

**MINISTRY OF HEALTH**

**ACTION PLAN  
ON STI PREVENTION AND CONTROL TILL 2010**

*(Promulgated together with Decision No 03/2007/QĐ-BYT of  
Minister of Health of January 15, 2007)*

**Ha Noi - 2006**



## ABBREVIATIONS

<b>AIDS</b>	<b>: Acquired Immunodeficiency Syndrome</b>
<b>ELISA</b>	<b>: Enzyme-Linked Immunoabsorbent Assay</b>
<b>HIV</b>	<b>: Human Immunodeficiency Virus</b>
<b>STI</b>	<b>: Sexually Transmitted Infection</b>
<b>RPR</b>	<b>: Rapid Plasma Reagin</b>
<b>WHO</b>	<b>: World Health Organization</b>
<b>TPHA</b>	<b>: <i>Treponema Pallidum</i> Hemagglutination Assay</b>
<b>VCT</b>	<b>: Voluntary Counseling and Testing</b>
<b>UNAIDS</b>	<b>: The Joint United Nations Program on HIV/AIDS</b>
<b>NIDV</b>	<b>: National Institute of Dermato- Venereology</b>
<b>DV</b>	<b>: Dermato- Venerology</b>
<b>ANC</b>	<b>: Antenatal care</b>
<b>OBGYN</b>	<b>: Obstetrical-gynecological</b>
<b>MOH</b>	<b>: Ministry of health</b>

# **CHAPTER ONE: RATIONALE FOR THE DEVELOPMENT OF THE ACTION PLAN**

## **I. LEGAL BACKGROUND**

**1. Law on HIV/AIDS prevention and control ratified by the National Assembly on June 29, 2006.**

**2. Decision No. 36/2004/QĐ-TTg dated March, 17, 2004 of the Prime Minister on approving The National Strategy for HIV/AIDS prevention and control in Vietnam till 2010 with a vision to 2020.**

**3. Directive No. 02/2003/CT-TTg dated February, 24, 2004 of the Prime Minister on strengthening HIV/AIDS prevention and control.**

**4. Decision No. 2538/QĐ-BYT dated July, 27. 2004 of the Minister of Health on □ assignment of Action Plan building for the National Strategy on HIV/AIDS prevention and control till 2010 with a vision to 2020□ in which the STI prevention and control program till 2010 is one of the 9 action plans of the Strategy.**

## **II. SCIENTIFIC BACKGROUND**

**Sexually transmitted infections (hereby written as STIs) is one of the important issues of public health. If they are not detected and treated promptly, they can cause severe consequences such as infertility, blindness, disability etc., making economical, cultural and social impacts.**

**Recently, the HIV epidemic is spreading all over the world. This makes STI prevention and control become more urgent, because there is a close relationship between STIs and HIV/AIDS**

**HIV is transmitted from a person to another more easily if one of the 2 persons or both of them suffer from STI, especially syphilis, chancroid, genital herpes, chlamydial infection, gonorrhea and trichomoniasis. These infections can increase the risk of HIV transmission from 2- 9 times. Non-ulcerative but inflammatory infections also increase the risk of HIV transmission because the genital discharge contains an increased number of PMNs. These white blood cells are the source and also the target of HIV. Inversely, HIV infected persons are more likely to be STI infected due to immunodeficiency, and the treatment is more complicated. There has been actual evidence proving that a good STI control program could reduce HIV incidence. In addition, by treating STI patients, health care providers will have opportunities to approach and counsel them □ who are also at high risk of HIV infection.**

## **III. ACTUAL BACKGROUND**

### **1. HIV/ STI epidemiology in the world and in Vietnam**

#### **1.1. In the world**

**According to UNAIDS and WHO reports on HIV/AIDS, in 2006 there were about 4.3 million newly infected cases all over the world, of which 3,8 million adult cases. The living HIV cases by the end of 2006 were 39.5 million, of which 24,7 million cases in Sub- Sahara and 7,8 million in South East Asian.**

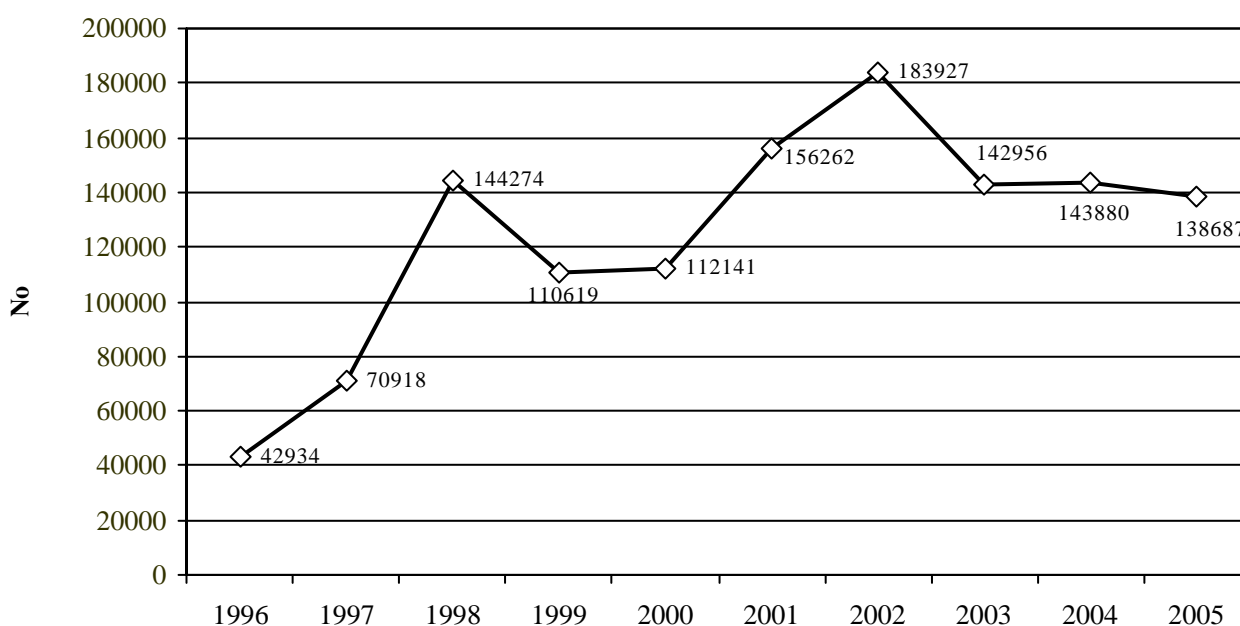
UNAIDS estimates that there are about 390 million cases of STI all over the world annually. The number of STI cases in Western Pacific region is about 35 million, of which trichomonas vaginalis accounts for the highest percentage of 47%, followed by *Chlamydia trachomatis* 33%, gonorrhoea 18% and syphilis 2%.

