive roles in secure long-term funding and technical support to sustain its achievements.

In summary, VCHAS has made a commendable start and it is important that ASHM and collaborating partners commit themselves to supporting this in the long –term. Sustainable and long-term commitment of support such as the DFAT HIV Capacity Development Program or alike is integral to helping VCHAS achieve its potential to contribute and participate in Vietnam’s national HIV response in the coming years.
SECTION IV RECOMMENDATIONS

Recommendations for VCHAS:

- Beside its existing funding support and grants, VCHAS should develop fund raising strategies and make a specific strategic plan to target specific funding opportunities and new businesses aligned with the Society’s work. There are a number of activities including, but not limited to: how to research funding opportunities, apply for funding, design program, building and leveraging partnerships for increased funding opportunities.

- VCHAS should strengthen its role in the national HIV response through its active participation in the development of the National System for Monitoring and Technical Assistance in HIV Care and Management (TA model), which is managed by the MoH. VCHAS should initiate discussions and consultation with the MoH and sector partners about its role in strengthening undergraduate and in-service training curricula in HIV medicine and CME accreditation.

- The Society should strengthen its capacity to become the main source of HIV related information and resources for members and the HIV workforce in the country. The resources VCHAS produced over the last three years such as ‘HIV là gì’ handbook, the journal on infectious diseases and HIV/AIDS, job aide on decision-making in care and management of HBV as well as its forthcoming handbook for clinical care and management of HIV/AIDS at district level should be further rolled out and evaluated. Production and distribution of new resources on emerging issues such as management of hepatitis or STI co-infection with HIV, HIV medicine and general practitioners, contact tracing et al should be considered.

- VCHAS should develop strategies to work with CBO and PLHIV, and create relevant platforms for KAP to provide their inputs and collaboration in HIV programs and activities. There are many activities PLHIV could play more active role including, but not limited to, participating in program building for conferences and training events, presenting in plenary and special sessions, participating in monitoring and evaluation of HIV services, as well as collaborating in HIV operational studies.

- VCHAS should continue to improve its website in ways to encourage its usage among the members and HIV professionals. The Society should consider the development of new online functions including: online registration for conferences and training events; the Q&A and visitor tracking (display web visitors by province/location); e-learning programs; clinical forums; member section et al. VCHAS should also develop strategies and activities to keep VCHAS members up to date with the website (through an email alert system) and incorporate website training for members in training programs and activities of the Society.

Recommendations for ASHM and collaborating partners:

Although VCHAS has developed quickly over the past years, it is still a nascent professional association. ASHM and collaborating partners should consider the continued support to help
VCHAS maintain the momentum and achieve its full potential in the national and regional HIV response. The support should focus on:

- Strengthening VCHAS Secretariat’s capacity in terms of membership management and development; education online; e-mentoring; resource development, fund raising and proposal writing.

- Supporting VCHAS to develop and apply quality control and quality assurance programs across its training programs, conferences and resource development with vision to scale up these sorts of activities to support regional HIV responses.

- Strengthening VCHAS participation in and its contribution to the Asia and Pacific Regional Professional Society Network by enhancing VCHAS’s ability to perform and share lessons learned from program implementation, best clinical practices and clinical studies in the field of HIV diagnosis, treatment and care.

- Supporting VCHAS to build and leverage its network of partners in country and regionally for technical inputs, potential funding assistance and new business development.

- Transferring updated knowledge of and new developments in contemporary HIV medicine to VCHAS members through regional and international capacity building programs, provision of guest speakers and regional experts, sharing of regional resources in HIV medicine, and strengthening VCHAS organisational and professional leaderships in the sector.

