



Gay-led Differentiated ART Service Model for Men who have Sex with Men, Ho Chi Minh City, Vietnam

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OVERVIEW

HIV/AIDS in Vietnam and high risk of infection among MSM community

Since the first HIV-positive case was detected in 1990, the HIV epidemic in Vietnam is still in the concentrated stage and mostly affects key populations, namely people who inject drugs, men who have sex with men and female sex workers as well as their sexual partners. However, HIV transmission in recent years has taken on a new and complex dynamic that makes it more difficult to respond. Until the early 2000s, HIV was predominantly transmitted through injecting drug use, but it is now spreading mainly through sexual transmission¹. Among the HIV newly infected cases in the first six months of 2017, the number of people who get infection through drug injection accounted for 32% while the number of people who get infection through sexual transmission was 58%². In fact, while the control of HIV infection is getting more effective through clean syringe and needle exchange as well as methadone substitution programs, it is more difficult to control infection through sexual contact. The community of men who have sex with men (MSM) is increasingly become the most vulnerable to HIV infection. The sentinel surveillance results show that HIV prevalence among this group rose from 5.7% in 2015 to 7.36% in 2016. The Ministry of Health (MOH) also warns that young MSM will account for the majority of newly HIV-infected people in the coming years.³

According to the Integrated-Bio-Behavioral Survey (IBBS), from 2011 to 2016, MSM have increasingly engaged in high risk behaviours for HIV infection. The proportion of MSM who use condom in same sex sex decreased from 75.6% in 2011 to 61% in 2016. The proportion of MSM using synthetic drugs increased from 15.4% in 2012 to 22.3% in 2016. The percentage of MSM who had HIV test and knew the results in the past 12 months was significantly low (29.8% in 2013 and 41.3% in 2016). In particular, the number of MSM accessing HIV prevention programs accounted for only 37% in 2016.

With the high economic growth, after two more decades of economic reform, Vietnam has recently transformed from a poor country to a lower middle-income country. That has led international donors to cut down development funding to Vietnam. This situation has made heavy impact on the country's combat against HIV and other public health issues. As a result, at a macro level, some big international donors have shifted their strategies from direct funding to providing technical assistance support. Previously, international funding support accounted

¹ http://aidsdatahub.org/sites/default/files/country_review/An_annual_update_on_HIV_epidemic_in_Viet_Nam_2014.pdf

² Ministry of Health (2018). Report on HIV/AIDS prevention program in 2017 and they key tasks in 2018.

³ Ibid.



for 70% to 80% of total funds for national HIV program and 100% for interventions for key populations.⁴ At a micro level, this has also led to the situation that all stakeholders including community organisations depending on outside funding have now to self-finance in order to sustain.

HIV services in Vietnam

HIV testing and treatment services in Vietnam have been mostly provided by public facilities and until recently are still free of charge with the assumption that most people at risk of HIV infection or people living with HIV are unable to afford these services.

This is one of the indirect causes of the limited access of MSM to HIV services. In the MSM community in Vietnam, there are many people who are successful in their lives and careers, but because of social stigma they hesitate to disclose their identity. The MSM who are at risk of HIV infection or who are living with HIV do not want to use free public services where they have to reveal their identity. Moreover, the lack of flexibility of public service in terms of the working hours and the administrative procedures also limits the access of many people. As a result, the demand for HIV services in the MSM community is not met and they are at risk of becoming most vulnerable group to HIV infection.

Moreover, in a society where heterosexuality is the norm and the role of men is tied to the continuation of family line and ancestor worship, MSM are heavily stigmatized because of their sexual orientation or behavior. Stigma makes it difficult for many MSM to access HIV testing, treatment and care services. This is more difficult for people who do not want to reveal their identity and/or sexual behavior. The lack of understanding of homosexuality and the lack of skills of health providers in working with MSM further limit the access of MSM to these services. This is probably one of the main reasons why HIV prevalence among MSM communities is approximately 20 times higher than the national average rate⁵.

Although MSM is so severely affected by HIV, their participation in HIV intervention is still limited. International experience shows that MSM can participate effectively in the delivery of HIV services. In the context of declining international resources, a more effective and sustainable provision of HIV services for MSM is increasingly needed.

G-link's pioneering and differentiated model of HIV service delivery

G-link, formerly a self-help group of MSM found in 2009 in Ho Chi Minh City, Vietnam, has registered as a social enterprise with an out-patient clinic (G-link Clinic) that has provided HIV counseling and testing for MSM since June 2016. G-link Clinic is a pioneering model of HIV service delivery run by MSM to meet the needs of the MSM community in Ho Chi Minh City where HIV prevalence among MSM always ranks highest in the country, reaching 11.5% in

⁴ Ministry of Health of Viet Nam, *Optimizing Viet Nam's HIV Response: An Investment Case*, October 2014.

⁵ UNAIDS estimated 0.4% adults in Vietnam living with HIV in 2016
(<https://www.indexmundi.com/g/g.aspx?c=vm&v=32>)



2016.⁶ On 30 August 2017, G-link Clinic, the first privately-run clinic licensed for HIV services in Vietnam, was officially allowed to deliver ART services (Photo 1). Soon afterwards, G-link Clinic was allowed to provide pre- and post-exposure prophylaxis (PrEP and PEP) to its clients. G-link Clinic also provides screening and treatment services for sexually transmitted infections (STIs) such as gonorrhea, genital wart, syphilis, hepatitis B, C and other infections.

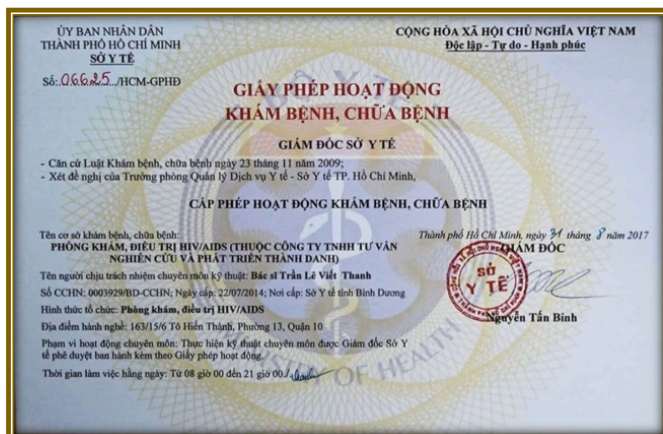


Photo 1. License for ART service to G-link by Department of Health of Ho Chi Minh City

The G-link Clinic is designed to fill the gaps of public services in Vietnam where clients can only access health services within the residential area where they officially registered, within a rigid working hour and have to go through a complicated administrative procedures. In addition, clients who are MSM may encounter health workers who are inadequately trained on specific needs of MSM and holding negative attitudes toward them. G-link Clinic thus targets sub-groups of MSM who have relatively high education level, stable jobs and high

income and do not want to reveal their identity, therefore hesitating to access to public services due to the above listed barriers. At G-link Clinic, MSM clients do not face stigma and discrimination because they are served by medical staff who are also members of MSM community.

ELIGIBILITY CRITERIA

G-link Clinic primarily serves MSM clients who voluntarily use the services and can afford to pay. They can use a comprehensive package of HIV services including HIV screening test and counseling, ARV treatment after their HIV positive test validated by Pasteur Institute in Ho Chi Minh city. G-link Clinic also provides ARV treatment for clients who are found to be HIV-positive elsewhere or those who are on ARV treatment in other facilities but wish to continue their treatment at G-link Clinic. These clients will receive ART at G-link Clinic after having completed various necessary tests and procedures in



Photo 2. WHO, UNAIDS, City Department of Health visit G-link on the World AIDS Day 1 December 2017

⁶ (http://aidsdatahub.org/sites/default/files/country_review/UNAIDS_snapshot_2016_Viet_Nam_2017.pdf)

accordance with the MOH guidance and after their medical record being carefully reviewed for treatment regimen, CD4 cell count, viral load, liver and kidney function, etc. The clients who wish to receive PEP and PrEP at G-link clinic will be counselled carefully and examined by the Clinic’s doctor before receiving the services. Clients who need only STI treatment or who want only counseling about HIV and STI are also well served.

