



**International Union Against
Tuberculosis & Lung Disease
Asia Pacific Region (IUATLD-APR)**
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**Overcoming An Old Scourge With A New Face
(HIV/TB Co-Infection)**



Vietnam

Tuberculosis Control Program



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Outline

1. Introduction
2. Epidemiological situation
3. Possible problems
4. Responses
5. Milestones
6. Step forward



Viet nam

- Surface 330.000 km²
- Distance >3.200km
- 2 climatic zones
- Population "06" 84.9 mil
- 54 Ethnic minority groups: 9 mil
- GDP (2006) 8.2 %

History and Achievements

- ❖ 1957: TB activities set up with small scale
- ❖ 1986: TB control program modernized according to IUATLD principles
- ❖ 1989: Introduce DOTS in pilot districts
- ❖ 1992–1999: DOTS expanded nationwide
- ❖ 1995: TB control - National priority.
- ❖ 1997: global targets of > 70% detection rate and > 85% cure rate achieved
- ❖ 2006-2007: National prevalence survey on TB & COPD

TB epidemiological estimation

Estimated Nationwide ARI 1.7% (WHO, 1997)

(North: 1.2% and South : 2.2%)

Incidence of smear (+) : 85/100,000 pop.

~65,000 cases

Incidence of TB all forms : 189/100,000 pop.

~145,000 cases

Prevalence of smear(+) : ~78.000 cases

Prevalence of TB all forms : ~221.000 cases

Mortality : **26/100,000 pop.**

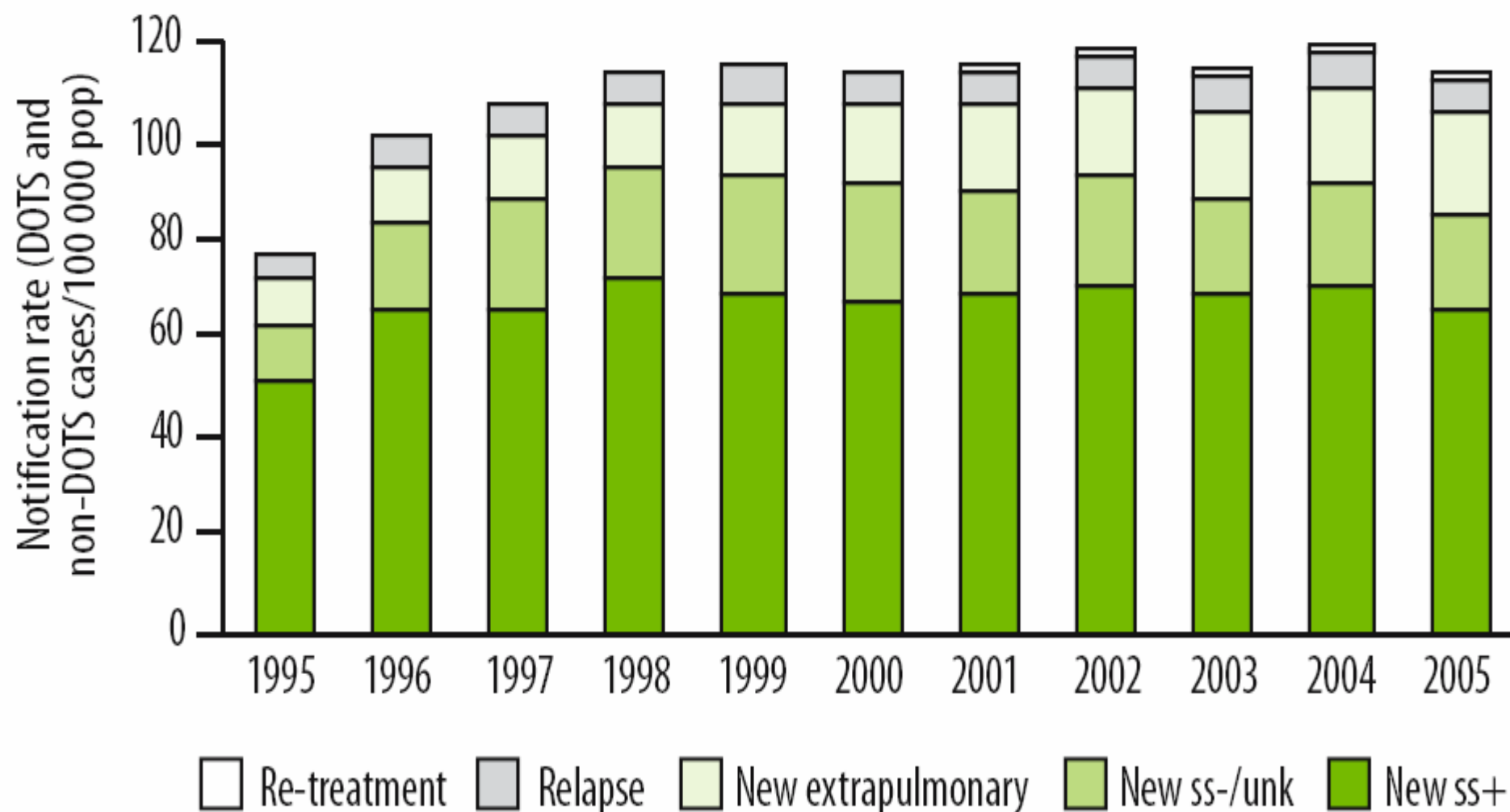
One of 22 countries with high TB burden in the world