## 1.2. In Vietnam:

### a) Some basic data on HIV/ STI infection in Vietnam

According to Vietnam Administration of HIV/AIDS Control, by the end of June 2006, the number of HIV infected cases reached 109,989, of which 18,581 were full-blown AIDS cases and 10,785 died of AIDS.

According to the reports that National Institute of Dermato- Venereology received from provinces nationwide, the new STI cases are 130,000 cases every year. However, many experts estimate that there are nearly 1 million new STI cases infected annually. Currently, STI data are aggregated from case finding reports of provinces and from STI sentinel surveillance carried out in 10 provinces. Data shown here include cases diagnosed etiologically and syndromically as well



Total number of STI cases in Vietnam.

### b) STI and HIV infections in high risk behavior population

### **- Commercial sex workers**

Many studies show that this group has high STI prevalence due to having multiple partners and high rate of unprotected sex. Condom use rate is fairly low: 35- 47% of them often use condom, 20-50 % sometimes and 2-26% never use. HIV infection rate in this group is low but the trend is increasing over the past few years: 0.6% in 1994, 6% in 2002 and 16% in 2005.

### **- Men who have sex with men**

This group is hidden and highly stigmatized in Vietnam. It is reported that there are high rates of STIs in this group due to low levels of condom use and high rates of partner change. A study conducted by NIHE in 2004 found that HIV prevalence among this group in HCMC was 5.8%, 30% of them had urethral discharge and 7% had syphilis. In addition, a recent study confirmed high-risk behaviors among MSM populations in HCMC. Only 50% used condoms during sex including anal sex. Moreover, 81% reported having sex with non-regular male partners, and 22% had sex with women

### **- Injecting drug users (IDUs)**

HIV prevalence among this group increased from 9.4% in 1996 to 29.34% in 2002 and 40% in 2004. In some localities, the prevalence is even higher than 50%. The risk of HIV infection through injecting drug way is very high due to sharing needles. In addition, this group often have sex with sex workers and rarely use condoms. A survey to evaluate STI/ HIV infection risk conducted in 7 provinces of Thanh Hoa, Nghe An, Ha tinh, Binh Phuoc, Binh Duong, Long An, Soc trang revealed that 18- 43 % of IDUs had sex with female sex workers, and only 20- 60% of them often used condom during sex with sex workers. 1-5% of IDUs infected with STI in the last 12 months, 43-75% came to private doctors for care and 25% came to public health care sector. Moreover, many IDUs were also sex workers. In a study of 5 provinces including Hanoi, Haiphong, Quangninh, Da nang and Hochiminh city implemented by NIDV and CDC in 2005 showed that in this

group, HIV prevalence was 38.7%, syphilis 1%, gonorrhoea 0.8% and *Chlamydia trachomatis* 1.3%

## **2. Current STI prevention and control in Vietnam**

### **2.1. Recorded Achievements**

**a) Regarding management, direction and organization of implementation of STI control and prevention program:**

**- Structure of STI control and prevention system in Vietnam:**

**+ At the central level : the Sub-committee for STI prevention and control □ National Institute of Dermatology and Venereology was established in 1995, which was under the direction of National HIV/AIDS Control Board (currently named as Management Unit, National HIV/AIDS Control Board Project)**

**+ At the provincial level : Sub-Committees for STI prevention and control have been established on the basis of Facilities of Dermatology and Venereology , which work under the supervision of Provincial HIV/AIDS Control Boards or HIV/AIDS Control Standing Offices of each from 64 Provincial Health Services;**

**- Regarding management and direction :**

**+ In June, 2006, Law on HIV/ AIDS prevention and control was approved by the National Assembly, in which STI prevention and control was considered one of the technical measures for HIV/AIDS prevention and control ( article 34)**

**+ On February 24, 2003, the Ministry of Health advised the Prime Minister on issuing the Directive No. 02/2003/CT-TTg on strengthening HIV/AIDS prevention and control program , in which the task of organizing STI prevention and control activities was mentioned specifically.**

**+ On March 17, 2004, the Prime Minister promulgated the National Strategy on HIV/AIDS prevention and control in Vietnam till 2010 with a vision to 2020, in which STI prevention and control constitute one of the important action programs for the successful implementation of the Strategy.**