Beside MSM clients who approximately accounted for 80% of total number of clients, G-link’s services are also available to transgender or clients from other groups.

For its pioneering and unique initiative, G-link model was widely introduced on HTV 7 of Ho Chi Minh City Television and other newspapers⁷.

BUILDING BLOCKS

HIV Testing and Counselling

G-link Clinic provides fee-based voluntary HIV screening services for clients who can afford to pay, and free screening service for those who cannot pay. Most clients know about G-link HIV screening services through a network of counselors and online counseling channels on Facebook Fanpage (G-link Commerce, G-link Community Connect, Rainbow Village, All about HIV, apps My Appointment-PrEP, and other gay dating apps). Other clients learn about G-link services through words of mouth from their friends who used to be or are currently clients of G-link.



Photo 3. HIV screening test at G-link Clinic. Photo by Thuỳ Chi

The components of HIV testing at the G-link Clinic are summarized in Table 1 and described in more detail in Appendix 1 (SOPs for HIV counseling and testing). HIV screening tests are available at G-link Clinic and G-link branch office in Thu Duc district seven days a week. The procedure always begins with pre-test counseling.

After the test, if the result is negative, the client will be informed of the result and counseled on how to prevent HIV and STIs and introduced about G-link supporting services. In case the test result is reactive, the client will be assisted to get their test validated by the Pasteur Institute of Ho Chi Minh City. The client will receive counseling on positive living and measures to prevent HIV infection and will get an appointment for results after 3 working days.

⁷ <https://www.youtube.com/watch?reload=9&v=vwPKYAfRygw&feature=youtu.be>



On average, G-link Clinic tests HIV for 450-500 clients a month. Of these, about 35 to 40 are positive. Among them, from 12 to 15 clients will choose to receive ARV services at G-link Clinic. The rest, mostly those who cannot afford to pay, will be supported by G-link to receive free treatment through health insurance in public health facilities.

Photo 4. Mr. Le Minh Thanh, Director of G-link participated in the launch of saliva test when the US Ambassador to Vietnam Ted Osius took part and delivered his speech.

Table 1: The building blocks of a differentiated HIV testing

	Mobilization	Testing	Linkage
WHEN	<ul style="list-style-type: none"> - Daily - Community campaigns 	<ul style="list-style-type: none"> - Routinely as part of healthcare service - Every 3 months (re-testing for those negative) - At client's request 	When the screening test results are reactive
WHERE	Social media channels like Facebook, Zalo, gay hook-up apps, etc.	<ul style="list-style-type: none"> - G-link clinic - G-link office (Branch in Thu Duc district) - Community-based events 	Reactive screening test results will be sent to Pasteur Institute for confirmation
WHO	<ul style="list-style-type: none"> - C-link counsellors - Words-of-mouth by existing clients 	Gay Medical Doctors or Nurses/Lay providers	Trained counselors
WHAT	Face-to-face and online counselling by G-link trained counselors	<ul style="list-style-type: none"> - Oral Quick, - HIV Rapid lay testing 	Reactive results are sent to Pasteur Institute for confirmation



ART services

ART service in G-link Clinic is managed by health workers who are members of gay community. This is a facility-based individual model. Clients when visit the clinic are served individually by doctor, nurses or counselor, depend on the service in need.

G-link Clinic is managed by the first private healthcare provider in Vietnam providing ART service. Almost all staff of G-link have been recruited from MSM community. G-link provides ART service in its clinic and provides both facility-based or online counseling not only to its clients but for anybody who want to know about HIV/AIDS, HIV testing and ART. G-link regularly organises communication events to various MSM self-help groups in Ho Chi Minh City and other provinces of South Vietnam.

To ensure smooth delivery process, G-link considers vital partnerships with MSM community, public health system and pharmaceutical company. To G-link, MSM community is not only the source of clients but also the source of spiritual support that most important for the clinic's sustainability. Public health system is the source of technical support that vital for the quality of services that G-link provides to its clients. Finally, G-link cares about maintaining good partnership with pharmaceutical companies to ensure reliable source of ARV and medical supplies with competitive costs.

Table 2 summarizes the ART services provided at the G-link Clinic including monthly/periodic ARV refills, on-site physical exams and prescripts or adherence counseling and psychological counseling, or on-line counseling if clients are out of town.

Table 2: The building blocks of a differentiated ART delivery model

	ART refills	Clinical consultations	Psychosocial support
WHEN	Monthly officially (in the process to advocate for more flexibility)	Monthly but flexible	<ul style="list-style-type: none"> - Before, during and after ART initiation. - At client request
WHERE	<ul style="list-style-type: none"> - G-link clinic - Home delivery 	<ul style="list-style-type: none"> - G-link clinic - By phone/online for out of town clients 	<ul style="list-style-type: none"> - G-link clinic - By phone/online for out of town clients
WHO	Gay Medical Doctors or nurses/counselors	<ul style="list-style-type: none"> - Gay MD - Gay nurses 	<ul style="list-style-type: none"> - Gay nurses - Counsellors
WHAT	ART refills	<ul style="list-style-type: none"> - Physical exam - Prescript - Blood draw 	<ul style="list-style-type: none"> - Case management (psychosocial, financing, housing)

			- Basic mental health counselling
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G-link’s ART delivery is based on the MOH Guidelines for Treatment and Care of HIV/AIDS. Prior to ARV treatment, clients will undergo the following pre-treatment steps:

- **Assess client’s HIV status** and health conditions as well as drug interactions for the consideration of ARV treatment regimen or adjustment;
 - In the case of clients initiating ART, provide them with **counseling on the benefits of ART** in improving health and reducing HIV transmission to others, especially in reducing HIV transmission through sexual intercourse;
 - Inform clients about the **treatment adherence requirements**, possible side effects of ARV, and other requirements when initiating and monitoring ARV therapy;
 - **Review and supplement** necessary tests as prescribed;
 - Discuss with clients and clients’ care givers about **treatment aspirations**, problems that they may be encountered while adhering to treatment, and appropriate resolution measures;
 - Counseling on other HIV prevention measures;
 - Counseling for clients to encourage their intimate partners or needle sharing partners to test for HIV.
- (More details in Appendix 2: SOPs for HIV treatment).

Follow-up is the ARV treatment. All HIV-positive clients receiving ARV treatment at G-link Clinic, regardless of their clinical stage and CD4 cell count, will be treated on a first-line regimen. The treatment process will be closely monitored in accordance to the MOH guidelines for treatment of different cases and following-up responses to ARV treatment as well as diagnosis and treatment of failure (Appendix 2: SOPs for HIV treatment)

Clients can also use **other clinical services** at G-link Clinic during their visit for ARV refills on a regular basis or at any time they have health problems. Clinical services may include physical examination, blood collection, prescription of medications or online or through telephone counseling for people from distance.

Psychological support for clients is not only provided when they start ART but whenever they have needs. This service is provided by



Photo 5: A counseling session at G-link Clinic



a nurse or a counselor at the clinic or online or by telephone for distant clients. Counseling is often combined with case management to help health workers understand client's circumstances and needs, including psychological, financial, housing, and basic mental health issues.

Within 9 months, from its opening on 30 August 2017 until May 30, 2018, G-link Clinic has received and provided ARV treatment services for more than 200 MSM patients living with HIV.

In order to maintain ART service, G-link closely collaborates with a local company that is a partner of an international pharmaceutical firm to ensure that there is always sufficient supply of good quality medicine for clients. G-link also works with a number of public health facilities in the city for referrals of patients in case of need. Every month, G-link reports to the City Health Department on the number of new HIV cases detected, the number of new clients on ARV, and the number of clients that are maintaining treatment. G-link establishes and maintains good relationships with other partners, including various agencies in the public sector, NGOs and other partners, for being updated with new information, exchanging experience, and getting training opportunities for its staff.

