ASIA PACIFIC REGIONAL LEARNING HUB (APRLH) — SEVEN ALLIANCE CONSORTIUM

FINAL NARRATIVE COMPLETION REPORT & STRATEGIC COMMUNITY PRIORITIES SYNTHESIS

Consolidated Field Evidence, Disease-Disaggregated Allocations (HIV, TB, TB/HIV, RSSH), and Deliverables Tracking for the Global Fund Grant Cycle 8 (GC8) Vietnam Funding Request (2027–2029)

Project Sub-Award Ref.:	SG Learning Hub 2026/10 (Asia Pacific Regional Learning Hub)
Grantor / Consortium:	Asia Pacific Transgender Network Foundation (APTN) / Seven Alliance Consortium
Implementing Partner:	Youth Link Social Enterprise Company Limited (Kết Nối Trẻ)
Appointed Focal Point:	Mr. Tong Van Nam, Director (nam@ketnoitre.org / +84 933 800 321) | CCM Oversight Committee Vice Chair
Total Grant Allocation & Period:	USD 5,000 (100% committed & acquitted) | Implementation: 22 May 2026 – 30 August 2026
Coordinating National Bodies:	Vietnam Country Coordinating Mechanism (VCCM), VUSTA PR, NTP, VAAC, Community Networks (VNP+, MSM-TG, TB Networks)

1. EXECUTIVE SUMMARY & PROJECT BACKGROUND

Context and Mandate: This Final Narrative Completion Report is submitted by Youth Link Social Enterprise Company Limited (Doanh nghiệp Xã hội Kết Nối Trẻ) under Sub-Award Agreement Ref. SG Learning Hub 2026/10 within the framework of the Asia Pacific Regional Learning Hub (APRLH), managed by the Asia Pacific Transgender Network Foundation (APTN) as part of the Seven Alliance Consortium. The small grant of USD 5,000 was mobilized to provide dedicated in-country technical and community mobilization capacity to ensure that civil society organizations (CSOs), community-based organizations (CBOs), and key and vulnerable populations (KVPs) most affected by HIV, Tuberculosis (TB), and related health challenges

actively and meaningfully shaped the national funding request for the Global Fund Grant Cycle 8 (GC8: 2027–2029).

Alignment with GC8 Timeline: Vietnam submitted its formal GC8 Funding Request under Window 2 on 27 July 2026. As the proposal now undergoes simultaneous technical and policy reviews by the Global Fund Secretariat, the Technical Review Panel (TRP), and regional review platforms, this report provides a comprehensive accounting of grant performance, disease-disaggregated priority allocations, and strategic documentation. It establishes direct accountability to the donor while delivering the full package of outputs requested to facilitate the Global Fund's evaluation of community inclusion, funding alignment, and country dialogue effectiveness.

> **Core Project Tenet:** "The strategic objective of the small grant was not merely to record community feedback as passive consultation, but to institutionalize communities and civil society as co-architects and co-owners of the GC8 health investment portfolio. Through structured multi-stage dialogues across 11 provinces, rigorous desk analysis of GC7 gaps, and detailed costing of community service packages, the project ensured that community priorities across HIV, TB, and Resilient and Sustainable Systems for Health (RSSH) were fully translated into formal Global Fund Annexes and integrated into national negotiation frameworks."