**+ In 2001, the Ministry of Health promulgated The National Standards and Guidelines for Reproductive Health Care Service, which contain a chapter of Reproductive Tract Infections and Sexually transmitted infections management using syndromic approach;**

**+ The Ministry of Health promulgated the Decision No. 06/2005/QĐ-BYT dated March 7, 2005 on HIV diagnosis and treatment guidelines, including guideline on HIV diagnosis and treatment for STI patients.**

**These documents have created the legal background for HIV/AIDS prevention and control program and STI program as well.**

**b) Technical activities**

**- Information □ education and communication ( IEC) activities: IEC activities have been implemented, including printing and distributing IEC materials on STI control and prevention to health staff working from the central to grassroots level.**

**- Training activities: Training courses were conducted for health workers working in Dermatology and Venereology system about STI management.**

**- STI surveillance system has been established and has started to function.**

**-HIV/AIDS program provides equipments, testing reagents and STD medications necessary for STI program annually.**

**2.2. Difficulties and shortcomings**

**a) Activity organization:**

**- Sub-Committees for STI prevention and control have been established in every province but they have not functioned very well. Besides, the system of Dermatology and Venereology (DV), though, have been established in all provinces but the capability of STI management is still weak, their tasks and functions are unclear made. In some provinces, STI prevention and control activities are undertaken by Preventive Medicine agencies/units which are given different names, including:**

**+ DV Hospital: 6**

**+ DV Center : 9**

+ DV station : 8  
+ DV department in Center of Social disease control and prevention:  
34

+ DV department in Preventative medicine Center: 6  
+ Center for HIV/AIDS prevention and control and Dermatology  
and Venereology :1

In the provinces with DV department built in Preventative Medicine Center or in Center of Social disease control and prevention, the prevention and control of DV related diseases in general and STI control activities in specific, are facing many difficulties

- Staff involved in STI prevention and control are inadequate both in quantity and quality, being not able to meet the demand of the program, especially in mountainous and remote areas.

- All most all of Technical guidelines for STI management were developed and issued by NIDV but not yet by the Ministry of Health officially

b). Technical activities

- IEC activities have many limitations. People, especially the ones with high risk behaviors have very limited awareness of STIs and the linkages between STIs and HIV/AIDS. Due to lack of awareness, many of patients often seek care from private doctors or buy drugs by themselves. This makes the reported number of STI patients much lower than the real number.

- STI patients are discriminated and treated unrespected, even when they come to STI specialized clinics. This leads to the fact that they hesitate to go to health care service when being infected.

- Medications for STI treatment are not provided enough for patients coming to health service. Counseling is still weak leading to limitation of partner's tracing and treatment

- National budget allocated for STI program has not met the demand. Many provincial DV units do not get fundings for STI activities from provincial authorities.

**- Case reporting still has many disadvantages and limitations, causing difficulties for making long term plan of STI prevention and control . In addition, monitoring and evaluation activities are simply based on the DV reporting system. There have had no unified indicators of HIV and STI because monitoring and evaluation indicators of HIV/ STI program have not been developed.**

**- Involvement of community, sectors, branches and mass organizations is still limited**

**+STI program is mostly implemented by the Health Sector. Community has involved in the program, however the coordinastion between the Health sector and other sectors, branches is not very close. Mobilizing the participation of related branches and unions such as Youth Union, Women's Union and other organizations in the localities in the program is still limited.**

**+ Women's Union, and other sectors, branches, mass organizations lack methods and skills of communication.**

## **CHAPTER TWO: ACTION PLAN FOR STI PREVENTION AND CONTROL TILL 2010**

### **I. OVERALL GOAL**

**To reduce STI prevalence in community and contribute to contain the population's HIV prevalence at below 0.3% by the year 2010.**

### **II SPECIFIC OBJECTIVES**

- 1. To ensure 100% of districts having staff responsible for STI program**
- 2. To control HIV prevalence in STI patients at below 10%.**
- 3. To ensure that more than 80% of population at the age of 15 - 49 have basic awareness of STI**
- 4. To ensure that 80% of STI cases are diagnosed and treated in accordance with the National Guidelines.**

**5. To screen syphilis for 100% of pregnant women registered at provincial level and 80% of pregnant women registered at district level in the provinces participating STI sentinel surveillance**

**6. To provide 100% of provincial DV units with enough medications, testing reagents and essential equipments for STI diagnosis and treatment.**

**7. To implement STI sentinel surveillance in 20 provinces**

**8. To do HIV voluntary counseling and testing for 100% of high risk behavior people consulting DV units**

### **III. TARGET GROUPS**

**1. STI patients**

**2. HIV infected persons**

**3. Sex workers**

**4. Drug addicted people**

**5. Men who have sex with men**

**6. People at the age of 18 □ 50**

**7. Mobile groups**

### **IV. PRINCIPLES FOR PROGRAM EXECUTION**

**1. Combining government DV units with private clinics in STI prevention and control activities, in which government DV units play the key role in implementing STI prevention and control program.**

**2. Integrating activities of STI prevention and control program with the ones of other health programs**

**3. Mobilizing domestic and international resources. Investment should be focus on prioritized points. E.g. STI prevention and control should be implemented in places of high HIV prevalence at the first stage, and expanded all over the country in the following period.**

### **V. SOLUTIONS**

**1. Social solutions**

**1.1. Intensifying the support and the participation of authorities at all levels and related branches, sectors, mass organizations in the STI prevention and control program :**