IMPLEMENTING THE INTERVENTION

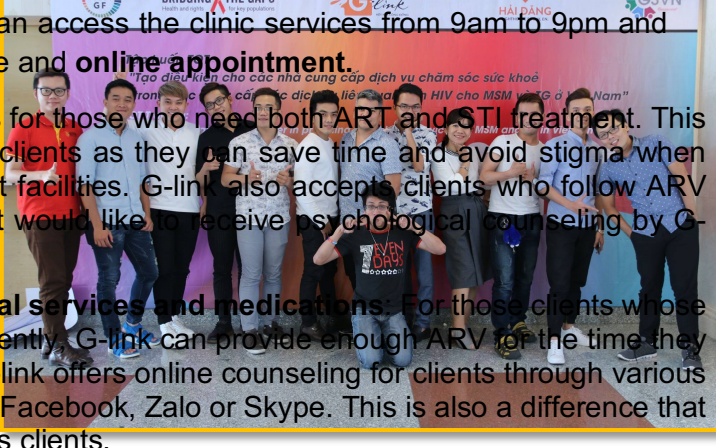
The ARV treatment at G-link Clinic follows the standards of the practice under the guidelines of MOH, based on recommendations of World Health Organization (WHO) and the United States Centers for Disease Control (CDC) that HIV infection is a chronic condition that can be controlled by antiretroviral therapy (see Appendix 3: SOPs for G-link Clinic).

Nevertheless, G-link understands that MSM clients who are infected with HIV are not from a homogeneous group but from various subgroups with their own needs, expectations and constraints. For example, MSM with stable jobs and high incomes often do not have time to access services during official working hours.

On the other hand, MSM clients living with HIV are subjected to multi-layered stigma because of their sexual identity and/or sexual behaviors as well as HIV status. They do not want to use public services where they have to disclose their identity. In addition, as ART is a continuous and lifelong process, it is important to be flexible to ensure the effectiveness of prolonged treatment and to maintain co-operation between patients and health workers in order to maximize client's adherence to treatment and continuity of care

G-link therefore has designed a differentiated ART service model by customizing the way the service is tailored to meet the diverse needs of its clients and ensure effective treatment. According to Le Minh Thanh, Director of G-link, the key to success of G-link is ability to identify right target groups of clients and understanding of their needs.

DIFFERENTIATED ART SERVICE MODEL OF G-LINK CLINIC

- **Flexible time frame.** Clients can access the clinic services from 9am to 9pm and **24/7 online counseling** service and **online appointment**.
 - Availability of **parallel services** for those who need both ART and STI treatment. This is highly appreciated by MSM clients as they can save time and avoid stigma when seeking for services in different facilities. G-link also accepts clients who follow ARV treatment in public facilities but would like to receive psychological counseling by G-link.
 - **Flexibility in providing medical services and medications:** For those clients whose jobs cause them to travel frequently, G-link can provide enough ARV for the time they can not present at the clinic. G-link offers online counseling for clients through various social media channels such as Facebook, Zalo or Skype. This is also a difference that makes G-link most favorite to its clients.
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- Photo 6. TOT on HIV service delivery for MSM and transgender*
- Medical staff and counselors : **stigmatizing attitude** to clients.
 - Support clients to connect to health facilities that best meet their needs and circumstances.
 - Support MSM communities to **create close connection** between the Clinic with its current and prospective clients.
 - **Discount policy** for low income clients. For clients who cannot afford to pay, G-link provides counseling and help to connect them to health facilities where they can receive free services.

Before launching the HIV services at the Clinic, G-link sent its staff to attend training courses organised by VAAC, the City Department of Health, the Global Forum on MSM and HIV (MSMGF) or by PEPFAR funded projects. For example, doctors must attend and complete the HIV/AIDS treatment continuous training program held annually at the Central Hospital for Infectious Diseases. Counselors attended and completed the pre- and post-test counseling sessions under the Voluntary Counseling Testing (VCT) Procedures or designated VCT (Provider-Initiative Testing and Counseling - PITC) conducted by the Center for Preventive Medicine at all levels. (Appendix 3: Training Programs and materials)

G-link also organises training and communication events on HIV, ART and treatment adherence for its clients under the Global Fund projects and other projects.



Photo 7. Certificate of completion of training on HIV testing

Because G-link considers service quality is the key to success, it has developed a process of strict monitoring and reporting. A management software is applied to oversight service activities. Meetings are held weekly, monthly and quarterly to monitor and evaluate activities of clinics along the indicators such as number of clients, their satisfactory, their comments and revenues of each service component.

G-link works towards an effective and simplified model so that each staff of the clinic can perform various tasks such as nursing and counselling or counselling and

admin and finance. G-link is also active in acquiring free supplies from partners and projects. Therefore, G-link can provide services with competitive prices while satisfies its clients.

At the moment, G-link wants to continue providing currently existing services with gradually more improved quality. In future, G-link plans to widen and diversify health and counselling services for MSM groups who afford to pay for these services, particularly youth and middle-aged clients because of their high needs.

DATA

G-link model has received high appreciation of clients and partners. The most obvious evidence of clients' trust is the increase of client number, particularly clients with good income. After the first six months, the client number increased 50%. After a year, revenue from clients helped G-link to cover most of the clinic's costs and salaries for a half of its 30 staff. G-link's Director Le Minh Thanh is confident that in the coming two years, G-link can cover all costs and staff salary and will not be dependent on foreign funding source.

The first difference I felt [at G-link clinic] is the more friendliness compared to other places. I felt more comfortable to have treatment here. I received good counselling on my clinical and psychological problems. Second, I felt that I was cared for through regular reminder that I should come to take medicines. (A client)

Thanks to its commitment and innovation that based on the principles of services which are "Ethical – Innovative – Professional – Inspiring – Community Connected", in November 2017 G-link was nominated by APCOM for the Hero Awards for community clinics with pioneering initiatives in Asia and Pacific. G-link's efforts in building a model of private clinic that provides comprehensive package of HIV service has been highly praised as a contribution to lessen pressure for over-crowded



public facilities and provide more options for clients with varying needs⁸.

In meetings of VAAC, G-link clinic is often mentioned as a successful initiative⁹. *The Bell* – Database and Website of the the National Committee for AIDS, Drugs and Prostitution Prevention and Control has reported about G-link as an effective model that can be brought to scale¹⁰.

In his interview by Channel HTV 7 about G-link clinic, Mr. Vo Huynh Tan Tai, Deputy Head of Politics and Culture Office of Ho Chi Minh Television said: Activities of the clinic have helped to raise the community awareness on HIV/AIDS.

CHALLENGES AND SUCCESS

Success

Clearly identify gaps in HIV services of the public sector in order to customize service delivery modalities that meet the diverse needs of different client groups is the first know-how that leads G-link to success. Second, seeing stigma and discrimination against MSM particularly the HIV infected MSM as both challenge and opportunity for G-link to offer MSM-friendly services that attract more clients from MSM community not only in Ho Chi Minh city but also from other provinces.

The third tip for success of G-link is its flexible and innovative strategy that aims at clients with capacity to pay. G-link has already good experiences in serving this client groups over the years. G-link also uses diversified resources to maximize its capacity of service to clients. In addition to regular income from services, G-link continues collaborating with partners to implement projects funded by Global Fund, AidsFond/MSMGF and PEPFAR/USAID through PATH. From June 2016 to June 2018, G-link had a revenue of 720,000 USD. G-link also actively look for free technical support or supplies from the public system and other partners to increase its service capacity. For example, G-link sent its staff to trainings organised by public agencies

G-Link is a trailblazing social enterprise in Vietnam. They were the very first private clinic to be approved by the government to legally offer ART, and are completely unique in that all the staff, from management, to medical staff to counselors are all gay and 100% committed to supporting the gay community in Vietnam. It has been an honor for PATH to work with G-link, to learn from their approach and to collaborate in new health areas to further expand comprehensive health care to gay men.

(Dr. Kimberly Green, Program Director of the HIV/TB and Noncommunicable Diseases (NCD) Program in the Mekong Regional Program, PATH)

⁸ See Sciences and Life newspaper, 30 March 2018, at <http://khoahocdoisong.vn/g-link-khai-truong-dich-vu-dieu-tri-arv/>; and *Tuoi tre*, 12 June 2017 at <https://tuoitre.vn/g-link.html>

⁹ <http://infonet.vn/gan-1200-nguoi-dang-su-dung-dich-vu-du-phong-truoc-phoi-nhiem-hiv-prep-post263821.info>

¹⁰ The Bell - Data base and Website of the National Committee for Aids, Drugs and Prostitution Prevention at <http://tiengchuong.vn/Tin-tuc-su-kien/Phong-kham-than-thien-voi-cong-dong-LGBT-va-nguoi-nhiem-HIVAIDS/25753.vgp>



or NGOs. Through partners that implementing funded projects, G-link supports clients who have low or no income to receive HIV test and treatment with low price or free of charge.