Key Performance Highlights & Project Milestones

- **Broad Multi-Province Inclusivity:** Directly mobilized and engaged over 50 leaders and representatives from PLHIV networks, MSM and transgender communities, people who inject drugs (PWID), female sex workers (FSW), young key populations, TB survivors, and ethnic minority community champions across 11 provinces and municipalities (Hanoi, Hai Phong, Quang Ninh, Thai Nguyen, Nghe An, Ninh Binh, Da Nang, Can Tho, An Giang, Vinh Long, and Ho Chi Minh City).
- **Master Annex Delivery:** Formulated, validated, and formally submitted the two official Global Fund Annexes: (1) HIV & Cross-Cutting RSSH Community Funding Priorities (14 core priority areas), and (2) Tuberculosis Community Funding Priorities (10 core priority areas).
- **Strategic National Consultation:** Convened the high-level National Strategic Orientation and Community Input Consultation in Ho Chi Minh City on 19 June 2026 at Sen Viet Hotel, co-facilitated with CCM Vice Chair Mr. Nguyen Anh Phong, CCM Oversight Vice Chair Mr. Tong Van Nam, and CCM Coordinator Ms. Duong Thu Hang, establishing direct technical consensus on primary health care linkages and social contracting.
- **Feedback-Loop Accountability:** Constructed an ongoing advocacy tracking matrix monitoring the inclusion of community priorities across Draft 1 (June 5), Draft 2 (July 2), and

the final submitted proposal, equipping community leaders with evidence to defend priority budget envelopes during grant-making.

2. CONSULTATION ARCHITECTURE & PARTICIPATORY METHODOLOGY

Methodological Rigor: To ensure that the priorities presented to the Global Fund were fully representative, legitimate, and grounded in frontline realities, Youth Link SE instituted an iterative, multi-stage consultation architecture between April and July 2026. This process bridged grassroots key populations with national policy bodies.

Timeline	Engagement Platform & Forum	Constituencies & Stakeholders	Core Strategic Output Produced
17–18 April 2026	National Hybrid Community Consultations (Ha Noi & Online)	50 representatives from 11 provinces representing PLHIV, MSM, TG, PWID, FSW, and TB survivors.	First comprehensive synthesis of community barriers across HIV and TB cascades; initial priority taxonomy.
5 May 2026	National TB Country Dialogue (CCM Viet Nam)	CCM members, NTP leadership, WHO, USAID, CSOs, TB network delegates.	Integration of community active case finding and social protection needs into formal national TB dialogue.
7 May 2026	National HIV Country Dialogue (CCM Viet Nam)	CCM members, VAAC, VUSTA PR, UNAIDS, CDC, KP networks, social enterprises.	Consensus on community leadership in HIV prevention, PrEP diversification, and transition to social contracting.
3–5 June 2026	Review of First Draft GC8 Funding Requests (CCM)	CCM Oversight Committee, PR writing teams, community technical representatives.	Identification of critical omissions in Draft 1; formulation of targeted advocacy inputs for community budget lines.
19 June 2026	National Strategic Consultation & Validation (Ho Chi Minh City)	Community leaders, social enterprise directors, CCM leadership, VUSTA representatives, public health experts.	Adoption of the 6 Priority Conclusions; operationalization of Primary Health Care MOUs and differentiated testing models.
1–2 July 2026	Review of Second Draft GC8 Funding Requests (CCM)	Full CCM Plenary, Writing Teams, Multi-disease constituencies.	Validation of final text for HIV/RSSH and TB Community Priorities Annexes; final budget advocacy.

27 July 2026	Formal Window 2 Submission to the Global Fund	CCM Secretariat, Global Fund Country Team.	Formal transmittal of Vietnam GC8 Proposal Package including Master Annexes D3.1 and D3.2.

Inclusive Constituency Representation

Balancing Disease Constituencies: A deliberate principle of this small grant was to counter the historical tendency where larger, well-funded HIV networks dominate civil society dialogues, inadvertently marginalizing TB-affected communities and under-represented key populations. The consultation process engaged: (1) Transgender Women and Men who face acute stigma in public health facilities; (2) Young MSM and migrant factory workers with high risk profiles but low health insurance coverage; (3) People Who Inject Drugs (PWID) requiring harm reduction and hepatitis C linkages; (4) Multi-drug resistant TB (DR-TB) survivors experiencing catastrophic socioeconomic depletion; and (5) Remote ethnic minority representatives from malaria-endemic border regions. This broad coalition established unprecedented cross-disease solidarity.