**- To strengthen propaganda activities, agitating local authorities and related branches, sectors, mass organizations such as Ministries of Labor, War Invalid and Social affaire, Public Security, Women's Union, Youth Union, Farmer Association for the support and active participations in STI program in the communities.**

**- To coordinate with sectors of Ministry of Labor, War Invalid and Social Affaires, Public Security to manage and treat STI for those in temporary jails, detention centers, educational facilities, health care facilities and social sponsor centers.**

**1.2. Continuing to Uupdate, perfect and issue the policies, regulations related to the field of STI prevention and control.**

## **2. Technical solutions**

**2.1. Reinforcing information □ education □ communication (IEC) activities to improve the target groups □ awareness on HIV infection risks and sexual transmission mode of HIV**

**- To keep conducting IEC activities which integrate HIV/AIDS prevention and control with STI prevention and control to improve the awareness, to reduce the patients □ worries when accessing health care facilities and to deploy HIV/AIDS program better;**

**- To combine and diversify IEC activities on STI management.**

**2.2. Intensifying activities preventing sexual transmission of HIV and managing STIs:**

**- To increase condom use and condom accessibility to promote safe sex behaviors, especially among women at child bearing age.**

**- To detect and treat STIs early for people in reproductive age**

**- To screen syphilis and some other STIs (if applicable) for pregnant women;**

### **2.3. Improving the quality of STI diagnosis, treatment and management**

**-To apply etiology diagnosis and treatment at provincial level and syndromic approach at the grassroots level;**

**- To upgrade provincial laboratory for a precise etiology diagnosis: Providing equipment and testing reagents necessary for STI diagnosis for central and provincial DV units;**

**- To organize check-ups at entertainment facilities, temporary jails, detention centers, educational facilities, health care facilities and social sponsor centers.**

**- To detect and treat early congenital syphilis and gonococcal conjunctivitis in newborns ;**

**- To supply essential drugs sufficiently**

**- To diversify methods of partners tracing and treatment.**

### **2.4. Scientific research**

**- To implement research on antibiotic resistance of bacteria for developing an appropriate regimens for STI treatment**

**- To carry out STI epidemiology surveys and HIV prevalence in STI patients**

**- To look for and build up an effective model for STI prevention and control**

**- To study the causative agents of STI syndroms**

**- To make research and apply advanced technology into STI diagnosis and treatment.**

## **3. Solutions of building capacities of management and resource mobilization**

**3.1. Improving the mechanism of program management and operation;**

**3.2. Strengthening the capability of staff involving in the STI program;**

**3.3. Completing the system of data collection and reporting, managing the STI program;**

**3.4. Reinforcing the monitoring and supervising activities of STI program at all levels;**

**3.5. Mobilizing domestic resources from central/regional health programs, social organizations, international organizations, NGOs, to ensure efficient resources for the STI program.**

## **VI. PLAN OF ACTIVITIES**

**1. For the achievement of objective 1: To ensure 100% of districts having staff responsible for STI program:**

**1.1. Training and retraining staff working in the STI program at all level .**

**1.2. Disseminating and providing □ the National Guidelines on STI management □□ to grassroots level including reproductive health care service system.**

**2. For the achievement of objective 2: To control HIV prevalence in STI patients under 10% .**

**2.1 Strengthening IEC activities about STI, HIV/AIDS for communities , especially for people having high risk behaviors .**

**2.2. Providing condom and instructing condom use for 100% of high risk behavior persons.**

**2.3. Examining and implementing periodical HIV, STI tests for high risk groups.**

**3. For the achievement of objective 3: To ensure that more than 80% of population at the age of 15 □ 49 have basic awareness of STI**

**3.1. Developing and standardizing IEC materials on STI, HIV/AIDS**

**3.2. Reinforcing IEC activities in many different ways: TV, radio, newspapers, leaflets ...**

**3.3. Co-operating with VCT centers to manage STI, HIV cases**

**3.4. Training propagandists and collaborators of all of levels**

**4. For the achievement of objective 4: To ensure that 80% of STI cases are diagnosed and treated in accordance with National Guidelines.**

**4.1. Standardizing the procedure for STI patients management.**

**4.2. Strengthening the capacity of staff working for STI program .**

**4.3. Providing sufficiently documents on STI diagnosis and treatment for health care providers at all levels.**

**4.4. Providing medications, equipments and testing reagents efficiently.**

**5. For the achievement of objective 5: To screen syphilis for 100% of pregnant women registered at provincial level and 80% of pregnant women registered at district level in the provinces participating the STI sentinel surveillance**

**5.1. Training staff of obstetric and gynecology system about STI, HIV/AIDS, provide them with testing reagents**

**5.2. Screening syphilis infection for all of pregnant women attending ANC**

**6. For the achievement of objective 6: To provide 100% of provincial DV units with enough medications, testing reagents and essential equipments for STI diagnosis and treatment:**

**6.1. Developing a list of essential drugs and reagents for STI, HIV/AIDS diagnosis and treatment.**

**6.2. Supplying health facilities with essential drugs efficiently**

**6.3. Providing necessary equipments and devices to provincial DV units**

**6.4. Building a national standard laboratory in NIDV**

**6.5. Upgrading provincial labs**

**6.6. Building standardized labs in regions and in sentinel provinces**

**6.7. Standardizing lab manuals**

**6.8. Training lab technicians**

## **6.9. Developing criteria for standardizing a provincial lab**

**7. For the achievement of objective 7: To implement STI sentinel surveillance in 20 provinces:**

**7.1. Developing the procedure for STI sentinel surveillance.**

**7.2. Developing reporting forms and software for the sentinel surveillance.**

**7.3. Training staff participating in the surveillance activities.**

**7.4. Monitoring and evaluating the sentinel surveillance activities.**

**7.5. Assessing the trend of STI epidemiology in sentinel provinces to develop an appropriate strategy.**

**8. For the achievement of objective 8: To do HIV voluntary counseling and testing for 100% of high risk behavior people consulting DV units**