General indicators of NTP 1995 - 2005

DOTS expansion and enhancement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
DOTS coverage (%)	50	95	93	96	98.5	99.8	99.8	99.9	100	100	100
DOTS notification rate (new & relapse/100 000 pop)	38	68	103	111	114	114	114	118	113	118	113
DOTS notification rate (new ss+/100 000 pop)	26	51	66	69	69	68	68	70	68	70	66
DOTS case detection rate (all new cases, %)	19	33	51	56	58	58	59	61	60	62	60
DOTS case detection rate (new ss+, %)	30	59	78	83	83	82	83	87	85	89	84
Case detection rate within DOTS areas (new ss+, %) ^h	59	62	84	86	84	82	83	87	85	89	84
DOTS treatment success (new ss+, %)	91	90	85	93	92	92	93	92	92	93	-
DOTS re-treatment success (ss+, %)	81	84	80	84	87	79	85	85	85	84	-

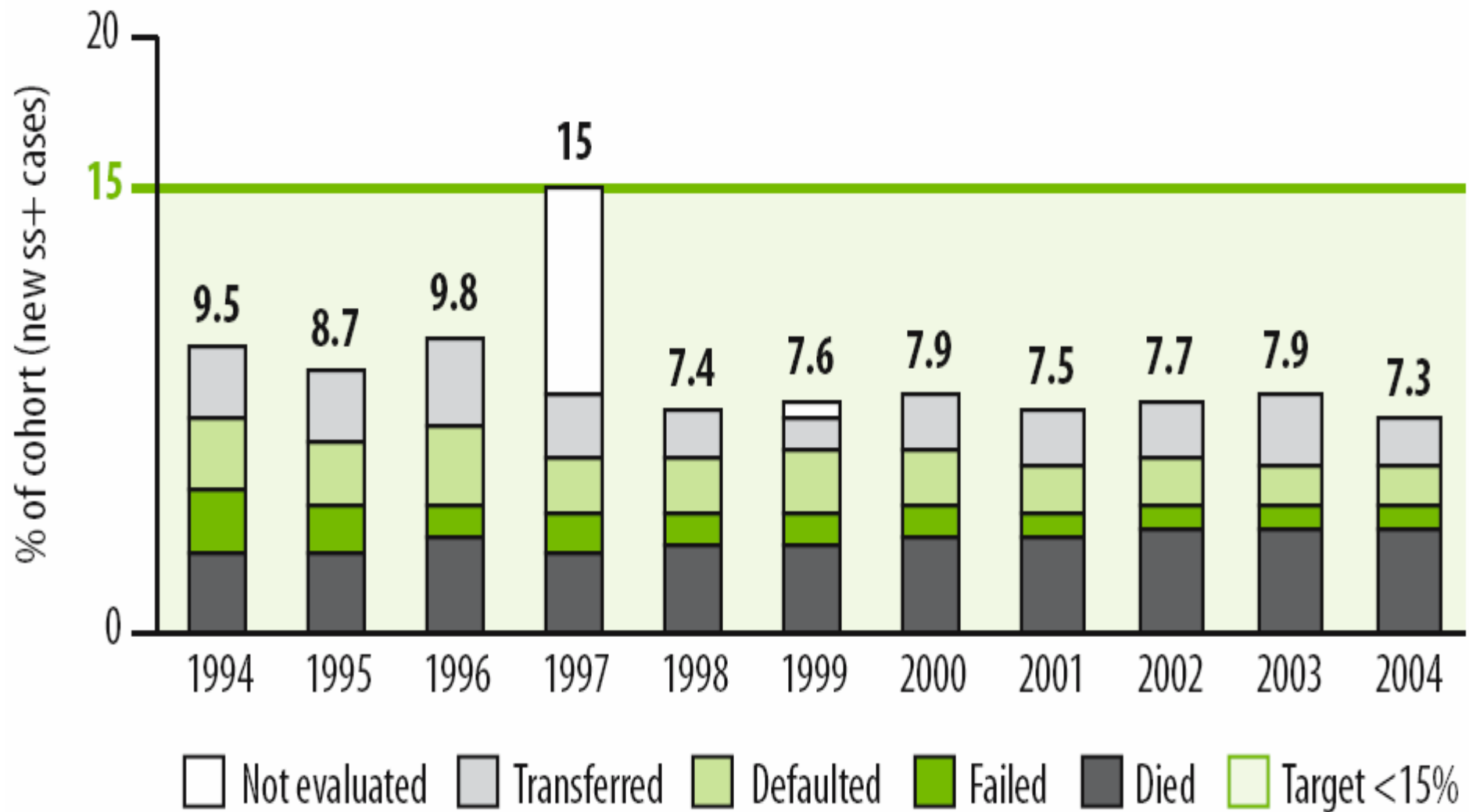
Case notifications

Notification rates fairly stable since late 1990s, despite consistently high case detection and treatment success rates

