I. BACKGROUND

1. The overall HIV/AIDS epidemiology

HIV/AIDS epidemic is one of the key public health challenges all over the world. HIV/AIDS has spread to every country and with gathering speed causes illness and death in the most vulnerable populations. With no effective vaccine likely to be available or cure yet, the priority responses of government remain prevention of HIV infection and, increasingly, treatment of AIDS. Although effectively reaching these populations with prevention and treatment programs presents difficulties, it also offers an opportunity to impact significantly and therefore limit the progress of the HIV/AIDS epidemic.

Vietnam is facing an HIV/AIDS concentrated epidemic in most at risk populations. The estimated number of people living with HIV in Vietnam has been sharply increasing from approximately from 96,000 to 256,000 between 1999 and 2012. HIV infection and deaths from AIDS have now been reported in all of Vietnam’s 64 provinces. The Ministry of Health (MOH) has reported that, by end of 2012, there were 201,703 alive HIV infected individuals in Vietnam, 61,669 AIDS cases are still alive and 63,3722 deaths related to AIDS. Nearly half of those infected and a clear majority of new HIV positive cases fall in the 20-29 age range. This epidemic displays a distinctly geographic pattern, e.g. Quang Ninh, Hai Phong and Ho Chi Minh City, with prevalence rates considerably above the mean across provinces.

2. The background of the Project

As one of the largest financiers of HIV/AIDS control programs in the world, the World Bank brings significant global and regional expertise and experience to the task of assisting Viet Nam to implement its National HIV/AIDS Strategy. Moreover, the World Bank has built considerable capacity, including in the financial management and procurement fields, as well as implementation guidance which can contribute to the successful implementation of the project. The World Bank’s involvement creates a higher visibility to the issue of HIV/AIDS and underscores the cross-sectoral
development dimension of HIV/AIDS, capacity building, as well as other professional activities.

DFID is the crucial partner in this project, as one of the main global supports of Harm Reduction and as a development agency with intense expertise in Asia and in Vietnam in particular.

The Project "HIV/AIDS Prevention in Vietnam" is seven-year project funded by World Bank and DFID (from 2005-2013) and will be ending in 2013. This project is to support the implementing of Vietnam’s National Strategy on HIV/AIDS prevention and control. The overall objective of this project is to contribute to limit HIV prevalence below 0.3% among communities up to 2015 through effective prevention program at 20 cities/provinces, increasing awareness of general populations, as well as creating turning point for local authorities in HIV/AIDS prevention.

The Project consists of the following part:
- Part B: National HIV/AIDS Policy and Program
  + Policy and Program Development and Implementation
  + Monitoring and Evaluation
  + Behavior Change Communication
- Part C: Project Management

3. Current situation in Vietnam

Although the first case was diagnosed in 1990, HIV prevention, treatment and care have only recently been addressed on a substantial scale in VN and not yet in closed settings. The parallel epidemic of heroin injection and sharing of syringes continues to fuel the HIV epidemic.

Over the last seven years, Vietnam has implemented, substantial Needle & Syringe and 100% Condom Use Promotion Programmes (NSP & CUP) along with a substantial scale up of Voluntary Counselling and Testing (VCT) and ARV treatment for nearly 70,000 patients. Despite this progress, only 54% of the need in these areas has been achieved. Internationally recognised effective treatment for heroin dependence with methadone has only been in VN since 2008 with still limited availability and covering around 11,000 people.

Since the project is coming soon to and end we need to address the transition of most of the activities to the Global Fund on AIDS, Tuberculosis and Malaria project that planed to own the current project responsibilities, gaps and achievements.
4. Importance of technical support for the project, especially harm reduction program

The provision of Technical Assistance (TA) to HIV programmes is crucial and needs to bring together International and National expertise. The importance of adapting all technical advice and assistance to Vietnamese culture and language context is critical.

Many of the current TA providers are from USA or funded under larger US government agencies with advice and direction in certain fields inappropriate for resource limited settings or provided with different interests in mind.

Financial support, capacity building and technical assistance to harm reduction (HR) services, as well as information exchange and networking, community development, research and advocacy contribute to the future success of the project for controlling HIV epidemic in Vietnam. The transition to GF ATM mentioned above will be critical for the success of the epidemic control in Vietnam.