- Assisting VCHAS to develop fund raising strategies and research funding opportunities to maintain its achievements and scale up the Society’s programs and activities in coming years.
ANNEXES

Annex 1 List of branches of VCHAS

Hanoi, Ha giang, Bac giang, Bac ninh, Hung Yen, Hai Duong, Military, Da Nang, Hue, HCM city, Can Tho, Kien Giang.
**Annex 2 Work plan**

**Review project related documentation and materials:** Week 1-2 February 2015

**Key Informant Interview Schedule:**

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<th>Time</th>
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<td>VCHAS’s Board and Secertariat</td>
<td>Week 3 Feb</td>
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<tr>
<td>Secretariat VCHAS</td>
<td>Week 3 Feb</td>
</tr>
<tr>
<td>VAAC</td>
<td>Week 1 March</td>
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<tr>
<td>HAIVN</td>
<td>Week 1 March</td>
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<tr>
<td>CDC in Vietnam</td>
<td>Week 1 March</td>
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<tr>
<td>DFAT in Vietnam</td>
<td>Week 1 March</td>
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<tr>
<td>Vietnam Society of Infectious diseases (VSID)</td>
<td>Week 2 March</td>
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<tr>
<td>Members of VCHAS</td>
<td>Week 2 March</td>
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<tr>
<td>VCHAS website manager</td>
<td>Week 2 March</td>
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<tr>
<td>Accountant</td>
<td>Week 2 March</td>
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<tr>
<td>Huong Duong community based organisation</td>
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<tr>
<td>Vietnam Medical Association</td>
<td>Week 2 March</td>
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</table>
### Annex 3 People Consulted

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Positional Information</th>
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</thead>
<tbody>
<tr>
<td>Associate Prof. Dr. Nguyen Van Kinh</td>
<td>VCHAS President</td>
</tr>
<tr>
<td>Dr. Nguyen Thi Hoai Dung</td>
<td>VCHAS Secretary General</td>
</tr>
<tr>
<td>Dr. Pham Anh Duc</td>
<td>HAIVN</td>
</tr>
<tr>
<td>Dr. Nguyen Van Thang</td>
<td>Association of infectious diseases</td>
</tr>
<tr>
<td>Ms. Lai Minh Hong</td>
<td>Huong Duong CBO</td>
</tr>
<tr>
<td>Prof. Dr. Pham Manh Hung</td>
<td>Chairman – Vietnam Medical Association</td>
</tr>
<tr>
<td>Associate Prof. Dr. Trinh Xuan Lien</td>
<td>VCHAS Vice President, HCM city</td>
</tr>
<tr>
<td>Mr. Nguyen Minh Tien</td>
<td>IT of VCHAS</td>
</tr>
<tr>
<td>Dr. Do Thi Nhan</td>
<td>Head of Care and Treatment, VAAC</td>
</tr>
<tr>
<td>Ms. Duong Van Anh</td>
<td>Accountant of VCHAS</td>
</tr>
<tr>
<td>Dr. Mai Van An</td>
<td>Ha Giang</td>
</tr>
<tr>
<td>Dr. Nguyen Thu Thuy</td>
<td>Da Nang</td>
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<tr>
<td>Dr. Nguyen Van Xuan</td>
<td>Bac Ninh</td>
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<tr>
<td>Dr. Phan Trung Tien</td>
<td>Hue</td>
</tr>
<tr>
<td>Ms Duong Hong Van</td>
<td>DFAT</td>
</tr>
<tr>
<td>Dr. Nguyen Minh Duc</td>
<td>ASHM International Program Manager for Vietnam HIV Health Care Development Project</td>
</tr>
</tbody>
</table>
**Annex 4 Bibliography**

1. Project document, log frame and M&E of the project
2. VCHAS’s charter, constitution, strategic plan
3. Basic HIV training materials and training report
4. Training materials and training report on technical assistance
5. Journal on HIV and communicable diseases (4 volumes)
6. “HIV là gì” Handbook
7. Reports of National conferences supported by the project
8. Mid-term review report
9. VCHAS’s website
10. HAIVN project document
11. Field trip report (TA in 6 provinces)
15. Law on care and treatment, 40/2009/QH12
19. Columbia University, Project and organizational development for NGOs and CBOs. A handbook
20. UN 2011. High Level Meeting on AIDS
22. UNAIDS 2014. 90-90-90 An ambitious treatment target to help end the AIDS epidemic
Annex 5 Terms of Reference


Purpose

The Review of the Vietnam HIV Healthcare Capacity Development Project (‘Project’) will review and contribute to the strategic approach to and implementation of capacity building of Vietnam Clinical HIV/AIDS Society (VCHAS) in the HIV response in Vietnam. A major focus will be on the contribution by ASHM funded project to building capacity in VCHAS. The review will assess: the achievement of project outcomes and outputs; strengthened capacity among VCHAS towards its full potential to contribute to the national HIV response; and project impacts after three years of ASHM-VCHAS partnership program.