**8.1. Co-operating with related branches to examine and implement lab test periodically for STI, HIV/AIDS detection.**

**8.2. Enhancing peer education among high risk groups.**

**8.3. Promoting behavior change for safe sex and condom use, instruct how to use condom.**

## VII. GENERAL TABLE OF ACTIVITIES

Objectives	Activities	Implementing agencies	Timeline
<i>To ensure 100% of districts having staff responsible for STI program</i>	Train and retrain staff working in the STI program at all level .	NIDV, provincial DV units	2007
	Disseminate and provide □ the National Guidelines on STI management □ to grassroot level including reproductive health care service system	provincial DV units	2007
<i>To control HIV prevalence in STI patients under 10%.</i>	Strengthen IEC activities about STI, HIV/AIDS for communities , especially for people having high risk behaviors	provincial and district DV units	2007-2010
	Provide condom and instruct how to use condom for 100% of high risk behavior persons	provincial and district DV units	2007-2010
	Examine and implement HIV, STI tests for high risk groups periodically	provincial and district DV units	2007-2010
	Enhance peer education among high risk groups	provincial and district DV units	2007-2010
<i>To ensure that more than 80% of population at the age of 15 □ 49 have basic awareness of STI</i>	Develop and standardize IEC materials on STI, HIV/AIDS	NIDV	2006-2010
	Co-operate with VCT centers to manage STI, HIV cases	NIDV, provincial DV units	2007-2010
	Reinforce IEC activities in many different ways: TV, radio, newspapers, leaflets ...	provincial and district DV units	2007-2010
	Train propagandists and collaborators of all of levels	NIDV, provincial and district DV units	2007-2010

<b>Objectives</b>	<b>Activities</b>	<b>Implementing agencies</b>	<b>Timeline</b>
<i>To ensure that 80% of STI cases are diagnosed and treated in accordance with National Guidelines</i>	<b>Standardize the procedure of STI patient management</b>	<b>NIDV</b>	<b>2007</b>
	<b>Strengthening the capacity of staff working for STI program</b>	<b>NIDV, provincial and district DV units</b>	<b>2007-2010</b>
	<b>Provide sufficiently documents on STI diagnosis and treatment for health care providers at all levels</b>	<b>NIDV</b>	<b>2007</b>
<i>To screen syphilis for 100% of pregnant women registered at provincial level and 80% of pregnant women registered at district level in the provinces participating STI sentinel surveillance</i>	<b>Train staff of obstetric and gynecology system about STI, HIV/AIDS, provide them with testing reagents</b>	<b>NIDV, provincial and district DV units</b>	<b>2007-2010</b>
	<b>Screen syphilis infection for all of pregnant women attending ANC</b>	<b>provincial and district DV units, OBGYN facilities</b>	<b>2007-2010</b>
<i>To provide 100% of provincial DV units with enough</i>	<b>Develop a list of essential drugs and reagents for STI, HIV/AIDS diagnosis and treatment</b>	<b>NIDV, provincial and district DV units</b>	<b>2006-2010</b>
	<b>Supply health facilities with essential drugs efficiently</b>	<b>NIDV, MOH</b>	<b>2007-2010</b>

<b>Objectives</b>	<b>Activities</b>	<b>Implementing agencies</b>	<b>Timeline</b>
<i>medications, testing reagents and essential equipments for STI diagnosis and treatment.</i>	<b>Provide necessary equipments and devices to provincial DV units</b>	<b>NIDV, MOH</b>	<b>2007-2010</b>
	<b>Build a national standard laboratory in NIDV</b>	<b>NIDV</b>	<b>2007-2010</b>
	<b>Upgrade provincial labs</b>	<b>provincial DV units</b>	<b>2007-2010</b>
	<b>Build standardized labs in regions (Gramstain for gonorrhea detection, RPR and TPHA for syphilis detection, wetmount for Trichomonas vaginalis, ELISA for Chlamydia trachomatis, Culture, antibiotic sensibility test, PCR) and in sentinel provinces (Gramstain for gonorrhea detection, RPR and TPHA for syphilis detection, wetmount for Trichomonas vaginalis, ELISA for Chlamydia trachomatis)</b>	<b>NIDV, Regional DV units</b>	<b>2007-2010</b>
	<b>Standardize lab manuals</b>	<b>NIDV</b>	<b>200</b>
	<b>Train lab technicians</b>	<b>NIDV, provincial and district DV units</b>	<b>2007-2010</b>
	<b>Develop criteria of standardizing a provincial lab</b>	<b>NIDV</b>	<b>2007-2008</b>
<i>To implement STI sentinel surveillance in 20 provinces</i>	<b>Develop the procedure of STI sentinel surveillance</b>	<b>NIDV</b>	<b>2007</b>
	<b>Develop reporting forms and software for the sentinel surveillance</b>	<b>NIDV</b>	<b>2007</b>
	<b>Train staff participating the surveillance</b>	<b>NIDV</b>	<b>2007-2008</b>