5. General information of World Health Organization (WHO)

WHO in Vietnam has large scope of activities all over the country, to support Vietnamese Government in HIV/AIDS prevention and control in many aspects like technical support, building capacity, monitoring and evaluation of HIV/AIDS prevention activities, including Harm Reduction for IDU through implementing Opiate Substitute Therapy (OST) and some fields in harm reduction program aiming at reducing HIV infection risk in vulnerable populations.

WHO liaises with other agencies of the United Nations through the provision of technical advice and participation in UN theme groups at country level to ensure effective coordination and harmonization with the collaborative programs of the United Nations and WHO. WHO coordinates efforts to ensure effective program implementation, monitoring and evaluation.

WHO provides guidance on policy issues and program strategies. Decisions and recommendations on program objectives and policy matters are done in consultation with supervisor. Guidance of overall program direction and implementation will be provided from the technical unit. WHO updates documents and guides how to use these documents to apply in program implementation.

WHO is also the main Technical Assistance Provider to the GF ATM, the receptor of this ongoing project.

This TOR is hereby prepared to continue to perform the technical assistance services, with the main aim of concluding the transition smoothly.

Estimated duration of the assignment is 06 months in 2013 (from March to September).
II. RESPONSIBILITIES

1. Objectives

The objective of the assignment is to provide technical assistance to CPMU in implementing project activities, especially harm reduction program in 2013, conclude the current project and transitioning smoothly to the GF ATM.

The expected output is to help CPMU publish a final assessment about project activities after 7 years of implementation to meet all project objectives.

2. Mechanism

For this assignment, we will join National and International experts. The national consultant will play as a key role of the WHO team as a supporter who will provide administrative work, translation, training, guidance and other support for the international consultant.

3. Scope of work

- To assist CPMU to implement strategy for harm reduction based on National Strategy Orientation from 2010 to 2015;
- To assist the provision of periodical TA for Methadone clinics, including Thanh Hoa, Thai Nguyen, Nam Dinh and An Giang provinces;
- To participate in training courses on Harm Reduction;
- To participate CPMU supervision missions to implementing agencies to provide TA;
- To assist the enhancement of building capacity for CPMU and implementing agencies through sharing international experiences, legal documents, technical support, etc.;
- To assist development of guidelines for 32 provinces/cities to hand over project activities to other implementers;
- To support CPMU through PPMU/PAC to implement Enhanced Sentinel Surveillance (HSS+) and Unique Identification Code (UIC) activities in as many of the 32 project provinces/cities as possible;
- To attend major MoH internal and partner meetings, and provide information and advice as requested;
- To undertake related duties as required.
4. Places for conducting services

+ WHO Office in Ha Noi
+ CPMU office
+ Implementing agencies in visit provinces.

5. Reports and schedule to delivery

The major deliverables/outputs are as follows:

− At least 10 reports for supervision, TA in provinces/cities, concentrating on harm reduction, M&E, building capacity (possibly to participate in CPMU’s missions or mission requested by VAAC), submit these reports to CPMU quarterly and the last time is on Dec, 15\textsuperscript{th} 2013;

− Together with CPMU to organize at least 07 workshops/meetings/trainings and at least 05 presentations at these workshops/meetings/trainings;

− Regularly updated documents about Harm Reduction, M&E, building capacity are provided at the end of June and at the end of November, 2013;

− Reports about experiences, documents and TA are shared with CPMU, submitted to CPMU quarterly, and the last time is the end of November, 2013;

− 01 Guideline (Framework) for 32 provinces/cities to transfer project activities to National Target Program (proposed to Global Fund) in a continuous and convenient way, completed before August, 15\textsuperscript{th} 2013;

− A standard process about HSS+ is issued for provinces/cities before August 30\textsuperscript{th} 2013;

− A report to support provinces/cities to implement HSS+ is completed before November, 30\textsuperscript{th} 2013;

− A guideline of UIC for provinces/cities is issued before October, 30\textsuperscript{th} 2013;

− A report for support training course for staffs working in Provincial AIDS Centers in provinces/cities about HIV transmission prevention intervention for MSM;

All reports and documents above should be submitted to CPMU in both English and Vietnamese where feasible.

6. Proposed Time:
From 1 April to 30 September 2013

Candidate should send CV with the application letter by postal mail at:

Administrative Officer
World Health Organization
63 Tran Hung Dao, Hanoi, Viet Nam

Or by email at:

WHO-Applicants.VTN@wpro.who.int

Submission deadline is Tuesday, 12 March 2013