Objective
To describe an exercise to identify priority provinces to be focused in the Vietnam National HIV Sentinel Surveillance (HSS).

Introduction
The Vietnam National HSS was established in 1994. In the late 1990s and early 2000s, when the epidemic was increasing rapidly, the HSS helped with the intensive close monitoring of the HIV epidemic. In its first 10 years, the HSS was rapidly expanded from 6 to 40 provinces and in some years, it was conducted semi-annually. After two decades, the HIV epidemic situation has changed. In most provinces, HIV prevalence has reported to have declined. Compared to the peak period, the HIV prevalence among key populations (KP) in the past decade decreased from 40-60% to 20% or lower. In many provinces, HIV prevalence was less than 10% among people who inject drugs (PWID) and less than 3% among female sex workers (FSW), and among men who have sex with men (MSM) (Table 1). At the same time, the HIV programme has since been scaled up widely with various interventions and expanded to most of the 63 provinces. In 2014, the government of Vietnam and international stakeholders conducted a joint review of the health sector response to the HIV epidemic and concluded that for better monitoring of the epidemic, a more focused and higher quality surveillance system was needed. The HSS helped with the intensive close monitoring of the HIV epidemic. In its first 10 years, the HSS was rapidly expanded from 6 to 40 provinces and in some years, it was conducted semi-annually. After two decades, the HIV epidemic situation has changed. In most provinces, HIV prevalence has reported to have declined. Compared to the peak period, the HIV prevalence among key populations (KP) in the past decade decreased from 40-60% to 20% or lower. In many provinces, HIV prevalence was less than 10% among people who inject drugs (PWID) and less than 3% among female sex workers (FSW), and among men who have sex with men (MSM) (Table 1). At the same time, the HIV programme has since been scaled up widely with various interventions and expanded to most of the 63 provinces.

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Conclusions
Adjusting the HSS to better align it with the HIV epidemic and programmatic needs is necessary. Refocusing the HSS to high burden epidemic areas saves time and resources, thus enables more focus on data quality improvement. Innovation to advance survey methods, adherence to survey protocol, and additional bio-markers to better monitor the epidemic will be the emphasis of the HSS towards a more timely and robust surveillance system in Vietnam.

Table 1: Status of the HSS before the prioritization exercise

| No. of HSS province | PWID | FSW | MSM |
|---------------------|------|-----|-----|
| 38                  | 12.6%| 11.9%| 3.2%|
| 20                  | 16.8%| 17.8%| 4.2%|
| 13                  | 33.8%| 39.1%| 12.9%|

* Five year (2011-2015) average HIV prevalence
** N<150 for PWID survey and N<250 for FSW or MSM survey

Source: National HIV sentinel surveillance database, Ministry of Health.

Table 2: Geographical and population coverage of the HSS before and after the prioritization.

| HSS coverage | Before 2017 | After 2017 | Change |
|--------------|-------------|------------|--------|
| PWID         | 227,038 | 174,500 | -52,533 |
| % (%)        | 83.20% | 67.90% | -15.30% |
| FSW          | 40 | 13 | 27 |
| % (%)        | 82.60% | 58.90% | -23.70% |
| MSM          | 14 | 3 | 11 |
| % (%)        | 46.00% | 36.30% | -10.70% |

* % compared to national KP size estimates

Keywords
HIV/AIDS; sentinel surveillance; policy

References
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