<b>Objectives</b>	<b>Activities</b>	<b>Implementing agencies</b>	<b>Timeline</b>
	<b>Monitor and evaluate the sentinel surveillance activities</b>	<b>NIDV</b>	<b>2007-2010</b>
	<b>Assess trend of STIs in sentinel provinces to develop an appropriate strategy</b>	<b>NIDV</b>	<b>2007-2010</b>
<i>To do HIV voluntary counseling and testing for 100% of high risk behavior people consulting DV units</i>	<b>Co-operate with related branches to examine and implement lab test periodically for STI, HIV/AIDS detection</b>	<b>NIDV, provincial DV Units, related branches</b>	<b>2007 - 2010</b>
	<b>Enhance peer education among high risk groups</b>	<b>NIDV, provincial DV Units, related branches</b>	<b>2007 - 2010</b>
	<b>Promote behavior change for safe sex and condom use, instruct how to use condom</b>	<b>NIDV, provincial DV Units, related branches</b>	<b>2007 - 2010</b>

## **CHAPTER 3: PROGRAM MONITORING, SUPERVISION AND EVALUATION**

### **I. SOME ROUTINE ISSUES**

**1. Integrating monitoring and evaluation activities of STI program into national HIV/AIDS monitoring and evaluation system from central to provincial and district level.**

**2. Developing the unified M&E indicators of STI prevention and control program nationwide.**

**3. Developing reporting forms of the program ( monthly, quartely, annualy) and developing the supervision's regulation for all levels.**

**4. Training staff working in M&E units on using the indicators, data collection and analysis.**

**5. Implementing M&E activities of the STI prevention and control program:**

**5.1. Via activities of staff working in M&E units.**

**5.2. Via monthly/quaterly/annualy reports.**

**5.3. Via annual survey.**

**5.4. Via special and operational studies.**

### **II. PROGRAM EVALUATION**

**The contents of the evaluation consist of :**

**1. The network ( dermatology staff, STI program staff)**

**2. Facilities ( consulting rooms, labs, equipment)**

**3. The quality of diagnosis and treatment**

**4. Indicators for program evaluation**

**4.1. Incidence of congenital syphilis and gonorrhoeal conjunctivitis in new borns**

**4.2. STI incidence in groups of population**

**4.3. HIV/AIDS prevalence in STI patients**

**4.4. Proportion of STI patients who are treated correctly in accordance with the National Guidelines.**

*The number of STI patients attending health facilities who are treated correctly in line with the National Guidelines*

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*The total number of STI patients attending health facilities*

**4.5. Proportion of people who are counseled about STIs**

*The number of STI patients coming to health facilities who are counseled about STIs*

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*The total number of STI patients coming to health facilities*

**4.6. Proportion of pregnant women screened for syphilis**

*The number of pregnant women getting RPR test*

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*The total number of pregnant women attending ANC*

**4.7. Prevalence of gonorrhoea, syphilis and chlamydial infection among STI patients**

## CHAPTER FOUR: BUDGET ESTIMATION

### Estimated budget for the next 5 years

	Details	Budget (VND)		
		The total number of units	Unit cost	Sum
<b>1</b>	<b>Facility building</b>			
<b>1.1</b>	<b>National level</b>	<b>1</b>	<b>8.000.000.000</b>	<b>8.000.000.000</b>
<b>1.2</b>	<b>Provincial level</b>	<b>64 provinces</b>	<b>1.250.000.000</b>	<b>80.000.000.000</b>
<b>1.3</b>	<b>District level</b>	<b>660 districts</b>	<b>250.000.000</b>	<b>165.000.000.000</b>
<b>2</b>	<b>Testing reagents, medications and condoms</b>			
<b>2.1</b>	<b>Testing reagents</b>			
	<b>National level</b>	<b>1</b>	<b>5.000.000.000</b>	<b>5.000.000.000</b>
	<b>Provincial level</b>	<b>64 provinces</b>	<b>500.000.000</b>	<b>32.000.000.000</b>
<b>2.2</b>	<b>Medications</b>	<b>500.000 patients</b>	<b>50.000</b>	<b>25.000.000.000</b>
<b>2.3</b>	<b>Condoms</b>	<b>5.000.000 condoms</b>	<b>200</b>	<b>1.000.000.000</b>
<b>3</b>	<b>Training, conference, workshop, study tours</b>			

	Details	Budget (VND)		
		The total number of units	Unit cost	Sum
<b>3.1</b>	<b>Training</b>			
	<b>National/ provincial level</b>	<b>10 course</b>	<b>100.000.000</b>	<b>1.000.000.000</b>
	<b>District level</b>	<b>640 course</b>	<b>50.000.000</b>	<b>32.000.000.000</b>
<b>3.2</b>	<b>Conference, workshop</b>			
	<b>National conference</b>	<b>10</b>	<b>80.000.000</b>	<b>800.000.000</b>
	<b>Provincial conference</b>	<b>320</b>	<b>50.000.000</b>	<b>16.000.000.000</b>
	<b>National workshop</b>	<b>10</b>	<b>80.000.000</b>	<b>800.000.000</b>
	<b>Provincial workshop</b>	<b>320</b>	<b>50.000.000</b>	<b>16.000.000.000</b>
<b>3.3</b>	<b>Study tours abroad</b>	<b>100 persons</b>	<b>50.000.000</b>	<b>5.000.000.000</b>
<b>4</b>	<b>Education and communication</b>			
<b>4.1</b>	<b>Materials for education and communication</b>			
	<b>Provincial level</b>	<b>64 provinces in 5 years</b>	<b>150.000.000</b>	<b>48.000.000.000</b>
	<b>Central level</b>	<b>5 years</b>	<b>2.000.000.000</b>	<b>10.000.000.000</b>
<b>4.2</b>	<b>IEC activities</b>			
	<b>Provincial level</b>	<b>64 provinces in 5</b>	<b>300.000.000</b>	<b>96.000.000.000</b>