This Review should be seen as both retrospective – measuring performance of funded projects and prospective – contributing to the strategic direction of potential future project iterations.

The review will cover the program period 1 January 2014 to 31 January 2015 with vision to beyond 30 June 2015 (when the current 2014-2015 funding support ends). Measurement of progress towards Program objectives should be considered in this context.

2. Background

VCHAS is the newest member organisation of the Asia Pacific Regional Professional Society Network (APSN), supported under ASHM’s Regional HIV Program. Over the past 2 years of 2011-2012, ASHM, in collaboration with Harvard Medical School AIDS Initiatives in Vietnam (HAIVN) and in partnership with our Vietnam colleagues have successfully obtained government approval and endorsement for VCHAS. VCHAS is now entering a period, where it must demonstrate its capacities and contributions to the national HIV program in Vietnam.

The Project 2012-2014 provided support for capacity development to VCHAS so that it can in turn, support and deliver training and resources in HIV and related issues to health care professionals in Vietnam.

While VCHAS has made a commendable start, the Society is just in the early stage of development. The Project during 2014-2015 provides further opportunities and funding and technical support to help VCHAS sustain their achievements and maintain momentum, especially to help VCHAS achieve its full potential to contribute and participate in Vietnam’s national HIV response in the coming years.
The two Project objectives are:

**To strengthen the capacity of health care workers and their organisations (e.g. health services, professional associations) to actively participate in developing and maintaining effective systems for HIV prevention, testing, treatment and care;**

**To strengthen the capacity of partners to collaborate across the health care, research and community sectors to contribute to effective HIV responses**

The 2014-2015 project and its activities build on the achievements of the 2012-2014 collaborations between VCHAS and ASHM, together with sectors partners such as HAIVN, CDC, CHAI, the National AIDS Commission (VAAC) and the MoH. Over the last two years, this project has contributed to strengthening the performance and efficiency of VCHAS members and the organisation. The changes include increased memberships and branches in provinces; increased numbers of trained HIV professionals; and strengthened network of HIV service providers across the country. Major outputs of this project include: the annual National Scientific Conferences on HIV/AIDS and Infectious Diseases (which we are exploring with VCHAS as possible future sites for subsequent meetings of the ASHM Leadership and Partnership Network); establishing and supporting the national HIV Technical Assistance/Mentoring Network to facilitate task-shifting and decentralisation of HIV services to provinces and districts; publication and distribution of Journal on HIV and Infectious Diseases; and production and distribution of Vietnamese language edition of ‘Is It HIV?’ handbook to facilitate earlier diagnosis of HIV at primary care settings. [Vietnam HIV health care capacity development project 2012-2014 Mid-term review. 2014]

During the 2012-2014 period VCHAS sought any opportunity to effectively involve PLHIV in its activities. PLHIV representatives have been invited as key note speakers at the annual Scientific Conferences on HIV/AIDS and Infectious Diseases; management of HIV-TB and viral hepatitis co-infection, as well as other matters related to key affected populations, are addressed in VCHAS training courses. VCHAS is working closely with VAAC/ MoH, ASHM and in-country stakeholders and community groups to promote this collaboration across all VCHAS work plan activities, particularly through the national TA/Mentoring Network and outpatient clinics in provinces and districts. VCHAS is also committed to seeking opportunities to collaborate with PLHIV related organisations/ agencies for their inputs and collaboration.

The continuation of this project during 2014-2015 will provide VCHAS and in-country partners opportunities to:

Coordinate and collaborate with the MoH and sector partners (including Vietnam Society for Infectious Diseases (VSID), the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) and ASHM) to conduct the next Annual Scientific Conferences on HIV/AIDS and Infectious Diseases (September 2014 and during the first six months of 2015). These conferences will continue to address capacity development needs of health care workers working in HIV and AIDS and Infectious Diseases in Vietnam, with a particular focus on emerging issues of the management of HIV and related conditions among key affected populations in Vietnam

Continue the collaborations with the MoH and Vietnam Administration for HIV/AIDS Control (VAAC) to further develop and strengthen the national Technical Assistance/Mentoring Network (TA Network).
This will in turn facilitate the national strategy of task-shifting and decentralisation of HIV care and treatment services to provinces across Vietnam.