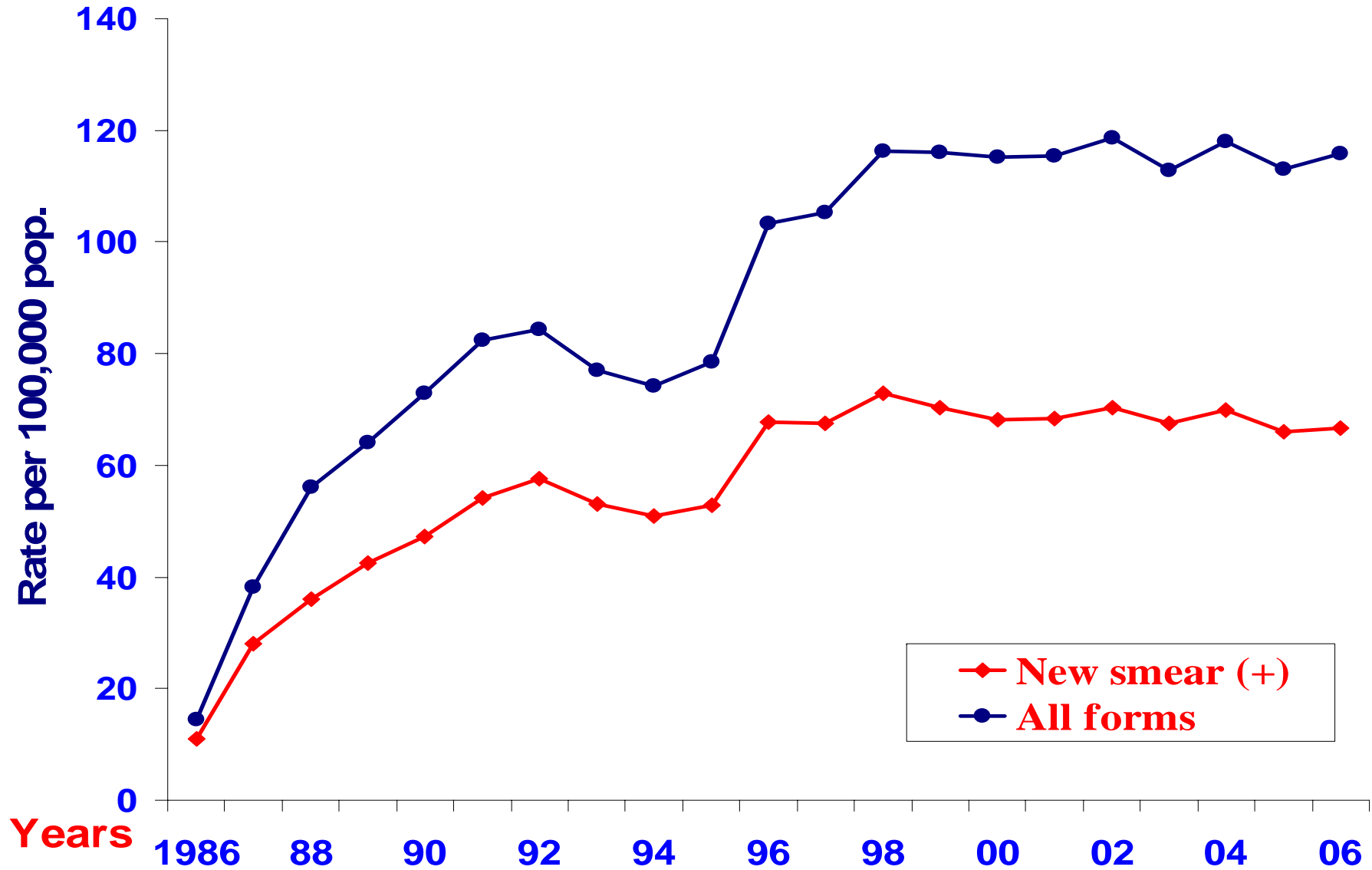


Unfavourable treatment outcomes, DOTS