Using profits drawn from service income to buy a place for clinic is also a good strategy of G-link to ensure that services can be provided on a stable site, thus gaining trust from clients. This investment also helps to increase commitments of G-link members with the clinic

Challenges

G-link recognises high potential for maintaining and widening HIV services and other health care services for MSM communities. However, the first challenge is financial resource and consensus of the key G-link members who are the share holders.

Another challenge is the supplies. At present G-link has to buy ARV and other medical supplies through intermediaries. G-link is actively looking for stable supplies of medicines, medical supplies and equipment with high quality and stable prices in order to better serve the clients and get more stable income.

As a private clinic, G-link can only provide ARV treatment of first-line regimen. This means G-link cannot serve clients who need treatments of other regimens. Presently G-link is advocating Ministry of Health to change its policy allowing the clinic to provide treatments of second and third regimens for clients in needs.

NEXT STEPS

Development plan

Based on experiences with the current model, G-link is developing a plan to broaden the clinic capacity and diversify services to serve the diverse needs of clients, for example widening counselling services, treatment of HIV treatment in parallel to other diseases. Very soon, G-link plans to import directly medicines and medical supplies and equipment to lower the costs and thus service prices for clients.

In addition, G-link will advocate policies in order to scale up this model to other localities.

Collaboration with partners

G-link will continue to collaborate with health facilities in the public sector and international organisations in order to receive technical supports. However, G-link's strategy is not aiming at receiving fund but at building a social enterprise that is sustainable and not dependent on outside fund



Photo 8. Signing ceremony between G-link and Men's Health Center

G-link is developing strategy to proactively collaborate with business. G-link will have contracts with pharmaceutical companies to directly purchase medicines and medical supplies and equipment in order to lower service price.

Also, G-link is collaborating with other social enterprises and organisations in order to exchange, cooperate and develop together. For example, on 11 June 2017, G-link signed an agreement with

Men's Health Center in which G-link Viet Nam, with years of experience in providing care and treatment for communities will be responsible for HIV counselling, screening and treatment, while Men's Health Center will be responsible for examinations and treatment of men specific health issues and community health care on the basis of a high standard, modern and friendly service model. The objective of this collaboration is to promote the development of private health care services that are friendly with HIV high-risk communities, particularly MSM and transgender. This is a pioneering initiative in the area of men's health in general and health of MSM and transgender in particular. The agreement signing ceremony has been reported by *Tuoi tre*, a newspaper with highest number of readers in Viet Nam.¹¹

ANNEXES

- *Annex 1. Standards operating procedures on HIV testing and counseling at G-link Clinic*
- *Annex 2. SOPs on ART service delivery in G-link Clinic.*
- *Annex 3. SOPs of G-link Clinic*
- *Annex 4. Training Programs and materials*
- *Annex 5. Video clip introduction about G-link Clinic*

¹¹ <https://tuoitre.vn/phong-kham-nam-khoa-than-thien-voi-cong-dong-lgbt-1330212.htm>



Annex 1: Standard Operating Procedures for HIV Testing and Counselling at G-link Clinic

1. Testing procedure (not including HIV screening testing in blood transfusion safety)

1.1. Community-based screening testing, that includes the following testing forms:

- Testing done by HIV testing lab non-staffs;
- Testing done by HIV testing lab staffs.

1.1.1. Testing done by HIV non-lab staffs

Definition: Testing done by HIV lab non-staffs is the HIV testing method performed by community workers/ health village workers/ health staff who is not professional trained in testing and not working in HIV testing lab but trained to perform HIV testing.

Procedure:

Specimen collection:

- For oral fluid sample:
 - No drinking and eating 15 minutes; and no use of oral care products 30 minutes prior to specimen collection;
 - Always check the expiry date and the intactness of the testing stick and accompanying solutions;
 - Take the testing stick out of the protection container without touching the test swab;
 - Check the humidity control bag inside the testing stick container; dismiss the testing stick if the humidity control bag is not included in the container.
 - Place the test swab in the lower part of cheek and gum, gently swipe both the upper and lower gum one time. Do not swipe the tongue, inside cheeks and adenoids. Both sides of the swab can be used to collect the oral fluid.
- For fingerprick blood

Device preparation: specialized single use needle with lancet, capillary tube with appropriate volume, gloves, sterilized medical cotton, iodine alcohol or 70-degree proof alcohol, medical bandage, and medical disposal bin as required.

Blood Collection Preparation:

- Fill adequate information of testee (name or code and age/ year of birth) and date of blood collection in the testing form and testing slide (if necessary);
- Wash hands and put on medical gloves;

Blood Collection

- The testee warms up his hands with warm water or by rubbing both hands together;
- Positioning the needling point: the best position for needling is the side (right of left) of the middle finger and ring finger;
- The testee's arm is placed downward;
- Sterilize the needling position with 70-degree proof alcohol and let dry in 30 seconds;
- Place the needle perpendicular to the fingerprint and press the lancet quickly and firmly. Make sure that the needle is not leaning;
- Wipe the first blood drop (because it contains the body fluid which can bias the testing result, and the blood volume is not enough for testing);



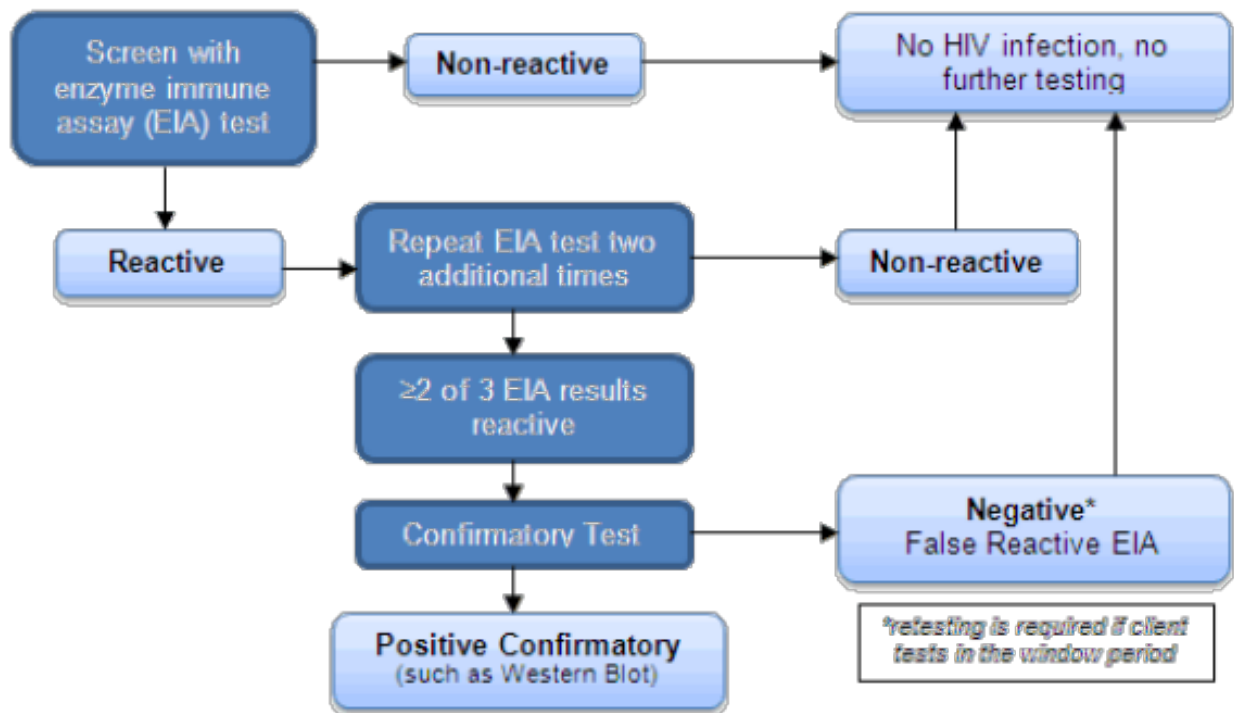
- Wait until the blood drop is big enough to use the capillary tube to get the required volume (do not press the needling position as it stimulates the generation of body fluids of surrounding tissues which can affect the specimen quality);
- Dispose the needle into box for sharp objects and used capillary tube to medical bin;
- Sterilize the needling position with 70-degree proof alcohol and seal with medical bandage;
- The specimen should be tested following test kit manufacturer's instruction.

