



## PrEP Introduction & Scale-Up

**Executive Summary:** Vietnam has made significant strides in scaling up PrEP since its introduction in 2015, with strong community support and government commitment leading to the development of national guidelines and strategies. Key population organizations played a crucial role in service delivery, and innovative approaches like tele-PrEP and mobile services improved access. However, the limited availability of PrEP outside PEPFAR-supported provinces, concerns about sustainable funding, and regulatory hurdles for new products like injectable PrEP remain a challenge. Efforts are ongoing to integrate PrEP into the broader healthcare system, secure domestic funding, and streamline the regulatory process to ensure long-term access and success.

### Key Insights

- **Successful Scale-Up with Community Involvement:** Vietnam's PrEP expansion was driven by strong community support, national strategy development, and international collaboration, making it the highest-enrolling PrEP program in the Asia-Pacific region.
- **Funding and Sustainability Challenges:** While initial PrEP rollout was supported by PEPFAR and the Global Fund, long-term sustainability remains uncertain, requiring a shift towards domestic funding and co-payment models.
- **Regulatory and Infrastructure Barriers:** The introduction of new PrEP products, especially injectables, faces delays due to complex regulatory approval processes, gaps in infrastructure and healthcare provider readiness.
- **Innovative Service Delivery Models:** Mobile PrEP, tele-PrEP, and community-led clinics have improved access, particularly for MSM and transgender populations, but expansion beyond PEPFAR-funded provinces is still limited.
- **Data-Driven Decision-Making:** Vietnam has established a centralized data management system for tracking PrEP enrollment and continuation, providing valuable insights for monitoring, evaluation, and future HIV prevention strategies.

### Key Implications

- **Sustainability Planning is Urgent:** Vietnam must develop domestic funding mechanisms to sustain PrEP services and reduce over-reliance on PEPFAR and Global Fund support.
- **Regulatory Reform is Needed for New Products:** Streamlining the approval process for long-acting PrEP options will be critical to expanding HIV prevention efforts.
- **Expanding Access Beyond Key Populations:** While initial efforts focused on MSM and transgender communities, scaling up PrEP to a broader population will require additional investment, infrastructure, and demand-generation campaigns.
- **Strengthening Healthcare Provider Engagement:** More comprehensive training, ongoing mentorship, and addressing provider hesitations about PrEP (including concerns about side effects) are needed.
- **Enhanced Integration with STI and Primary Care Services:** To maximize effectiveness, PrEP programs should be linked with STI screening and other sexual health services in both public and private healthcare settings.

## Best Practices & Recommendations – Supply Side

### Regulatory & Normative Guidance

- PrEP introduction in Vietnam involves multiple agencies, including the MoH, the Vietnam Administration of HIV/AIDS Control (VAAC), and the Drug Administration of Vietnam (DAV).
- In-country trials are no longer required for products that have been approved by the Australian national regulator, but there has been regulatory gridlock following the Covid-19 pandemic.

## Planning & Budgeting

- PrEP is not included in Vietnam's health insurance, prompting discussions on co-payment models. Additionally, cuts in PEPFAR and Global Fund support highlight the need for domestic PrEP funding. Currently, around 90% of PrEP funding comes from donors, with efforts to balance free, subsidized, and commercial PrEP.
- Vietnam's decentralized funding system (63 provinces) complicates local funding efforts, while the commercial sector aims to lower oral PrEP costs through volume guarantees.



## Research, Monitoring, and Evaluation

- All PrEP data in Vietnam is managed by the government, including PEPFAR and Global Fund data.
- PrEP sites must report data through a unified software system, analyzed by VAAC's Monitoring & Evaluation team.
- Data is not reported separately to donors but can be requested from the government for program use.
- The existing data management system is prepared for the introduction of injectable PrEP.

# Best Practices & Recommendations – Demand Side

## Health Service Delivery

- Facilities must meet strict certification, licensing, and registration requirements, without limiting access to public and general clinics.

## Demand Generation

- Past efforts primarily targeted MSM, shaping messaging and outreach strategies. However, campaigns have expanded to transgender communities as well.
- KP organizations drive demand generation using TikTok, small-scale events, and personal testimonials.
- Outreach to transgender women is important to address the frequent concerns about oral PrEP's interaction with feminizing hormones.
- Technical assistance is provided in non-PEPFAR provinces for support on demand creation.

## Stakeholder Engagement

- Consultations organized by VAAC with community leaders occur about once a year. It would be helpful to increase their frequency to address urgent issues promptly.
- VAAC collects feedback for programming, which provides a channel between the government and communities.
- There are mechanisms through PEPFAR programs or the Global Fund where community members can raise concerns.