3. DISEASE-DISAGGREGATED COMMUNITY PRIORITIES ALLOCATION & STRATEGIC SYNTHESIS

Framework for Synthesis: To fulfill the requirements of the Global Fund simultaneous review and the strategic priorities established under Funding-priorities-GC8-HIV.docx and Funding-priorities-GC8-TB.docx, this section presents the comprehensive disease-by-disease breakdown. It integrates findings from the field with the formal Global Fund modular frameworks across HIV, Tuberculosis, TB/HIV Collaboration, and Resilient Systems for Health (RSSH).

3.1. HIV / AIDS Disease Area Allocation (14 Priority Areas)

Epidemiological & Strategic Context: The HIV epidemic in Vietnam is increasingly concentrated among young MSM, transgender individuals, and sexual partners of key populations. With international donor funding contracting and GC8 anticipated to be Vietnam's final transition grant, community priorities focus on sustaining high-impact peer prevention while institutionalizing public funding pathways.

Priority 1 (RSSH/CSS): Community-Led Monitoring (CLM)

Strategic Focus: Institutionalize CLM across all high-burden provinces. Led entirely by community-led organizations and KP networks, CLM systematically collects evidence on service barriers, waiting times, supply stock-outs, and human rights violations. Findings feed directly into quarterly review meetings with provincial CDCs, OPCs, and CCM Oversight to drive corrective actions.

Expected Outcome: Institutionalized accountability, reduced stigma/discrimination, improved service quality and client retention.

Implementation Modality: Community-led data governance; independent digital reporting tools; formal MOUs with provincial health departments.

Priority 2 (RSSH): Social Contracting & Sustainable Public Financing

Strategic Focus: Develop, validate, and pilot standardized unit costs for community HIV service packages (outreach, screening, referral, adherence navigation). Establish provincial public procurement mechanisms under the Law on Bidding to transition CBO financing from Global Fund grants to local state budgets.

Expected Outcome: Sustained CBO service delivery as international assistance phases out; institutional recognition of CBOs as public service contractors.

Implementation Modality: National cost norm guidelines; provincial pilot contracts in HCMC, Hanoi, Binh Duong; technical assistance on public financial management.

Priority 3 (RSSH): Health Products Management & Supply Continuity

Strategic Focus: Strengthen multi-stakeholder monitoring to eliminate stock-outs and supply bottlenecks for essential commodities: ARVs, PrEP, CD4 reagents, viral load test cartridges, rapid test kits, and opportunistic infection medications.

Expected Outcome: Uninterrupted treatment regimens, elimination of forced regimen switches, sustained client trust in public healthcare facilities.

Implementation Modality: Early-warning community commodity reporting; quarterly supply dashboards; joint forecasting between CBOs and health authorities.

Priority 4 (CSS): Community Coordination & Advocacy Platforms

Strategic Focus: Sustain and resource regional and national community platforms (VNP+, MSM-TG Vietnam, PWID networks) to enable structured advocacy, input into national guidelines, peer technical assistance, and participation in CCM governance.

Expected Outcome: Coordinated community voice; timely policy feedback; continuous community representation in health planning.

Implementation Modality: Direct core support for network secretariats; annual community symposiums; structured constituency consultation mechanisms.

Priority 5 (CSS): CBO Organizational & Leadership Development

Strategic Focus: Deploy small grants, mentoring, and institutional development packages for grassroots CBOs. Focus on legal entity registration (social enterprises, cooperatives, associations), internal financial controls, digital data security, and developing next-generation youth leadership.

Expected Outcome: Robust, legally recognized CBOs capable of managing independent grants and competing for public social contracts.

Implementation Modality: Small grant facilities managed through civil society PRs; modular financial training; legal aid clinics for CBO registration.

