| ***Health Policy Initiative (HPI)***<br>**SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)** | | |
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| **Health Policy Initiative (HPI) Vietnam** | | |
| 1 | RFTOP Number | RFTOP No. 486-08-020 |
| 2 | Date RFTOP Issued | May 27, 2008 |
| 3 | Issuing Office | Regional Office of Procurement,<br>USAID, Regional Development Mission/Asia<br>Bangkok, Thailand |
| 4 | Contracting Officer | Patrick J. Wilson, Regional Contracting Officer<br>E-mail: pWilson@usaid.gov |
| 5 | Proposals to be Submitted to | Karittha Jenchiewchan, Procurement Specialist<br>Email: kjenchiewchan@usaid.gov |
| | Question and Answer Due | June 9, 2008 |
| 7 | Proposals Due | June 26, 2008 |
| 8 | Payment Office | See Section G.4 Paying Office |
| 9 | Name of Firm | |
| 10 | IQC Task Order Number | |
| 11 | DUNS number | |
| 12 | Tax Identification Number | |
| 13 | Address of Firm | |
| 14 | RFTOP Point of Contact | Karittha Jenchiewchan, Procurement Specialist<br>Email: kjenchiewchan@usaid.gov |
| 15 | Person Authorized to Sign RFTOP | Patrick J. Wilson, Regional Contracting Officer |
| 16 | Signature | |
| 17 | Date | |

## SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

### B.1 PURPOSE

The USAID, Regional Development Mission/Asia (USAID/RDMA) requires support for Health Policy Initiative (HPI) Vietnam as detailed in Section C.

### B.2 CONTRACT TYPE

This is a cost-plus-fixed fee, completion type task order. For the consideration set forth in the task order contract, the Contractor shall provide the deliverables or outputs described in Section C and comply with all contract requirements.

### B.3 BUDGET

a. This is a Cost Plus Fixed Fee (CPFF) Completion Type Task Order. The estimated cost for the performance of the work required hereunder, exclusive of fee is $__________. The ceiling fixed fee is $________. The total estimated cost plus fixed fee is _________.

b. Within the estimated cost plus fixed fee, if any, specified in paragraph (a) above, the amount currently obligated and available for reimbursement of allowable costs incurred by the Contractor (and payment of fee, if any) for performance hereunder is ________. The Contractor shall not exceed the aforesaid obligated amount unless authorized by the Contracting Officer pursuant to the clause of this contract entitled "Limitation of Funds" (FAR 52.232-22). See Section I of the basic IQC.

c. Budget Schedule:

To be determined.

### B.4 PAYMENT

The paying office is as referenced in Section G.4.

**(End of Section B)**

## SECTION C – STATEMENT OF WORK

### C.1 TITLE

The title of the program in this task order is Health Policy Initiative (HPI) Vietnam.

### C.2 INTRODUCTION

The United States Agency for International Development Vietnam is issuing a Request for Task Order Proposals (RFTOP) under the Health Policy Initiative (HPI) Indefinite Quantity Contract (IQC) for **Strengthening HIV/AIDS Policy & Advocacy in Vietnam**. Subject to annual availability of funds, USAID intends to award a Task Order for up to $10 million over a five-year period (o/a October 1, 2008 – September 30, 2013), with approximately $1.6 million available in the first year. The Task Order will permit the contractor to carry out activities in Vietnam after receiving Government of Vietnam approval to operate in Vietnam. USAID reserves the right to fund any or none of the proposals submitted. USAID will be directly involved in the implementation and performance monitoring of this award.

This project will support the U.S. Government Five-Year Strategy for HIV/AIDS in Vietnam under the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR/Vietnam's objective in the policy area is to accelerate

and complement effective national and provincial responses, which include supporting government policy development where appropriate, building capacity for policy analysis and translating the analysis into action, fostering an enabling environment and building networks and capacity at the community level. These principles will guide USG efforts to strengthen national and local policies and systems to combat HIV/AIDS in Vietnam.