Strengthen VCHAS governance and leadership to become the peak professional body in Vietnam representing the health care workforce in HIV, viral hepatitis and related infectious diseases, which in turn will further enhance its roles in the national HIV response.

The current agreement to implement this project commenced on 1 July 2014 and is due to expire on 30 June 2015.

3. Objectives of the assignment

The overall aim of this Review is to examine the effectiveness and impacts of ASHM-VCHAS partnership program. This Review should be seen as both retrospective – measuring performance of funded projects and prospective – contributing to strategic direction of future development of VCHAS and inform/ enhance potential future/ ongoing partnership program.

The objectives of the Review are to:

Gauge the progress of Project in achieving [capacity building] outcomes stated in the Project M&E Matrix 2014-2015

Assess the challenges of Project in achieving [capacity building] outcomes

Assess capacity of VCHAS against standards that have been developed by key agencies including Global Fund, International AIS Alliance and Quality Management Services

Identify significant gaps in VCHAS capacity and opportunities to address

Provide recommendations on how to support VCHAS to sustain its achievements and achieve full potential to contribute and participate in the national HIV response in years ahead.

4. Scope of the assignment

The Review will cover the program period 1 January 2014 to 31 January 2015 with vision to 30 June 2015 when the current 2014-2015 funding support ends. Measurement of progress towards Program objectives should be considered in this context.

The key questions for this review are:

Has the Program made strong progress in achieving Project outcomes described in Project Document and Project M&E Matrix?

What are the key impacts of the project? Why these changes are significant?

What is the progress in VCHAS’s organisational capacity in areas of administration, governance, sustainability and engagement with its members and wider sector and why these changes are significant in the context of the national and regional/international HIV response?
What are challenges and opportunities to assist the long-term and sustainable development of the organisation and to enable the Society to assist MoH and national HIV program in the areas of HIV capacity building and provision of quality HIV services

The Consultant, in collaboration with VCHAS Secretariat and ASHM staff will develop a review plan to address the key questions for this review.

More specifically, the Consultant should:

Assess project’s contribution to the strengthened capacity of HIV professionals in Vietnam; [Outcome 2]

Identify barriers/challenges that have implications for project implementation and/or achievement of project objectives;

Document examples of progress and improved engagement and clinical capacity across the health care workforce in HIV medicine and related conditions; [Outcome 2]

Assess the degree to which the Project’s work is aligned with national HIV strategies, partner government systems and harmonised with other donors. Does the program add value to national HIV/AIDS responses, foster relationships with national/regional HIV coordinating bodies, and improve the capacity of VCHAS to advocate effectively in national and regional HIV responses; [Outcome 1]

Assess the progress of VCHAS organisational capacity in areas of administration, governance, sustainability and engagement with its members and wider sector and why these changes are significant in the context of the national and regional/international HIV response? (E.g. UNAIDS 90-90-90 by 2020 et al) Core components of capacity against which standards exist and can be assessed include: governance; management (financial, human resource); monitoring/evaluation and planning; technical capacity for service delivery (including advocacy as well as direct services). [Outcome 4]

Assess the nature and quality of the (primary) partnership(s) between ASHM and VCHAS/ as well as the partnerships with other partners in country (HAIVN; VAAC; et al); how did the quality of partnership(s) influence the project outcomes? (If appropriate, make recommendations as to how these relationships can be enhanced);

Evaluate the key impacts of the project (In addition to the changes in partner’s capacity) and analyse why these changes are significant

What are indications of sustainability?

What are the levels of involvement by key affected populations (KAP) in program development and implementation?

Provide recommendations on how to support VCHAS to sustain its achievements and achieve full potential to contribute and participate in the national HIV response in years ahead and strategic direction of potential future/ongoing partnership program

5. Evaluation method
The review process will take about 18 working days and is planned for February – March 2015. The exact date and timeline is to be confirmed based on the review plan that will be developed by the Consultant.