Result reading

- The testing result serves the purpose of screening only, it should never be used for HIV diagnosis. Test with reactive result should be followed up with HIV confirmatory testing in medical units as regulated.

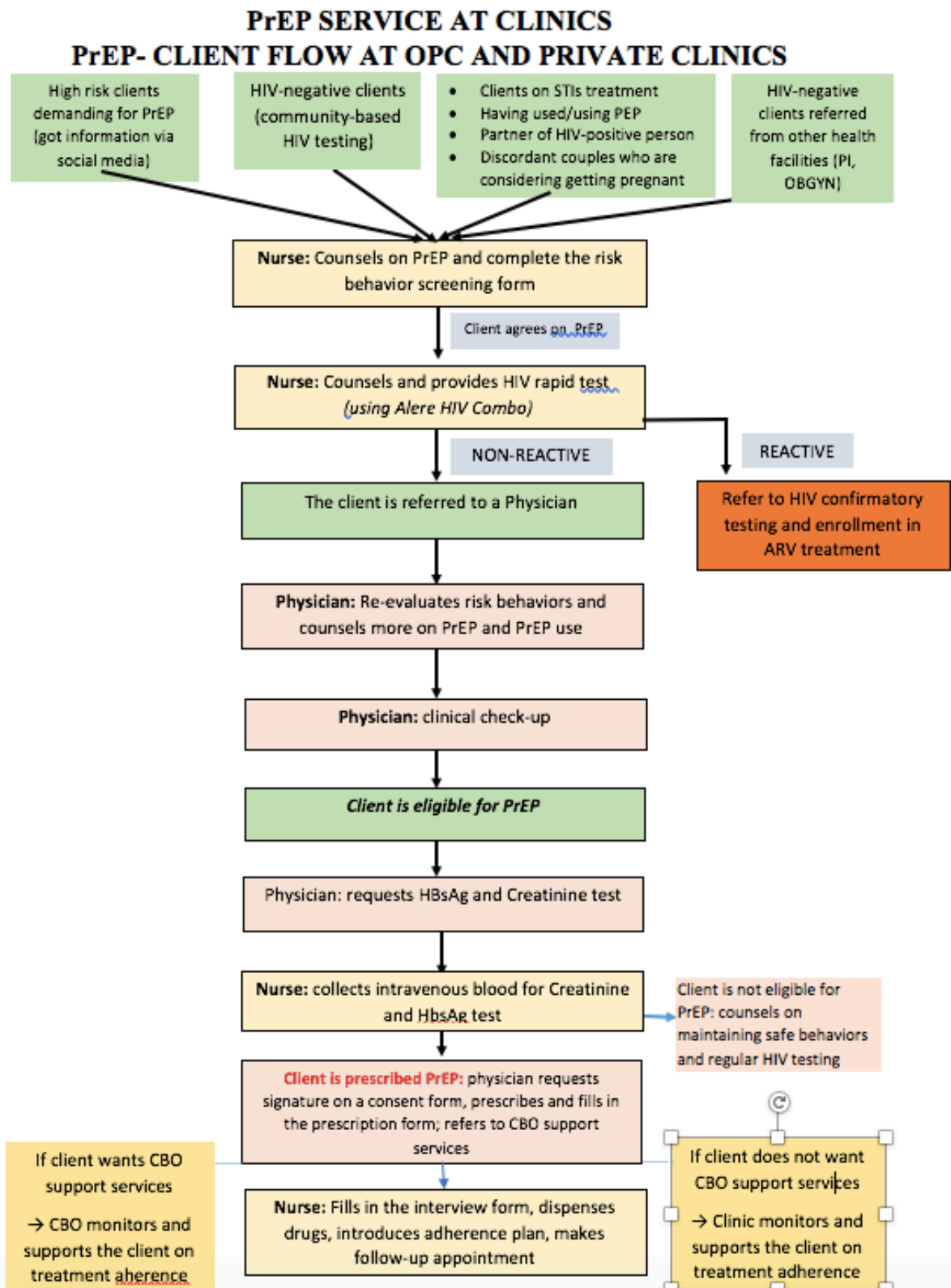
2. HIV Screening Rapid Testing Flowchart

G-link follows the following flowchart that is suitable for community-based testing model or moderate resourced clinics. The screening testing is carried out at point-on-care, while the confirmatory testing can be done via transporting specimen to specialized health units.



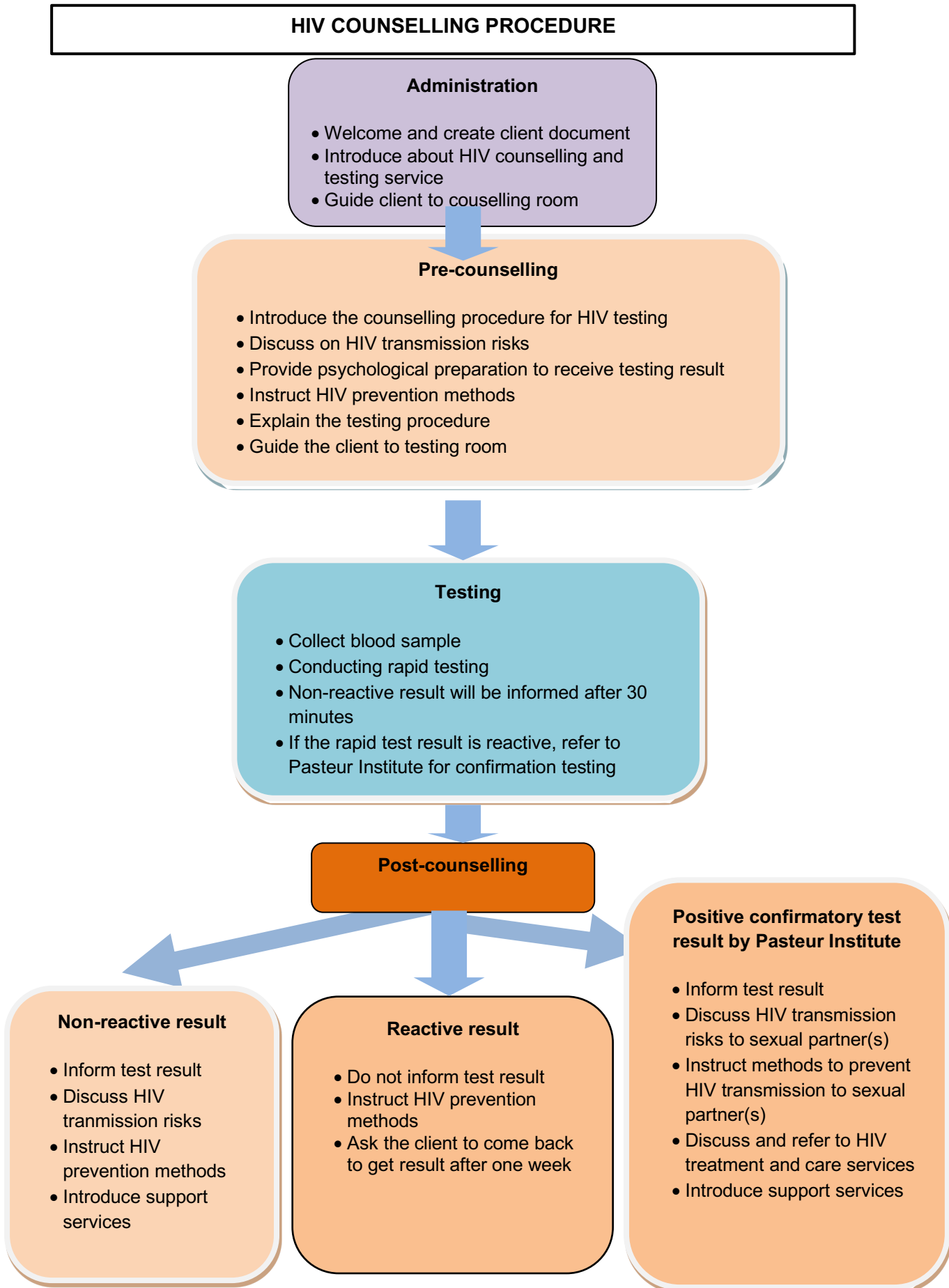


3. HIV Screening for PrEP Provision Flowchart at G-link clinic





4. HIV Counselling





INTRODUCTION

HIV

SERVICES

Definition

HIV is a virus causing the immunodeficiency in human
AIDS is one stage in the disease progress

Consequence

The immunization of the patient is deteriorated that they can **easily contracted other diseases** such as Tuberculosis, STIs, skin infections...especially in later phase AIDS.

