

HIV SUB-COMMITTEE MEETING MINUTE

Objectives: To discuss the application of DRIVE results (DRug use and Infections in ViEtnam Model using Respondent Driven Sampling (RDS) methodology) to control and prevent HIV infection among PWIDs in Hai Phong for VUSTA project for the period of 2021-2023.

1. General meeting:

Time: 14.00-16.00 on Monday, March 16, 2020

Venue: National Assembly' Guest House, 27A Tran Hung Dao Str., Ha Noi

Chairs of the meeting: Dr Nghiêm Vũ Khải, Director of PR VUSTA and Assoc.Prof. Nguyễn Hoàng Long, Director General of VAAC – PR HIV.

Delegation: Representatives from Departments of VAAC such as HIV Prevention Department, Monitoring Department, CCM Secretariat, VUSTA PMUs; Directors and officers of SCDI, ISDS, and Life centre; Members of the HIV sub-committee.

Content: (i) Presentation of DRIVE model in Hai Phong and Nghe An provinces; (ii) DRIVE implementation plan in 5 provinces of SCDI and Intervention model of Life Centre; (iii) Discussion and Conclusion.

2. Internal meeting

Time: 16.15-17.00 on Monday, March 16, 2020.

Delegation: Assoc. Prof Nguyễn Hoàng Long (VAAC / HIV sub-committee Chair); Ms. Marie-Odile Emond (UNAIDS / HIV sub-committee Vice-Chair), Mr. Phạm Nguyễn Hà (VUSTA PMU / HIV sub-committee Vice-Chair), Ms. Nguyễn Thị Thúy Vân (WHO / HIV sub-committee Member), Mr. Nguyễn Thanh Cường (UNODC / HIV sub-committee Member), Mr. Phạm Tuấn Sinh (CCM / HIV sub-committee Member).

Content: Discussion of the DRIVE/RDS related issues and Proposal of solutions and recommendations to CCM Viet Nam.

Conclusion:

1. The DRIVE / RDS approach is an applied research that has been conducted in Hai Phong city and has shown **good results demonstrated by scientific evidences**. The study concludes that the DRIVE / RDS approach, along with other projects, has contributed **to prevent the spread of HIV infection among PWIDs** in Hai Phong. The DRIVE / RDS approach not only helped **find new HIV cases**, but also offered **comprehensive interventions for PWIDs** who were not yet infected with HIV to prevent transmission of HIV from others to them.

2. The extension to Nghe An, **outside a research program**, as shown that it was **feasible to reproduce the model** in another province and context. The application of the DRIVE / RDS approach in other provinces seems then necessary. However, moving from a research model to a large-scale deployment, the following points should be noted:

- Based on the experience of deploying DRIVE research model in Hai Phong, it is necessary to adjust to a **simplified, low-cost and feasible (possible to scale up) model** in other provinces.
- It is necessary to have an **objective, transparent estimate of the cost-effectiveness** of the DRIVE model when deploying in other provinces.
- It is necessary to apply the DRIVE / RDS approach appropriately **on the basis of existing HIV / AIDS prevention and control organization and network**, and not to eliminate the existing organization and network to replace them with the DRIVE model, unless it is considered as poorly effective locally.
- In parallel with the implementation of DRIVE intervention methods, there is still a need to continue to maintain and expand intervention methods such as the distribution of needles, condoms, addiction treatment and PrEP for others when they need.
- During the implementation process, it is necessary to **pay attention to ethical issues** (if any) related to the difference in intervention among Key

Population groups and/or regions, including the issue of **personal information confidentiality**.

3. Application of DRIVE model for PWIDs: PR VUSTA and other PRs must ensure that the implementation of the DRIVE approach in the project funded by the Global Fund for the period 2021-2023 will be **in accordance with the budget allocated to VUSTA**.

VUSTA and SRs need to provide additional information as follows: (i) **Specific targets to be achieved** (currently only the number of provinces has been specified, not specific targets have been specified); (ii) **Specific activities** and (iii) **Clear and detailed expansion plan**.

LIFE Centre needs to implement the DRIVE approach faster and wider due to the serious situation of HIV / AIDS epidemic in the southern provinces (currently they only proposed a small-scale pilot in 01 province). It is necessary to carefully review expenditure norms, funding estimates, and direct expenditures for beneficiaries.

4. Regarding the application of DRIVE approach for other Key Population groups (MSM, TG and FSW):

Currently there is **no scientific evidence** about the effectiveness of the DRIVE approach **for other KP groups**. For MSM and TG, factors used to encourage their participation such as payment of allowances, service provision (tests, PrEP), etc. are no longer attractive measures. In addition, the social communication habits of MSM and TG are very different from those of PWIDs. Therefore, RDS method may not be really suitable for MSM and TG.

Regarding FSW, HIV prevalence of this population is currently low, so they are not in high priority groups such as MSM and PWIDs. Therefore, the HIV Subcommittee thinks that there is no scientific basis to immediately deploy a fast and extensive DRIVE / RDS approach for the MSM, TG and FSW groups. We should **start piloting the DRIVE / RDS approach, first of all with MSM due to the rapid increase of HIV infection in this group**. There should be an objective and transparent evaluation of the pilot model. If the pilot model shows good results, we could scale up DRIVE model./.