	Details	Budget (VND)		
		The total number of units	Unit cost	Sum
		years		
	Central level	5 years	2.000.000.000	10.000.000.000
4.3	Training on communication skills			
	Provincial level	64 provinces in 5 years	150.000.000	48.000.000.000
	Central level	5 years	2.000.000.000	10.000.000.000
5	Developing reporting system			
5.1	Reporting forms, equipments, stationery	5 years	640.000.000	3.200.000.000
5,2	Training	10 course	100.000.000	1.000.000.000
6	Monitoring, supervision and evaluation			
6.1	Provincial level	64 provinces in 5 years	100.000.000	32.000.000.000
6.2	Central level	5 years	1.000.000.000	5.000.000.000
7	Consultants			
7.1	Domestic consultants	10 persons/year x 5 years	300.000.000	1.500.000.000

	<b>Details</b>	<b>Budget (VND)</b>		
		<b>The total number of units</b>	<b>Unit cost</b>	<b>Sum</b>
<b>7.1</b>	<b>International consultants</b>	<b>2 persons/year x 5 years</b>	<b>250.000.000</b>	<b>2.500.000.000</b>
<b>8</b>	<b>Spare budget</b>	<b>5 years</b>	<b>2.000.000.000</b>	<b>10.000.000.000</b>

## Annual estimated budget

#	Details	Estimated budget ( VND)					
		2006	2007	2008	2009	2010	2006 - 2010
<b>1</b>	<b>Facility building</b>						
<b>1.1</b>	<b>National level</b>	<b>3.000.000.000</b>	<b>2.000.000.000</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>8.000.000.000</b>
<b>1.2</b>	<b>Provincial level</b>	<b>25.600.000.000</b>	<b>16.000.000.000</b>	<b>12.800.000.000</b>	<b>12.800.000.000</b>	<b>12.800.000.000</b>	<b>80.000.000.000</b>
<b>1.3</b>	<b>District level</b>	<b>55.000.000.000</b>	<b>44.000.000.000</b>	<b>22.000.000.000</b>	<b>22.000.000.000</b>	<b>22.000.000.000</b>	<b>165.000.000.000</b>
	<b>Sum (1)</b>	<b>83.600.000.000</b>	<b>62.000.000.000</b>	<b>35.800.000.000</b>	<b>35.800.000.000</b>	<b>35.800.000.000</b>	<b>253.000.000.000</b>
<b>2</b>	<b>Testing reagents, medications and condoms</b>						
<b>2.1</b>	<b>Testing reagents</b>	<b>7.400.000.000</b>	<b>7.400.000.000</b>	<b>7.400.000.000</b>	<b>7.400.000.000</b>	<b>7.400.000.000</b>	<b>37.000.000.000</b>
<b>2.2</b>	<b>Medications</b>	<b>5.000.000.000</b>	<b>5.000.000.000</b>	<b>5.000.000.000</b>	<b>5.000.000.000</b>	<b>5.000.000.000</b>	<b>25.000.000.000</b>
<b>2.3</b>	<b>Condoms</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>1.000.000.000</b>
	<b>Sum (2)</b>	<b>12.600.000.000</b>	<b>12.600.000.000</b>	<b>12.600.000.000</b>	<b>12.600.000.000</b>	<b>12.600.000.000</b>	<b>63.000.000.000</b>
<b>3</b>	<b>Training, conference, workshop, study tours</b>						
<b>3.1</b>	<b>Training</b>						
<b>3.1.1</b>	<b>National/ provincial level</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>200.000.000</b>	<b>1.000.000.000</b>
<b>3.1.2</b>	<b>District level</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>32.000.000.000</b>
<b>3.2</b>	<b>Conference, workshop</b>						
<b>3.2.1</b>	<b>National conference</b>	<b>160.000.000</b>	<b>160.000.000</b>	<b>160.000.000</b>	<b>160.000.000</b>	<b>160.000.000</b>	<b>800.000.000</b>

#	Details	Estimated budget ( VND)					
		2006	2007	2008	2009	2010	2006 - 2010
3.2.2	Provincial conference	3.200.000.000	3.200.000.000	3.200.000.000	3.200.000.000	3.200.000.000	16.000.000.000
3.2.3	National workshop	160.000.000	160.000.000	160.000.000	160.000.000	160.000.000	800.000.000
3.2.4	Provincial workshop	3.200.000.000	3.200.000.000	3.200.000.000	3.200.000.000	3.200.000.000	16.000.000.000
3.3	Study tours abroad	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	5.000.000.000
	Sum (3)	14.320.000.000	14.320.000.000	14.320.000.000	14.320.000.000	14.320.000.000	71.600.000.000
4	Education and communication						
4.1	Materials	11.600.000.000	11.600.000.000	11.600.000.000	11.600.000.000	11.600.000.000	58.000.000.000
4.2	Activities	21.200.000.000	21.200.000.000	21.200.000.000	21.200.000.000	21.200.000.000	106.000.000.000
4.3	Training skills	11.600.000.000	11.600.000.000	11.600.000.000	11.600.000.000	11.600.000.000	58.000.000.000
	Sum (4)	44.400.000.000	44.400.000.000	44.400.000.000	44.400.000.000	44.400.000.000	222.000.000.000
5	Developing reporting system						
5.1	Reproting forms	40.000.000	40.000.000	40.000.000	40.000.000	40.000.000	200.000.000
5.2	Equipments, stationery	600.000.000	600.000.000	600.000.000	600.000.000	600.000.000	3.000.000.000
5.3	Training	200.000.000	200.000.000	200.000.000	200.000.000	200.000.000	1.000.000.000
	Sum (5)	840.000.000	840.000.000	840.000.000	840.000.000	840.000.000	4.200.000.000
6	Monitoring, supervision and evaluation						
6.1	Central level	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	5.000.000.000