Transmission

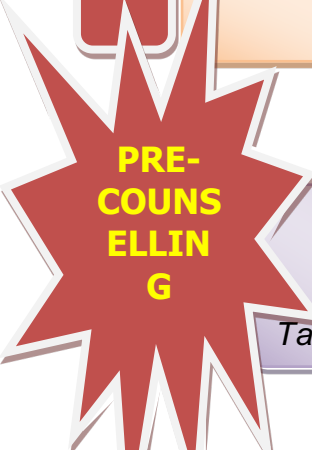
• **HIV is transmitted from human to human in 3 ways:**

- **Blood:** blood transfusion, shared needle in drug injection, open wound, shared use of toothbrush, razor, etc.
- **Sexual Intercourse:** communicate with vaginal fluid/semen in sexual intercourse activities with people who have HIV without prevention methods (no condom)
- **Mother-to-Child** during pregnancy, birth delivery and feeding with breastmilk

• **HIV cannot be transmitted via normal contacts:** hug, kiss, eat, share clothes, share bed, etc.

- HIV status cannot be determined by appearance, but by **testing**.
- Currently, there is no cure for HIV nor vaccine, but there is treatment to prevent its fatal progress.

- We provide **voluntary and paid HIV counselling and testing service**.
- Client information is **completely confidential**.
- We provide **other health and support services** to meet your demand.



Testing history
Taken HIV test

YES

Where and When?
Sharing about the **latest testing:** time, place, result, feeling, etc.

NO

Discuss about the **benefits of knowing the status:**
If you are HIV-free, you are counselled self HIV prevention methods
If you have HIV, you have opportunity to access early treatment, also know how to prevent the transmission to your beloved ones.

THIS TESTING

Is the client ready for the testing?

- Understand the **reasons** why the client wants to have HIV test.
- Encourage the **client to self-assess risks**.
- Encourage the **client to self-assess the result**.
- Study **client's possible reaction and attitude** to each result scenario.
- Study **client's feeling** in this time testing..

AGREEMENT
Is client determined to

YES

- Describe the **testing procedure**
5ml blood will be taken for testing
The result can be within 0.5-1hour or 7 days later
- Fill information in **Testing Consent Form**.

NO

- Find out the reasons -> persuade client to take the test
- Introduce voluntary counselling and testing services
- Provide prevention information: Positive Living, safe sex, etc.

PREPARATION FOR TESTING



RESULT INFORMATION

Inform the result in a clear and simple way: *Negative* means that you might not have HIV yet.

Result Meaning:
The result confirms that you **have not had HIV in the last 12 weeks** – “window period”
So, if you contacted with the transmission source less than 12 weeks ago, it will not be indicated in this result. You need to retake the test when it is full 12 weeks since the latest time you had risky behaviours. *(Especially for clients who have flu symptoms and related ones.*



DISCUSSION ON RISKS

DRUGS – STIMULANTS
Does client use drugs or other stimulants?

YES

How does client use drugs?
Drug Injecting – Meth – Alcohol, etc.
Type of drug? Intake way?
Since when start using?
Frequency of use?
Injecting drug: share syringe?

SEX
Does client have sex with others?

YES

What are client’s sexual patterns?
Sexual partner: male/female/sex worker/group sex
Whether have **penetrative sex?** Vaginal/Anal?
Whether use **condom?** How
Whether use **lubricant?**
If possible, explore more about sexual orientation, role, relationship and sexual partner(s).

- Emphasize on the **importance of risk reduction:** to maintain negative status
- Demonstrate **risk reduction methods**
 - Con. & Lub.
 - Own syringe
 - Where to access
 - Accurate use of condom – *tutorial*
 - Cleansing of syringe – *tutorial*

MESSAGE PROVISION

• In terms of sex: **Sex abstinence/ Being faithful/ Using condom and lubricant correctly**
• Recommend **the client to introduce sexual partners** to the clinic to have HIV test

• In terms of drug use: **Quit drugs/ Methadone / Smoke / Use your own syringe**

• Discussing on **positive lifestyle**

REFERRAL

- **Assess client’s need** to use services
- **Introduce** appropriate services to client



RESULT INFORMATION

Inform the result in a clear and simple way: *Positive* means you have HIV.

Explain the result meaning – Give the client enough time to understand the result
Positive result doesn't mean that you are at AIDS period or have HIV opportunistic diseases. A person with HIV can live healthy for a long time, especially with suitable care and support.
We will discuss about these, each by each.

Evaluate the level that the client accepts the result – provide necessary psychological support.



DECIDE THE SUPPORT SOURCES

Self
• Discuss on **possible challenges** the client might have to encounter
• Discuss on **positive lifestyle**
You decide how you live, not your HIV status. Living with HIV is better than dying of HIV.

**Friends
Family**
• Study with whom the client wants to share the result
Explain the **necessity to have supporters**
The client's want
Discuss on their **possible reactions**
We can help you explain to them as you request.

Medical Care
• The **roles and benefits** of periodical medical care
Early diagnosis and treatment of opportunistic diseases
ART is taken to delay the disease progress
• **Introduce services:** HIV, TB, mother-to-child prevention
HIV should be considered as a health problem, the patient can be healthy if he has good treatment adherence

Introduce **psycho-socio support services**

REFERRAL

PREVENTION MESSAGES

• **Discuss on risk behaviours**
• **Self:** emphasize that the reduction of risk behaviours **will not worsen the disease condition:** HIV surinfection, STIs, Hepatitis B, C ...
• **Community:** community firstly is your close beloved ones: your family, your friends, your lover... **to prevent them from HIV**, and broader to protect the community.

• In terms of sex: **Sex abstinence/ Being faithful/ Using condom and lubricant correctly**
• Recommend **the client to introduce sexual partners** to the clinic to have HIV test

• In terms of drug use: **Quit drugs/ Methadone / Smoke / Use your own syringe**



PREPARATION

- + Counsellor
- + Supporter (if possible)
- + Communication materials: leaflet, pictures/photos, video
- + Clients: 6-8 people
- Venue, Seats

INTRODUCTION

- Counsellor **introduce herself/himself**
- Inform the **purposes – content** of the counselling session
“Today we will discuss basic information on HIV and counselling, testing services in our clinic.”
- **Estimated duration:** approx. 15-20 mins

INFORMATION PROVISION

HIV

- **Definition of HIV/AIDS**
- **Communicable and non-communicable ways** of HIV
- **Consequences:** opportunistic coinfection: TB, STIs...
- Can only be diagnosed **by testing**
- Cure and vaccine is not available yet, but there is treatment to prevent the disease to progress

COUNSELLING & TESTING SERVICES

- Voluntary - Paid
- Confidential
- Benefit to know the status
- HIV Testing cannot inform the severity of the disease, you need more specialized test if your result is positive

- CONFIDENT**
- UNDERSTANDING**
- LISTENING**
- RESPECTING**
- SENSITIVE**

Whether you are having HIV or not, you need right attitude to this disease!!!