In undertaking the Review, it is proposed the Consultant will:

a. Conduct a thorough desk review of relevant documentation, including that provided by VCHAS and ASHM and advise all relevant parties of any additional materials that may be required;

b. Develop a review plan, which will include methodology, indicate how the key questions listed in the “Scope” section will be addressed, and identification of key respondents. This methodology will indicate the roles and responsibilities of the Consultant and VCHAS Secretariat for data collection, analysis and reporting;

d. Conduct interviews with respondents;

e. Undertake field visits, to meet with HIV professionals and project partner organisations and other relevant development partners and stakeholders;

f. Submit a summary report (x 3 pages max), which outlines the major findings and preliminary conclusions of the Review;

g. Conduct a presentation for VCHAS, and ASHM that brings together the findings and preliminary recommendations;

h. Submit a final report (x 20 pages of text max, excluding appendices) to VCHAS and ASHM

6. Reports

The Review Consultant is required to provide the following reports to VCHAS and ASHM:

Assessment plan including methodology – to be submitted two weeks prior to the commencement of the Review;

Summary of findings and presentation – to be submitted immediately upon completion of the data collection;

Draft Review report – to be submitted to VCHAS and ASHM within three (3) weeks of the summary and presentation of the preliminary findings and recommendations;

Final Review report – to be submitted within one weeks of receipt of ASHM and VCHAS’s comments on the draft Review report.

Both the draft and final reports should be no more than 20 pages each of text plus appendices. The Executive Summary, with a summary list of recommendations, should be no more than 2-3 pages.

7. Review Team Composition

ASHM’s guideline for an independent review requires that the Consultant be an external evaluation expert. It is proposed that the review Consultant will have the following skills and qualifications:
a. Monitoring and evaluation expertise;

b. Expertise in capacity building and/or partnerships, including with civil society organisations;

c. Specialist knowledge of HIV/AIDS issues, with specific experience with and knowledge of the Vietnam HIV epidemics (including understanding of the role of key affected populations);

d. Expertise in program management, funding and governance issues;


g. Strong analytical skills cross cultural communication and interpersonal skills and the ability to present information logically and concisely.

The Consultant will be assisted by the VCHAS Secretariat, and ASHM staff as necessary to provide information on the project and implementation progress to the review.

8. Duration and indicative phasing

The review encompassing the literature review, written submissions, consultations with relevant key stakeholders, and field visits (if required), all will take place from February to March 2015 and conclude on 6 March 2015. Proposed duration and phasing are outlined in the table below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Location</th>
<th>Max. number of days</th>
</tr>
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<tbody>
<tr>
<td>February 2015</td>
<td>Background reading</td>
<td>Desk-based</td>
<td>1.5</td>
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<tr>
<td></td>
<td>Briefing with VCHAS Secretariat and ASHM SPO</td>
<td>Teleconference</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Development of Review Plan and tools</td>
<td>Desk-based</td>
<td>1</td>
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<tr>
<td></td>
<td>Submission of Review Plan to VCHAS and ASHM for comments</td>
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<tr>
<td></td>
<td>Revision of Review Plan based on VCHAS and ASHM input; submission to VCHAS and ASHM</td>
<td>Desk-based</td>
<td>1</td>
</tr>
<tr>
<td>Task</td>
<td>Details</td>
<td>Duration</td>
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<tr>
<td>ASHM and VCHAS approval of Review Plan</td>
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<tr>
<td>Interviews with key respondents</td>
<td>4 provinces (2 in the North and 2 in the South)</td>
<td>6 (including travel)</td>
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<tr>
<td>Summary of findings and preliminary recommendations and preparation of a draft report (drawing on the desk review and field assessment)</td>
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<td>5</td>
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<tr>
<td>Conduct a presentation for VCHAS, and ASHM that brings together the findings and preliminary recommendations;</td>
<td>Hanoi/ Teleconference</td>
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<td>Submission of draft report in English</td>
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<tr>
<td>Receipt and discussions of feedback from VCHAS and ASHM (within 2 weeks upon receipt of draft report)</td>
<td>Hanoi</td>
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<tr>
<td>2nd week March 2014</td>
<td>Finalisation of Report</td>
<td>Hanoi</td>
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<tr>
<td>15 March 2015</td>
<td>Submit of final report in English</td>
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<td></td>
<td>Total</td>
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