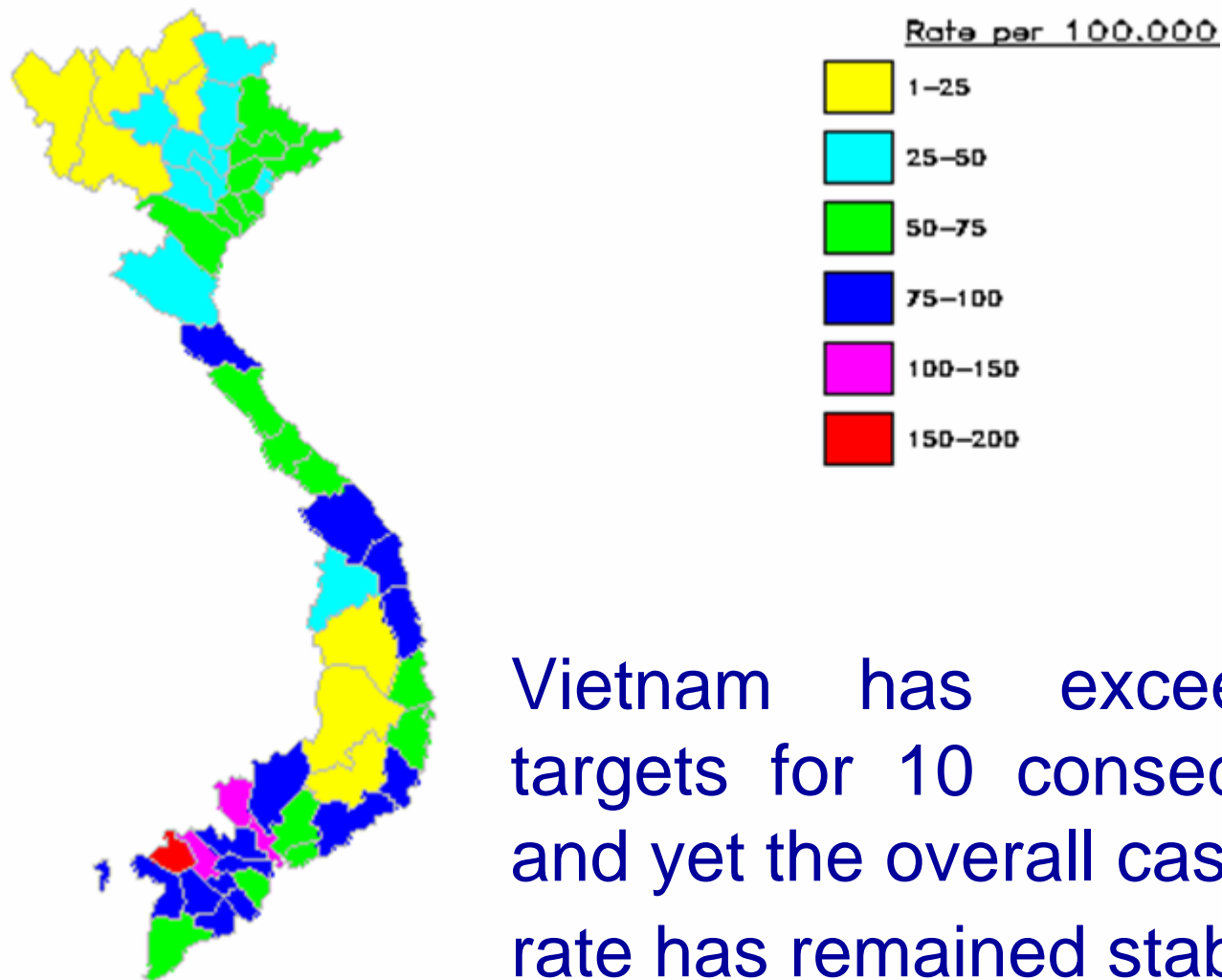
Treatment success rates consistently well above target