GROUP COUNSELLING

DISCUSSION

- **Encourage** client to engage in discussion
- **Do briefing** of discussion contents at appropriate time
- **Introduce personal counselling service** upon client's request

CLINIC REGULATIONS ON HIV TESTING

- **Description of testing procedure** in the clinic
*The clinic will take approx. 5ml blood for testing.
The test result is available after 30 mins – 1 hour, but it can be later up to seven days.
The result will be given to client only.
The testing fee is \$\$\$\$\$\$*
- **Introduction of other services**
*Testing, examination and treatment of STIs, Viral Hepatitis, PEP, etc.
In addition, we can refer you to other support and healthcare services upon your request.*



Annex 2. SOPs on ART service delivery in G-link Clinic

HIV treatment using antiretroviral therapy (ART)

1. Purposes, benefits and rules of ART:

- Purposes of ART:
 - Provide maximum and long-term prevention of HIV replication inside body;
 - Recover the immune system;
- Benefits of early ART
 - Reduce the risk of morbidity and fatality due to HIV;
 - Prevent HIV transmission to other people (sexual partner/injection friends)
 - Prevent HIV transmission from mother to child.
- Rules of ART
 - ARV treatment should be taken as soon as the patient is diagnosed to have HIV;
 - Correct combination of at least 3 ARV drugs;
 - The treatment adherence has to be daily, continuous and during a lifetime;

2. ART provision at G-link clinic

2.1. Preparation for the treatment

Tasks to be carried out prior to ART:

Assessing the coinfections, comorbidities, nutrition, other diseases especially tuberculosis and hepatitis C, the drug reaction to consider ARV regimen or to adjust the dose.;

Counselling the patient on benefits of ARV treatment in improving his health, reduce the transmission from mother to child, and transmission to other people, especially via sexual intercourse.

Informing the patient about treatment adherence requirement, possible side effects of ARV drugs, medical checkup schedule, medicine obtainance, necessary tests upon the enrolment to treatment and treatment adherence monitoring.

Discuss with patient, supporters, child care givers about **treatment expectation**, possible issues related to treatment adherence and suitable solutions.

Counsel on HIV prevention methods such as safe sex practice, opioid addiction treatment with substitution, the use of clean syringe, and refer patient to HIV preventive service providers;

Counsel the patient to introduce spouse/sexual partner/injection friends, child of mother who has HIV, siblings of child who has HIV **to have HIV test**.

2.2. Requirements to initiate ART

All people who have HIV, regardless of their CD4 count and clinical period, can enroll to ART.

2.3. First-line ART (following guideline of Vietnam Ministry of Health)

2.3.1. First-line ART regimens



Table 1: First-line ART regimens

First-line ART regimen	Priority regimen	Replacement regimens
Adults over 19 years old	TDF + 3TC (or FTC) + EFV	TDF + 3TC (or FTC) + DTG TDF + 3TC (or FTC) + NVP AZT + 3TC + EFV AZT + 3TC + NVP
Adolescents (10 - 19 years old)	TDF + 3TC (or FTC) + EFV	TDF + 3TC (or FTC) + DTG ABC + 3TC (or FTC) + DTG ABC + 3TC (or FTC) + EFV TDF + 3TC (or FTC) + NVP AZT + 3TC + EFV AZT + 3TC + NVP

Notes: DTG is only prescribed for children over 12. In adult, in some special cases in which NNRTI cannot be used due to drug toxicity or drug interaction, it can be replaced with ABC or PI drugs.

2.4. Testing for monitoring before and during ART

Table 2: Tests for monitoring before and during ART

HIV Treatment Milestone	Tests
Enrolment to Treatment	CD4 Blood count, creatinin, AST, ALT HBsAg, anti - HCV Other test upon clinical request



<p>During ARV Treatment</p>	<p>Creatinin every 6 - 12 months following the use of TDF or suspicion of reduced kidney function</p> <p>Blood count every 6 - 12 months following the use of AZT or suspicion of anemia</p> <p>AST, ALT, blood lipid, blood sugar level every 6 – 12 months</p> <p>HIV viral load:</p> <p>Routine: at 6 months and 12 months after start of ART and periodically every 12 months afterwards. If viral load test cannot be done at mentioned milestone, it should be done earliest possible.</p> <ul style="list-style-type: none"> - Symptoms of clinical treatment or immune failure or HIV viral load is 200 – 1000 copies/ml <p>CD4: every 6 months if the routine viral load test is not taken, or in treatment of comorbidities (primary or deuteropathy).</p> <p>Anti – HCV: every year if the previous test result is negative and at high risk of Hep C.</p> <p>HBsAg test will be prescribed for patients with treatment failure and regimen containing TDF.</p> <p>Other tests upon clinical prescription and regimen.</p>
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2.5. Monitoring of ARV treatment response and diagnosis of treatment failure

2.6. Monitoring of clinical response

Monitoring of clinical response is conducted in every follow-up examination:

- Weight and clinical period:
- The incurrence of new and recurrent co-infections. It is important to differentiate drug side effects, immune inflammatory syndrome and treatment failure in order to have appropriate solutions;

The patient has good response to ART when:

- *Weight gain, having good appetite;*
- *Pathologies of co-infection and HIV no longer exist.*

2.6.1. Monitoring of immune response



- Monitoring of immune response is to monitor the change in quantity of CD4, especially between two consecutive CD4 tests – one of parameters is used to evaluate ART response.
- Monitoring of immune response is carried out when the patient cannot access to routine HIV viral load test, and/or patient condition is not yet stable.

2.6.2. Monitoring of virological response

Monitoring of virological response is done through routine monitoring of HIV viral load. Routine HIV viral load test is the best method to monitor ART response, then to evaluate treatment adherence and to early identify virological treatment failure. HIV viral load test count the HIV copies in patient's blood. The detectable threshold is the number of HIV copies that the test can detect. The detectable threshold will depend on the viral load testing technique. The common suppression limit is 1000 copies/ml

2.7. Criteria for stable ART patient

A patient who meet following criteria is considered to have stable ART:

- Being adult retained in treatment for 12 months or longer;
- The viral load of two consecutive tests is below 200 copies/ml. If viral load test is unavailable, we can count on the increased number of CD4 during ART or above 200 cells/ mm³;
- No drug side effect;
- No HIV associated pathology or co-infection;
- Good treatment adherence.

2.8. Follow-up examination schedule, prescription and provision of ARV

- For stable ARV patient: the schedule for follow-up examination, ARV prescription and provision can be 90 days maximum.
- For unstable ARV patient: monthly checkup of earlier. The prescribed and provided drugs are for 30-day use maximum.

2.9. ARV Treatment Failure

2.9.1. Types of treatment failure

ARV treatment failure diagnosis criteria

Failure	Diagnosis criteria
Clinical failure	Adults and children over 10 years old: new or recurrent clinical event clinical stage 4 condition after at least 6 months of treatment Children under 10: new or recurrent clinical event – clinical stage 3 and 4 condition after 6 months of treatment.
Immunological Failure	Adults and children over 10: CD4 count at or below the level before treatment initiation, or CD4 are below 100 cells/mm ³ in two latest consecutive tests (6 month interval) without recent infection to cause a transient decline in CD4 cell count.



Virological Failure	ARV patient for at least 6 months has viral load above 1000 copies/ml based on two consecutive tests in 3 months, which adherence support following the first viral load test.
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2.9.2 Diagnosis and management of ART

Treatment failure is determined when virological failure occurs. In case that the viral load of first test is between 200 and 1000 copies/ml but after 3 months of treatment, the next viral load is above 1000 copies/ml, it is considered as treatment failure and moved to second or third-line regimen.

Notes: The viral load test after 3 months is only meaningful if the patient have good treatment adherence. If possible, consider to have genetic test to identify drug resistance mutant gene before applying second or third-line regimen.

In case of first-line regimen and in the absence of viral load test including the second tests after 3 months, it is recommended to base on clinical and immunological criteria, treatment adherence and diagnostic consultation to determine the treatment failure condition and move to second-line regimen if treatment adherence is good.

At the moment, G-link only provides first-line regimen.

