Viet Nam

Population 87,375,200

Estimates of epidemiological burden, 2007

- All HIV+ Incidence, all forms of disease (per 100,000 pop/year) 171 6.2
- Incidence, ss+ cases (per 100,000 pop/year) 76 U/R
- Of incident TB cases, % HIV+ of incident TB cases (per 100,000 pop/year) 3.65 U/R

- Prevalence, all forms of disease (per 100,000 pop/year) 220 U/R
- Prevalence, ss+ cases (per 100,000 pop/year) 86 U/R
- Mortality (per 100,000 pop/year) 24 U/R

Drug-resistant TB

Estimates 2007

- Number of MDR-TB among all TB cases 6,468
- MDR-TB among all new TB cases (%) 2.7
- MDR-TB among previously treated TB cases (%) 19
- Incident MDR-TB ss+ cases 4,199

Notification

- Diagnosed and notified –
- Registered for treatment
  - GLC 0
  - non-GLC –
- Expected to be treated in 2008 –
- Expected to be treated in 2009 100

TB/HIV

Estimated 2007 PLWHIV 290,000

- Number of PLWHIV screened for TB –
- Number of PLWHIV receiving IPT –

Diagnostic capacity for DST

- NRL Yes
- NRL EQA with SRL Yes
- Drug susceptibility testing for SLD Yes
- Year of last DRS 2005
- Access to DST (per 10 million pop) 0.2

Political Commitment

- MDR component in the country TB plan Yes
- National guidelines for the management of MDR-TB No
- National funding for MDR-TB –
- GF Grant for MDR-TB Yes

Human resources

- MDR-TB focal point at the NTP –
- Plan for training HR No
- Training material developed No

Advocacy

- ACSM included in TB national plan –

Infection Control

- National policy Yes

1 Under Review
2 2008 data
Technical and financial support
Main technical partners for MDR-TB KNCV, Institute of Medical and Veterinary Science, Adelaide, Australia(SRL)
Main funding agencies Domestic funds, GF, Netherlands Embassy, PEPFAR

Treatment through the GLC
GLC approved projects Yes

Drug management
GLC drug registration is limiting access No
Availability of SLD outside GLC Some
FLD available over the counter without medical prescription Yes
SLD available over the counter without medical prescription Yes

Engaging all care providers
MDR-TB manage by the providers outside NTP Yes
Number of private health facilities collaborating with NTP –
Number of public health facilities collaborating with NTP –
Number of NGO health facilities collaborating with NTP –

Abbreviations
– indicates no information available, ACSM advocacy, communication and social mobilization; CDC, Centers for Disease Control and Prevention; DOT, directly observed treatment; DRS, drug resistance survey; DST, drug susceptibility testing; EQA, external quality assurance; FIND, Foundation for Innovative New Diagnostics; FLD, first-line drugs; GDF, The Global Drug Facility; GF, the Global Fund to fight AIDS, Tuberculosis and Malaria; GLC, Green Light Committee; GTZ, German Technical Cooperation Agency; HIV, human immunodeficiency virus; HR, human resource; ICRC, International Committee of the Red Cross; IFRC, International Federation of Red Cross and Red Crescent Societies; IPT, isoniazid preventive therapy; KfW, Kreditanstalt für Wiederaufbau; KNCV, The Royal Netherlands Tuberculosis Association; LHL, Norwegian Heart and Lung Foundation; MDR-TB, multidrug-resistant tuberculosis; MSF, Médecins Sans Frontières; NRL, national reference laboratory; NTP, national tuberculosis control programme; PATH, Program for Appropriate Technology in Health; PEPFAR, The President's Emergency Plan For AIDS Relief; PIH, Partners inHealth; PLWHIV, people living with HIV; SIDA, Swedish International Development Cooperation Agency; SLD, second-line drugs; SRL, supranational reference laboratory; ss+, smear-positive; TB, tuberculosis; TBCAP, Tuberculosis Control Assistance Program; UNDP, United Nations Development Programme; the Union, International Union Against Tuberculosis and Lung Disease; WB, World Bank; XDR-TB, extensively drug-resistant tuberculosis; DFID, Department for International Development of the UK Government, CHC, Cambodian Health Committee.

Sources
www.who.int/globalatlas/dataQuery

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