#	Details	Estimated budget ( VND)					
		2006	2007	2008	2009	2010	2006 - 2010
<b>6.2</b>	<b>Provincial level</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>6.400.000.000</b>	<b>32.000.000.000</b>
	Sum (6)	7.400.000.000	7.400.000.000	7.400.000.000	7.400.000.000	7.400.000.000	37.000.000.000
<b>7</b>	<b>Consultants</b>						
<b>7.1</b>	<b>Domestic consultants</b>	<b>300.000.000</b>	<b>300.000.000</b>	<b>300.000.000</b>	<b>300.000.000</b>	<b>300.000.000</b>	<b>1.500.000.000</b>
<b>7.2</b>	<b>International consultants</b>	<b>500.000.000</b>	<b>500.000.000</b>	<b>500.000.000</b>	<b>500.000.000</b>	<b>500.000.000</b>	<b>2.500.000.000</b>
	Sum (7)	800.000.000	800.000.000	800.000.000	800.000.000	800.000.000	4.000.000.000
<b>8</b>	<b>Other activities</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>1.000.000.000</b>	<b>5.000.000.000</b>
	Sum(8)	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	1.000.000.000	5.000.000.000
<b>9</b>	<b>Spare budget</b>	<b>2.000.000.000</b>	<b>2.000.000.000</b>	<b>2.000.000.000</b>	<b>2.000.000.000</b>	<b>2.000.000.000</b>	<b>10.000.000.000</b>
	Sum (9)	2.000.000.000	2.000.000.000	2.000.000.000	2.000.000.000	2.000.000.000	10.000.000.000
	Sum (1 -9)	166.960.000.000	145.360.000.000	119.160.000.000	119.160.000.000	119.160.000.000	669.800.000.000

## **CHAPTER FIVE: ORGANIZATION OF IMPLEMENTATION**

### **I. EXECUTIVE MANAGEMENT**

#### **1. At the Central level**

**Forming up National Steering Committee for STI prevention and control program chaired by the leader of Vietnam Administration of HIV/AIDS Control, and leader of National Institute of Dermatology and Venerology as the deputy chair.**

**Members of the Committee shall include representatives of related agencies, including Department of Therapy, Department of Reproductive Health, National Institute of Hygiene and Epidemiology, National Hospital of Obstetric and Gynecology, National Hospital of Pediatrics, National Institute of Infectious and Tropical Diseases, Center for Health Communication and Education.**

**The National Steering Committee shall have responsibilities to guide plan making, and coordinate with relevant units to provide STI prevention and control activities as well as implement program monitoring and evaluation activities.**

#### **2. At the Provincial level**

**The provincial DV Units shall be responsible for making strategy and plan of the STI prevention and control program and for, conducting the planned activities of their provinces.**

#### **3. At the District level**

**District DV units shall cooperate with units involved in STI prevention and control in their districts to organize the implementation of STI prevention and control activities in their districts and communes.**

### **II. INTEGRATION WITH OTHER PROGRAMS OF ACTION**

**It is necessary to integrate STI prevention and control program with other programs of HIV/ADIS prevention and control program, Reproductive health care program, and some others such as programs oblood transfusion, epidemiology surveillance, education and communication...**

#### **1. Integrating with Program of Reproductive Health**

**- To co-operate in the implementation of STI supervision, management in the system of obstetric and gynecology and family planning at all levels;**

**- To organize training courses on STI management for obstetric and gynecology, and family planning facilities, especially for focal point provinces.**

**2. Integrating with activities of 5 National Action Programs of the National Strategy on HIV/AIDS prevention and control in Vietnam till 2010 with a vision to 2020, especially with Action Programs of No.1, No. 4 and No. 6.**

**3. Integrating with activities of health education communication, including the integration of communication activities on HIV/AIDS prevention and control with those on STI prevention and control with the focus on the youth, juveniles.**

**Integration activities are yearly evaluated so as to draw the lessons learnt as well as to help with the plan making for the following years.**

### **III. PHASES FOR THE PROGRAM IMPLEMENTATION**

#### **1. The phase of 2006 - 2007**

**1.1. To accomplish the National Guidelines and other Technical documents.**

**1.2. To print and distribute the documents to provincial DV units.**

**1.3. To organize the training courses.**

**1.4. To build up standardized labs in regional hospitals.**

**1.5. To perfect the system of organization, monitoring, supervision, evaluation of the program.**

#### **2. The phase of 2008 - 2010**

**2.1. To supervise, monitor and evaluate activities related to STI diagnosis and treatment implemented in all of STI care service facilities in line with the National Guidelines.**

**2.2. To continue training and retraining staff working in STI prevention and control program .**

**2.3. To enhance communication and education activities; to diversify health education forms on the mass media.**

**2.4. To strengthen regular examinations, testing and provide treatment for high-risk behaviour groups.**

**MINISTER OF HEALTH**

**(Signed)**

**Tran Thi Trung Chien**