3. HIV treatment combination therapy

Treatment for HIV patients is not only ART, though ART is the core, treatment for HIV patients is the combination of therapies:

- Antiretroviral therapy to suppress the replication of HIV;
- Screening and treatment of comorbidities including opportunistic infections and/or HIV in unassociated diseases;
- Primary prevention of incurrence of opportunistic infections such as tuberculosis prevention, Cotrimoxazole prevention, prevention of recurrent opportunistic infections;
- Prevention of secondary transmission such as PEP, PrEP;
- Treatment adherence and psychosocial supports;

Remarks:

- HIV treatment combination therapy includes diversity of professional fields and sectors, therefore in possible situation, a multidisciplinary system will maximize the treatment effectiveness.
- In the setting of treatment combination therapy, ART is vital issue not emergency. In some particular cases, patient can postpone the treatment in short-term such as control of, or the patient is not ready for continuous treatment.
- HIV treatment is life-long; Hence, it is important patients well prepared before the initiation of treatment: enable patients to access to comprehensive and accurate information; social factors such as financing and treatment plan should be considered; patient care and support is emphasized.



Annex 3. SOPs of G-link Clinic

1. Standard Operating Procedures (SOP) of G-link Clinic

- **In terms of expertise of medical staff:**
 - Medical doctors qualified to participate in the HIV care and treatment must graduate from a medical university and complete the training course on HIV treatment organized by infectious disease hospitals at central level.
 - Pre- and Post-test counselors must complete training course on pre-test and post-test counseling according to the Voluntary Counseling Testing (VCT) procedures or Provider-Initiative Testing and Counseling (PITC) organized by Preventive Medicine Centers at all levels.
 - There are no specific requirements applied to nurses, pharmacists or lab technicians, as long as they got officially licensed.
 - There is no significant difference in the requirements for an ARV clinic compared to a general clinic.

- **ART is continuous and lifelong, thus the flexibility of an ARV clinic is very important**

Like other concurrent diseases, ART is continuous and even lifelong. Thus, there should be tight collaboration between patients and medical staff to maximise the treatment adherence and to avoid the interruption of care and treatment.

Besides, due to social stigma related to HIV and AIDS and MSM and other barriers faced by different sub-groups of people living with HIV, in order to ensure the care and treatment quality, G-link has carefully considered to make its clinic as flexible as possible for the target patients/clients.

- Flexible treatment options
- Flexible time and procedures
- Flexible and various means of communication with patients: online, telephone, face-to-face appointment
- Flexible in services linkage and community support

G-link is aware flexibility is key to success and sustainability of its community-led ART services, bringing great benefits to the target clients.

- **Non-stigma and discrimination**

Stigma (including self-stigma) and discrimination is one of the main reasons for treatment failure. As a community-led service provider, G-link is fully aware of this and has continuously improved the service quality to make patients feel the most comfortably when they come to the clinic.

- **Confidentiality – key to trustworthiness**

At G-link, confidentiality is assured at all stages of patient's visits and beyond. The confidentiality principle is shown as follows:

- No gossiping or discussing about status or medical conditions of patients in public.
- No disclosure of status and medical conditions of patients to third parties such as their relatives, spouses, community support organisations without patients' consent, except in case patients do not have ability to make informed decisions.



- **Sensitivity – key to sharing**

♣ G-link is sensitive and empathetic about patients' medical issues, psychology and gender: The more sensitive the doctors are, the better the diagnoses and treatment are. Thus, psychosocial assessment is critically important and should be integrated throughout the whole treatment period.

- **Counselling should be considered as specialized service**

PLWH have many other needs besides medical ones (check-up and taking medicine). In order for the treatment to be effective, the counselling work should be emphasized as a separate specialized service that supports the treatment activities. At G-link clinic, counselling work starts at the beginning and is integrated into the whole treatment process to make patients understand the HIV prevention, accept the disease, change their behaviors and take up the most appropriate treatment options.

- **Community support and linkages are playing vital role in the ART provision.**

Besides counselling, other community support is also very important. Examples of community support include: legal advice for those PLWH who are travelling abroad, transfer patients to public services (those who can reply email)

2. Codes of Conducts at G-link Clinic

G-link is committed to the RESPECT principle

R - Responsible: be committed to and responsible in taking care of patients

E - Expert: be professional, keeping good manners and following technical guides in the take care of patients

S - Sensitive: be sensitive to psychosocial barriers, sexual and gender issues and disease pressure patients are facing

P - Patient: be patient and calm in dealing with people and at work

E - Empathetic: be empathetic to patients; performing non-judgmental, non-stigma and discrimination manner.

C - Confidential: respecting and be committed to keeping confidentiality of patients' information

T - Transparent: be transparent in the service provision



Annex 4. Training programs and materials

AGENDA
Training of Trainer on “Updated Guidelines on HIV/AIDS care and Treatment”
November 2017

1. Objective: By the end of the training, participants will be updated about the 2017 National Guidelines on HIV/AIDS Diagnosis and Treatment, including:

- HIV testing and diagnosis, including early diagnosis in children
- Firstline regimens for key populations
- Diagnosis and solutions to firstline ART failure
- Counseling on treatment adherence
- Post-exposure prophylaxis (PEP), Pre-exposure prophylaxis (PrEP)
- Some other common diseases associated with HIV
- Management of non-communicable diseases (NCDs) among people living with HIV

2. Training agenda

Time	Content	Trainers
Day 1		
7.30 – 8.00	Registration	Organiser
8.00 – 8.15	Opening	Organiser
8.15 – 8.30	Introduction of training objective and agenda Photo shooting	Organiser
8.30 – 9.15	Module 1. Update on key points of the guidelines on HIV/AIDS care and treatment	Vietnam Administration of AIDS Control (VAAC)
9.15 – 10.00	Module 2. HIV testing and counselling and referral services	Clinton Health Access Initiative (CHAI)
10.00 – 10.15	Teabreak	
10.15 – 11.00	Module 3. Early diagnosis in children: Diagnosis procedures and solutions	CHAI
11.00 – 12.00	Module 4. Firstline regimen: <ul style="list-style-type: none"> - When to initiate ART - What needs to be prepared prior to HIV treatment - Firstline ARV - Testing and treatment follow-up 	The Partnership for Health Advancement in Vietnam (HAIVN)
12.00 – 13.30	Lunch break	



Time	Content	Trainers
13.30 – 14.30	Module 4. First line ART (continued)	HAIVN
14.30 – 15.15	Module 5. Management of HIV and Hep-B, C co-infection	CHAI
15.15 – 15.30	Teakbreak	
15.30 – 16.15	Module 6. Management of HIV and TB co-infection	HAIVN
16.15 – 17.00	Module 7. Prevention of mother-to-child transmission (PMTCT) using ARV	VAAC – US.CDC Project
Day 2		
8.00 - 8.15	Day 1 recap	
8.15 – 9.45	Module 8. Follow-up on ARV responses and criteria for stable ART diagnosis. Diagnosis and solutions to firstline and secondline failure	HAIVN
9.45 – 10.15	Module 9. Immune Reconstitution Inflammatory Syndrome	SHIFT Project
10.15 - 10.30	Teabreak	
10.30 – 11.15	Module 10. Pre-exposure prophylaxis (PrEP)	PATH
11.15 – 12.00	Module 11. Post-exposure prophylaxis (PEP)	VAAC
12.00 – 13.30	Lunch break	
13.30 – 14.30	Module 12. ARV side-effects and solutions	HAIVN
14.30 – 15.15	Module 13. Treatment adherence and adherence support	SHIFT Project
15.15 – 15.30	Giải lao	
15.30 – 16.15	Module 14. Counselling on ART adherence, and the meaning of viral load results	SHIFT Project



Time	Content	Trainers
16.15 – 17.00	Module 15. Home-based and community-based care	SHIFT Project
Day 3		
8.00 – 8.15	Day 2 recap	
8.15 – 9.00	Module 16. Tuberculosis	CDC
9.00 – 9.45	Module 17. TB treatment using INH	CDC
9.45 – 10.00	Tea break	
10.00 – 10.45	Module 18. Treatment of OIs	Hanoi Medical University
10.45 – 12.00	Module 19. Diagnosis and treatment of some other diseases associated with HIV	Hanoi Medical University
12.00 – 13.30	Lunch break	
13.30 – 14.30	Module 20. Management of NCDs	HAIVN
14.30 – 15.30	Q & A	Trainers
15.30 – 16.00	Closing	Organiser

Annex 5. Video clip introduction about G-link Clinic:

Please refer to the following link for more details: <https://youtu.be/wvPKYAfRygw>