Through this award, USAID/Vietnam aims to continue to ensure achievement of the program objective to expand and strengthen HIV/AIDS prevention, care and support, treatment and policy/system strengthening services in Vietnam. Specifically, the goals of this project are to support the Government of Vietnam, civil society, and networks to undertake critical policy and advocacy actions in their efforts to improve HIV/AIDS prevention, care, and treatment in Vietnam. Under USAID's Foreign Assistance Framework, the program will contribute to the Program Objective of Investing in People in the Health Program area and Program Elements: 1.1.HIV/AIDS. Please refer to the Statement of Work below for a complete statement of goals and expected results.

To achieve the above-stated goals, this project will achieve the following results:

1) National and local HIV/AIDS policies, plans and programs based on international best practice adopted and implemented;
2) Effective public sector and civil society advocates and networks developed, strengthened, and supported to assume leadership in the policy process;
3) Timely and accurate data used for evidence-based decision-making and advocacy.

## C.3 BACKGROUND

The first case of HIV in Vietnam was detected in December 1990, and in 2006 the Ministry of Health (MOH) estimated there to be 280,270 persons living with HIV/AIDS (PLHA) in Vietnam. Although the HIV epidemic has spread to all 64 provinces in Vietnam, with 95% of districts and more than 50% of communes affected, the epidemic is still concentrated in urban settings and among most-at-risk populations (MARPs), such as injecting drug users (IDUs), sex workers (SWs) and their clients, and men who have sex with men (MSM). UNAIDS estimates that adult HIV prevalence in Vietnam is 0.53%, but prevalence among IDUs is estimated at 23.1% and reaches 65.8% in some provinces (MOH)[1]. HIV has spread to other high-risk populations but evidence suggests that injecting drug use is still the upstream cause of many new HIV infections. HIV prevalence among female sex workers (FSW) is 4.2%, but the 2005/2006 Integrated Behavioral and Biological Survey (IBBS) revealed that HIV infection rates were three to thirty times higher among sex workers who reported injecting drug use than those who did not, and that injecting drug use was a strong predictor of overall HIV prevalence in this population. Similarly, the IBBS found HIV prevalence of 9% among men who have sex with men (MSM) in Hanoi and 5% in Ho Chi Minh City, with figures three to five times higher among MSM who reported injecting drug use. Almost 80% of reported AIDS cases are in men between the ages of 20 and 39. Among youth, vulnerability to HIV infection is substantial among IDUs, have transactional sex, or both. Vietnam's epidemic is characterized by large differences in HIV prevalence among regions and clusters. Those provinces with the highest prevalence include Ho Chi Minh City (HCMC), Hai Phong, and Quang Ninh.

Since the detection of HIV transmission among IDUs and FSWs in the mid-1990s, the Government of Vietnam (GVN) has taken an uncompromising stance on illicit drug use and sex work. Policies have required drug users and sex workers and populations in rehabilitation centers to be confined for one to five years in GVN-run rehabilitation centers. These centers provide detoxification and work programs but are not able to provide drug treatment, and there are no other options for the vast majority of IDUs who need drug treatment. USG is the only donor providing substantial resources for scale-up of community-based drug treatment services including access to medication assisted therapy (MAT), addiction counseling, and a variety of other supportive services. Fear-inducing public information campaigns early in the epidemic were grounded in the association of drug use and sex work with HIV/AIDS, and this contributed to continuing severe stigma and discrimination directed towards both MARPs and PLHA. Recent advocacy efforts have led to change in the GVN approach to the national HIV/AIDS response. However, elements of the national response including the continued GVN support of the rehabilitation centers continue to engender stigma and discrimination and affirm negative public perceptions of and stigmatizing attitudes towards persons associated with high-risk behaviors. Advocacy groups

[1] Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam 2005-2006. Ministry of Health

and civil society are beginning to emerge, though they remain nascent. There is currently no clear process for establishing and registering community-based organizations (CBOs) or faith-based organizations (FBOs), and so these operate with tenuous, informal permission from local authorities.