Trends in notification rate 1986 -2006

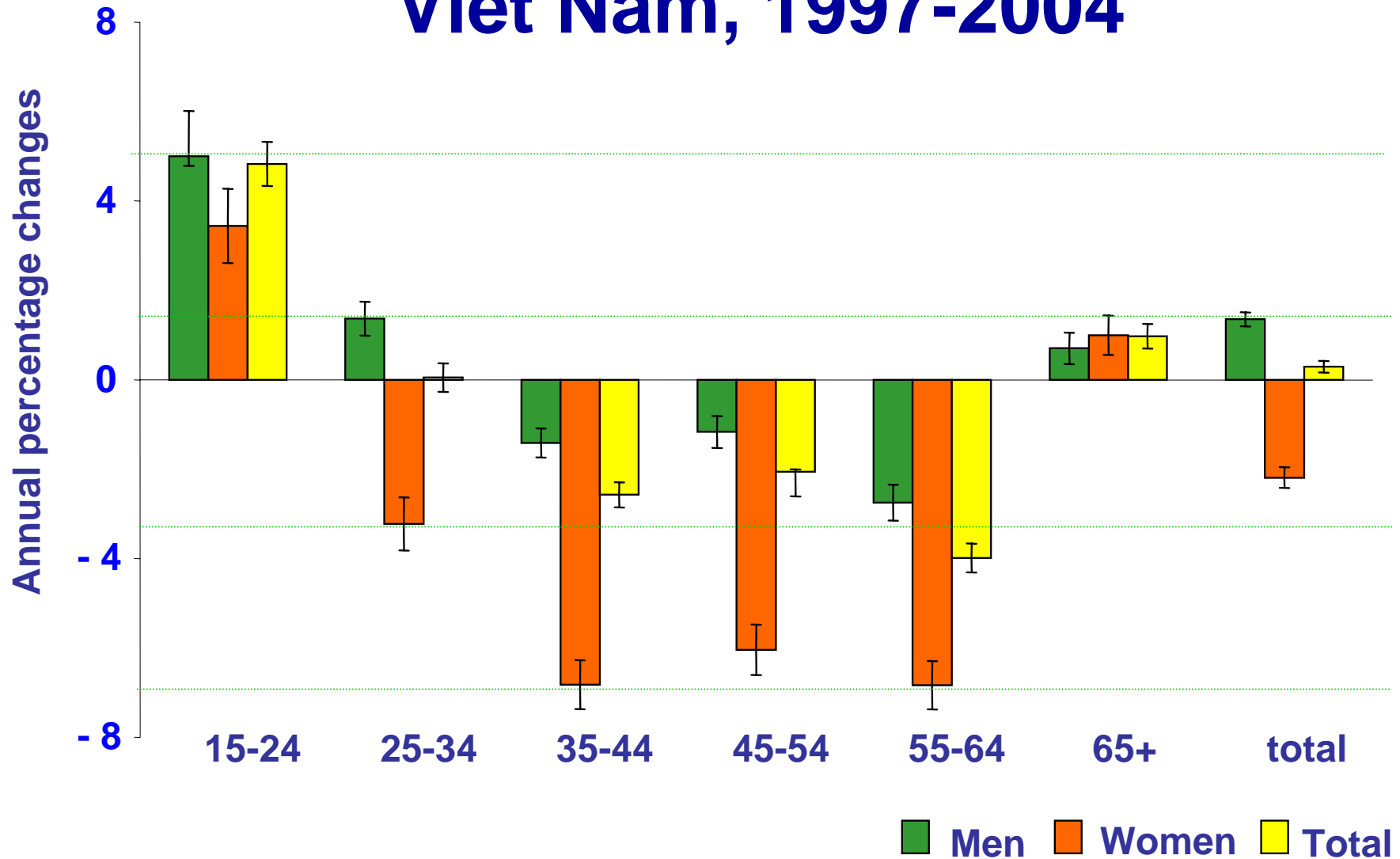


The question on TB Epidemiological Situation in Vietnam

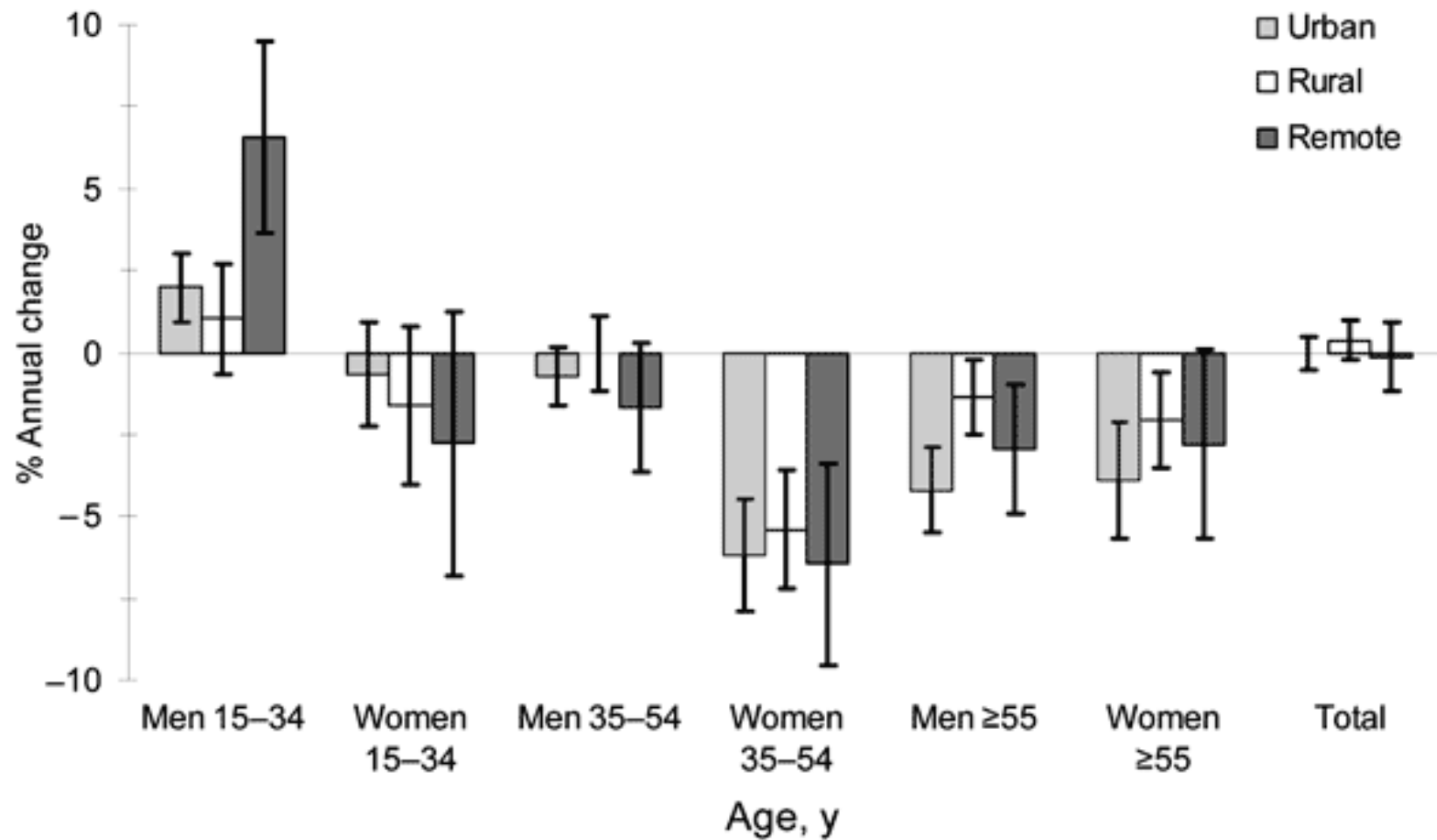


Vietnam has exceeded WHO targets for 10 consecutive years, and yet the overall case notification rate has remained stable. **Why ?**

Trends in case notification rates in Viet Nam, 1997-2004



Sex- and age-specific trends in tuberculosis case reporting rates in urban, rural, and remote districts, Vietnam, 1997–2004.(CI 95%)



Possible reasons why overall TB incidence not falling !

1. TB/HIV ?

- Yes ! **Young adults**, mainly in men
- But is it adequate ? Not whole country with high burden of HIV !

2. Low case detection ?

- Estimation based on ARI shows a high CDR, But ...
- TB Pts in **private** and public outside NTP sectors, unknown !
- **True TB incidence unknown**, → so CDR unknown !

3. Others

- MDR Tb - low, **Chronic TB** – few, but **accumulated cases** ?
- Diagnostic effort: not different in age and sex !
- Migration, urbanization, crowding !
- Smoking, diabetes, genotypes of M.Tb (Beijing)

Responses

1. TB/HIV collaboration activities
2. TB in remote population and closed setting: collaboration with other partners and guideline
3. PPM DOTS models and guideline
4. DOTS Plus - piloting
5. National prevalence survey
6. Strengthening surveillance system (electronically)
7. HRD plan on new areas of activities and new staff at all level

These components are in the master plan 2007-2011 and have been step by step implementing !

Milestones (1)