Priority 6: Differentiated HIV Testing Services (HTS)

Strategic Focus: Expand peer-led community rapid testing, lay-provider testing, oral fluid self-testing distribution, and digital outreach through dating applications and social platforms. Emphasize dual HIV/Syphilis testing (Duo tests) and standardized linkages to confirmatory testing and care.

Expected Outcome: Increased early case detection, especially among hidden and young MSM/TG; shortened time from test to ART initiation.

Implementation Modality: Community test delivery via drop-in centres and mobile outreach; peer accompaniment to OPCs; online test distribution with virtual counselling.

Priority 7: Pre-Exposure Prophylaxis (PrEP & PEP) Programming

Strategic Focus: Scale diversified PrEP delivery models: daily PrEP, event-driven PrEP (ED-PrEP), tele-PrEP, and private/community clinic integration. Ensure rapid access to Post-Exposure Prophylaxis (PEP) within 72 hours for high-risk exposures. Integrate regular STI screening (syphilis, gonorrhea, chlamydia).

Expected Outcome: Sharp reduction in HIV incidence among key populations; improved retention on PrEP; integrated sexual health care.

Implementation Modality: Private-community partnerships; tele-health platforms; integrated PrEP/STI clinics; community-led demand creation.

Priority 8: Differentiated ART Delivery & Treatment Retention

Strategic Focus: Implement multi-month dispensing (3–6 months MMD), flexible clinic operating hours (evenings and weekends), and decentralized medicine pickup points. Mobilize community navigators for adherence support and tracing clients lost to follow-up (LTFU).

Expected Outcome: Sustained viral suppression (>95%), improved client satisfaction, reduced travel costs and work absenteeism for PLHIV.

Implementation Modality: Formal collaboration between OPCs and CBOs; community adherence support groups; tracing protocols that protect client confidentiality.

Priority 9: Advanced HIV Disease (AHD) & Comprehensive Care

Strategic Focus: Strengthen point-of-care CD4 testing to identify clients with CD4 <200 cells/mm^3. Provide comprehensive screening and management for cryptococcal meningitis,

histoplasmosis, toxoplasmosis, and severe TB. Expand home-based community palliative care for severely ill clients.

Expected Outcome: Significant reduction in AIDS-related mortality; rapid stabilization of severely immunocompromised individuals.

Implementation Modality: Decentralized CD4 testing cartridges; standardized AHD clinical packages; community home care accompaniment.

Priority 10: Treatment Monitoring – Viral Load, Toxicity & Drug Resistance

Strategic Focus: Ensure annual routine viral load testing with rapid result feedback. Establish community communication on adverse drug reactions (ADRs) to prevent unsupervised treatment cessation. Expand access to third-line ARV regimens and drug resistance testing for failing regimens.

Expected Outcome: High rates of durable viral suppression; timely regimen optimization; prevention of community transmission of resistant strains.

Implementation Modality: Digital lab result notification; peer education on U=U (Undetectable = Untransmittable); community-led ADR reporting channels.

Priority 11: Condom and Lubricant Programming for Key Populations

Strategic Focus: Maintain targeted, barrier-free distribution of quality condoms and compatible lubricants for MSM, TG, and sex workers. Overcome supply gaps caused by international donor transition through blended public procurement and commercial co-financing.

Expected Outcome: Sustained barrier protection against HIV and STIs; prevention of commodity drop-offs in high-risk venues.

Implementation Modality: Targeted distribution at hotspots, entertainment venues, and community centres; social marketing partnerships.

Priority 12: Strategic Communication & Demand Generation

Strategic Focus: Deploy modern digital communication campaigns addressing risk literacy, mental health, substance use in sexual contexts (chemsex), and stigma reduction. Promote U=U (K=K) to normalize living with HIV and encourage testing.

Expected Outcome: Increased health literacy, reduced self-stigma, expanded demand for testing, PrEP, and immediate treatment.

Implementation Modality: Content creation by KP influencers; community podcasts; confidential online psychosocial counselling hotlines.