As a result of the focused and coordinated advocacy efforts by national and international stakeholders, the situation may be changing towards a more enabling policy environment in Vietnam, as made evident by the passing of the Law on HIV/AIDS Prevention and Control (June 2006), the National HIV/AIDS Strategy (March 2004), and the Communist Party Directive #54 on Strengthening Party's Leadership in HIV/AIDS programs (November 2005). Also, high-level leadership in the Party, the National Assembly, and the GVN has been demonstrated; and the involvement of civil society, including PLHA, in the HIV response has increased. Furthermore, other positive developments in Vietnam—increased socioeconomic development, broadened social support for HIV programs, increased access and exposure to media and information technology, and widespread secondary education and high literacy rates among Vietnamese—have created opportunities for advancing HIV efforts. In March 2004, the GVN released the "National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020." The strategy provides the vision, guidance and measures for a comprehensive national response to the epidemic, calling for mobilization of government, party and community-based organizations across multiple sectors. In June 2006, the National Assembly approved a new Law on HIV/AIDS Prevention and Control, which provides a legal framework for guiding the national HIV response. This law, which came into effect on January 1, 2007, is the highest legislation addressing HIV/AIDS in Vietnam. It outlines a detailed and extensive set of legal measures, including clear guidelines on the protection of confidentiality, guarantees of the rights of PLHAs to services, strong measures designed to reduce stigma and discrimination, support for the implementation of drug substitution treatment, and free access to HIV treatment for children.

However, the newer law is in direct conflict with components of existing older laws and decrees especially in relation to drug users and prostitution control policies. There is also weak leadership, commitment, and implementation at provincial and local levels, where stigma and discrimination in services remain high. It will take effort and time to communicate the components of the newer laws to the provincial, district and commune levels. Additional challenges include: increased mobility of the population, including cross-border migration and trafficking; competing health and development priorities; a widening gap between the rich and poor in rural and urban areas; and increased inequality in the access to social and health services, including inequality stemming from gender norms and that feed particular gender-based stigma towards women (female IDUs, for example) and some men (those perceived to have been infected through male-to-male sex, for example), and curtail access to services. These inconsistencies must be addressed; socioeconomic policies that address the vulnerability of key population groups should be formulated; political commitment must translate into action; and a legal and policy framework for the involvement and strengthening of civil society, along with increased role for the private sector, should be created. Certain factions of the GVN have recognized that addressing and reducing the growth of HIV in Vietnam involves developing an enabling environment, with government, civil society, and the private sector but other factions have a vested interest in maintaining the older system of rehabilitation centers which have a narrow treatment approach focused only on detoxification and manual labor. The GVN has supported some policy and advocacy efforts in the public and private sectors as a means of increasing commitment, resource allocation, and participation at the community, sub-national, and national levels. USAID/Vietnam supports the internationally agreed Greater Involvement of People Living with HIV/AIDS (GIPA) principle through provision of technical assistance to nascent NGOs and civil society groups, particularly PLHA, to participate in advocacy and policy development efforts.

Vietnam became the 15th PEPFAR focus country in June 2004. The programs and interventions included in the PEPFAR strategy are built on principles consistent with Vietnam's National HIV/AIDS Strategy—including the provision of voluntary services centered on clients' needs, the reduction of HIV-related stigma and discrimination, the focus on comprehensive and high-quality services and government ownership of programs, and the GIPA principle. In Vietnam, PEPFAR operates through many different U.S. agencies and partners: the U.S. Department of Health and Human Services (HHS), including the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA); the Department of State (DoS); the Department of Defense (DoD); and the U.S. Agency for International Development (USAID) and its non-governmental implementing partners.

With support from the international community, including the USG, the GVN is making progress toward the "Three Ones." The Three Ones include one national framework for HIV/AIDS, one national coordinating