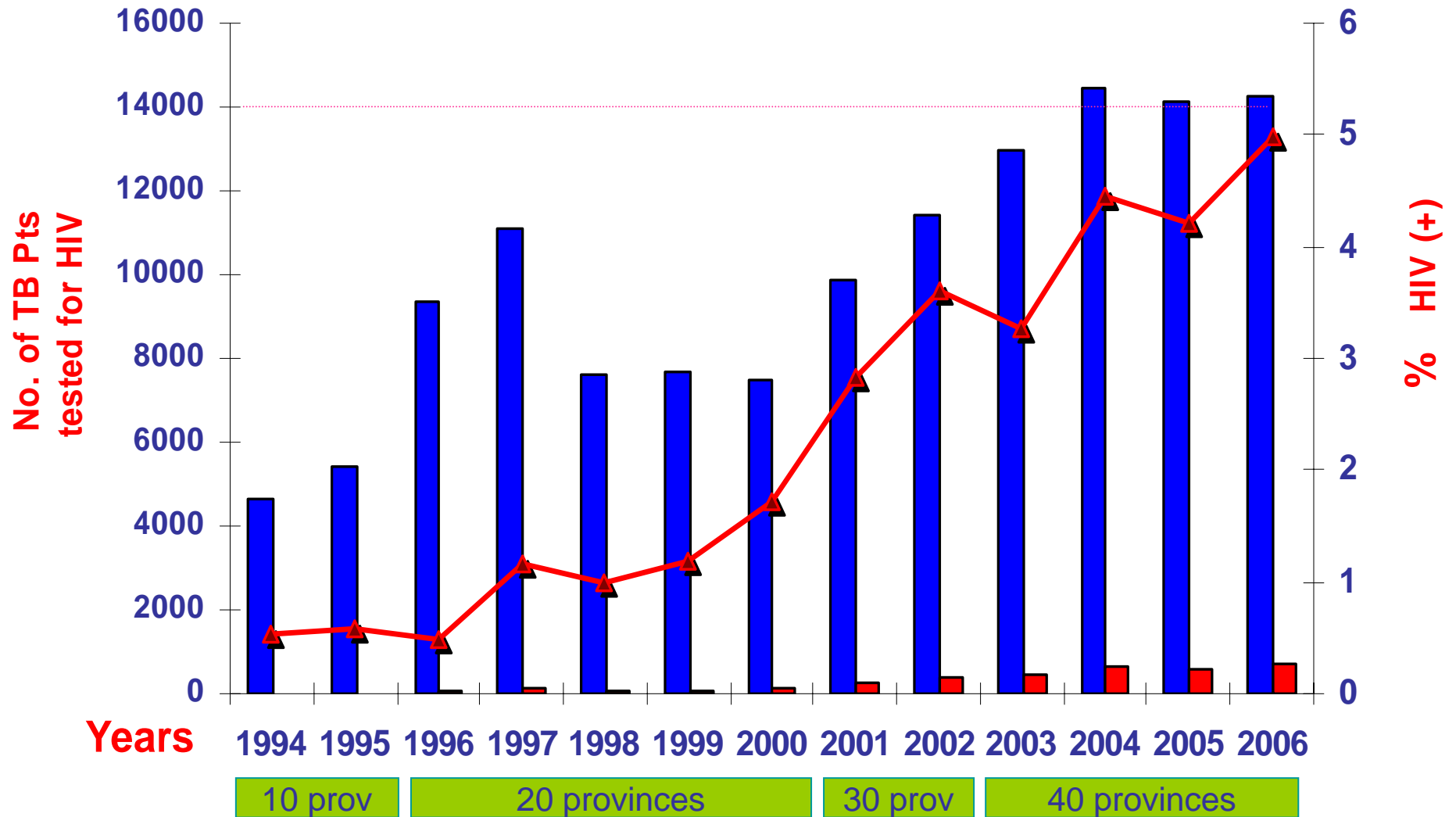
1. TB/HIV collaborated control plan

- Sentinel surveys in 40 provinces among TB patients from 2000 onward,
- Situation analysis in target provinces,
- MoH Established Technical Advisory Group (TAG) for TB/HIV collaboration,
- MoH is going to issue “TB/HIV collaboration protocol” and technical guideline for implementing this protocol,
- NTP & VAAC have been jointed in making indicators and plans to address the problem of TB/HIV co-epidemics.

HIV among TB patients

Sentinel survey on 40 provinces

■ Total Pts tested
■ Pts with HIV(+)
▲ %



Data from VAAC

Content of the Guideline:

1. Collaborative **protocol** for TB/HIV diagnosis and treatment
2. **TB intensified case finding** among PLWHAs
3. **HIV counseling and testing** for TB patients
4. **TB treatment** for TB/HIV patient
5. **ART** for TB/HIV patients
6. **OIs** Diagnosis and treatment for TB/HIV patients
7. **IPT** for PLWHA
8. **TB transmission prevention** and control
9. **HIV transmission prevention**
10. **Recording and reporting** forms of TB/HIV collaboration activities