Priority 13: Community Mobilization & Safe Enabling Spaces

Strategic Focus: Establish and maintain community-managed safe spaces and drop-in centres (DICs) where key populations can access harm reduction, psychosocial support, and legal information free from discrimination and police harassment.

Expected Outcome: Safe, enabling environment for marginalized groups; increased community trust and service uptake.

Implementation Modality: Drop-in centre operational subsidies; crisis response teams; sensitivity training for local law enforcement and commune leaders.

Priority 14: Collaborative TB/HIV Integration

Strategic Focus: Institutionalize joint coordination between HIV OPCs and district TB units. Engage CBOs in bi-directional screening, ensuring that all HIV clients are systematically evaluated for TB, and all TB patients receive confidential HIV testing and rapid linkage.

Expected Outcome: Earlier diagnosis of co-infections; integrated clinical management; reduced mortality among co-infected patients.

Implementation Modality: Joint provincial TB/HIV technical working groups; unified referral tracking forms; CBO peer accompaniment across clinics.

3.2. Tuberculosis (TB) Disease Area Allocation (10 Priority Areas)

Epidemiological & Socioeconomic Context: Vietnam ranks among the top 30 highest TB and drug-resistant TB (DR-TB) burden countries globally. Community consultations revealed persistent barriers: late detection, high rates of catastrophic health expenditures (>60% of TB households), severe social stigma, and fragmented referral systems. The 10 prioritized TB interventions bridge medical diagnosis with community-based social accompaniment.

Priority 1: TB Screening and Active Case Finding (ACF)

Strategic Focus: Expand community-based active case finding using the WHO-recommended "2X Strategy" (Chest X-ray + GeneXpert / Truenat). Deploy mobile vans equipped with ultra-portable digital X-ray and Computer-Aided Detection (CAD/AI) software to screen high-risk groups: household contacts, elderly, people with diabetes, miners, factory workers, and remote communities.

Expected Outcome: Increased TB case notification, earlier diagnosis before extensive lung damage, broken transmission chains in communities.

Implementation Modality: Mobile community outreach campaigns led by NTP in collaboration with local CBOs and Red Cross volunteers.

Priority 2: Decentralized TB Treatment, Care & Adherence Support

Strategic Focus: Strengthen community-level adherence support through trained peer supporters, family treatment supporters, and Digital Adherence Technologies (DATs such as smart pillboxes, video observed therapy - VOT, and daily SMS reminders). Provide patient navigation to prevent treatment abandonment.

Expected Outcome: Treatment success rate maintained >90%; reduction in loss to follow-up (LTFU) to under 3%; reduced burden on specialized TB hospitals.

Implementation Modality: Decentralized medication distribution at commune health stations; peer home visits; digital adherence monitoring.

Priority 3: Drug-Resistant TB (DR-TB) Diagnosis, Treatment & Psychosocial Care

Strategic Focus: Ensure universal access to rapid molecular drug susceptibility testing (DST). Decentralize DR-TB care using newer, all-oral short regimens (BPaL/BPaLM). Provide intensive community counselling and patient navigation to manage severe adverse drug reactions and mental health distress.

Expected Outcome: Increased cure rates for MDR/RR-TB; reduced treatment abandonment; minimized irreversible toxicities (hearing loss, neuropathy).

Implementation Modality: Specialized DR-TB community peer support groups; nutrition and travel subsidies; dedicated psychological support hotlines.

Priority 4: TB Infection Screening & Contact Investigation

Strategic Focus: Systematically screen household and close contacts of all bacteriologically confirmed pulmonary TB patients, PLHIV, and clinical risk groups using Tuberculin Skin Tests (TST) or Interferon-Gamma Release Assays (IGRAs). Complete contact investigations within 14 days of index case diagnosis.

Expected Outcome: Identification of secondary active TB cases and individuals with latent TB infection requiring preventive treatment.