MINISTRY OF HEALTH
NTP - NAP



TB/HIV
COLLABORATIVE
CONTROL

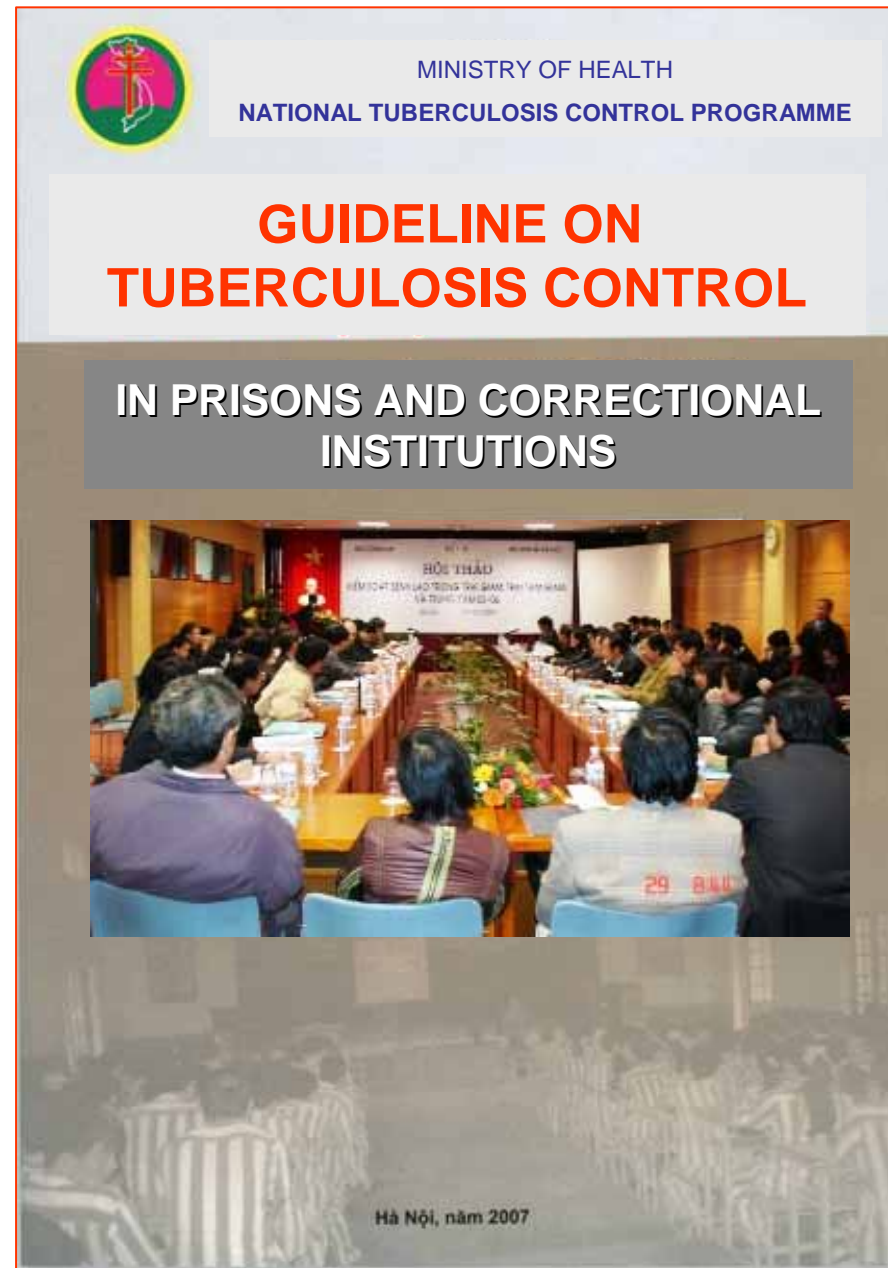
GUIDELINE ON TB/HIV Control Collaboration

Hanoi, 2007

Milestones (2)

2. TB control in closed setting

- Survey on TB prevalence, infrastructure, staff, ... in closed setting.
- Guideline on TB control in prison and correctional institution.
- Consensus of partners in training and implementing the guideline: MOLISA, MPS and others



Milestones (3)

3. PPM DOTS

- Situation analysis in some provinces
- One NGO initiative program: URC -Thai Binh
- Piloting in 2 provinces (Hai Duong, Thai Binh)
- Establishing models and making guideline for PPM DOTS (Q4-2007)

Milestones (4)

4. MDR TB

- Drug Resistance **Surveys**: 1st, 2nd and 3rd
- **Situation** analysis
- **Pilot Guideline** for DOTS Plus
- Detail **action plan** on 4 province with 500 patients
- **Budget available** with support of GLC in providing 2nd TB drugs
- Enroll patients from 3rd 2007

Milestones (5)

5. National prevalence survey:

- Combining surveys on **TB and COPD**
- Collecting data in the fields of **70 study clusters** with **# 100 000 people** has been completed successfully.
- Data now in steps of management and analysis: **data entry, cleaning, validating, merging and prepare for analysis.**
- January 2008: Workshop on **preliminary results** of prevalence survey of TB and COPD

Milestones (6)

6. Strengthening surveillance system

- Electronic program for recording and reporting at provincial level
- Revised **register form** – adapted WHO forms
- Planning to establish **internet-based system** for recording and reporting (2008 onward)
- Strengthening monitoring, supervision and evaluation.
- Nationwide applying LQAS

Milestones (7)

7. Human resource development - training:

7.1. For management:

- Planning
- Monitoring and supervision
- Procurement and supply
- Financial management

7.2. For Implementation: *(shortage and staff turnover)*

- **Standardizing** all training materials and courses
- **Mobilizing and advocacy** for recruiting more TB staff.
- Adding lung disease component to TB control (**PAL, GARD strategy**) to give TB staff more opportunities and therefore being more attractive.

Steps forward

1. Complete the **national prevalence survey** and make appropriate recommendations
2. Mobilize all **GOs and NGOs partners** to be involved in TB control (*socialization of TB control*)
3. Strengthening routine **surveillance system** following the achievements of the national prevalence survey
4. Making and training **all necessary guidelines** for TB control and PAL, GARD strategy.
5. Pulmonary TB SS(-), EPT, TB in Children

THANK YOU !