Implementation Modality: Community-led contact tracing; household screening visits; integration into primary commune health records.

Priority 5: TB Preventive Treatment (TPT) Expansion

Strategic Focus: Scale up short-course, rifamycin-based preventive regimens (3HP: 3 months once-weekly rifapentine + isoniazid; 1HP: 1 month daily rifapentine + isoniazid) for all eligible contacts and PLHIV. Provide community treatment literacy to address reluctance to take medication when asymptomatic.

Expected Outcome: High TPT completion rates (>85%); prevention of progression from latent infection to active TB disease.

Implementation Modality: Community-based TPT counselling; decentralized dispensing; digital follow-up of adverse events.

Priority 6: Public-Private Mix (PPM) Expansion

Strategic Focus: Engage private pharmacies, general practitioners, and private diagnostic facilities through formal referral mechanisms. Train private pharmacists to screen clients purchasing chronic cough medicines and refer them via digital apps to the NTP for free molecular testing.

Expected Outcome: Reduced diagnostic delay (shortening time from symptom onset to diagnosis from months to weeks); increased case notifications.

Implementation Modality: Digital referral platforms (e.g., e-referral apps); performance-based incentives for private providers; accredited private clinic networks.

Priority 7: Community-Based TB Care & Survivors' Empowerment

Strategic Focus: Establish and expand formal networks of TB survivors and community-based organizations. Mobilize survivors as frontline educators, navigators, and advocates. Implement community-level anti-stigma campaigns to dismantle myths surrounding TB contagiousness and moral blameworthiness.

Expected Outcome: Empowered TB survivors; reduced self-stigma and community discrimination; improved health-seeking behavior.

Implementation Modality: Core funding for TB survivor clubs; training in peer counselling and human rights; community education campaigns.

Priority 8: Social Protection Linkages & Catastrophic Cost Elimination

Strategic Focus: Screen all diagnosed TB patients for catastrophic health expenditure risk. Facilitate immediate enrollment into Social Health Insurance (SHI), provide nutrition support packages, transportation vouchers, and link vulnerable families to government poverty alleviation programs and charity funds (PASTB).

Expected Outcome: Substantial reduction in catastrophic costs (aiming for 0% catastrophic expenditure); improved treatment completion among the poorest.

Implementation Modality: Hospital social work departments partnered with CBOs; direct cash/voucher transfers; rapid health insurance enrollment subsidies.

Priority 9: Key and Vulnerable Populations – Child and Adolescent TB

Strategic Focus: Strengthen early detection of pediatric TB through contact investigation of adult index cases. Expand access to child-friendly diagnostic tools (stool GeneXpert, gastric aspirates, pediatric CXR interpretation) and child-friendly dispersible fixed-dose combinations (FDCs). Adopt family-centred care models.

Expected Outcome: Reduced pediatric TB mortality; early case detection; improved adherence and child-friendly treatment experience.

Implementation Modality: Decentralized maternal and child health integration; family-centred home visits; pediatric adherence counselling.

Priority 10: TB/HIV Collaborative Diagnostic Linkage

Strategic Focus: Institutionalize universal, bi-directional screening. Systematically screen all PLHIV for TB using WHO 4-symptom screen and digital CXR. Provide rapid access to urine lateral flow lipoarabinomannan (LF-LAM) assays for patients with CD4 <200 or clinical danger signs, followed by automated NAATs (GeneXpert).

Expected Outcome: Timely, life-saving diagnosis of disseminated and extrapulmonary TB in immunocompromised individuals; reduced dual mortality.

Implementation Modality: Routine LF-LAM implementation in hospital wards and outpatient clinics; shared molecular diagnostic platforms; bi-directional data exchange.

3.3. TB/HIV Collaborative Interventions & Primary Health Care Synergies

Operationalizing Bi-directional Synergy: A cornerstone of the 19 June 2026 national consultation was establishing actionable coordination between HIV OPCs, district TB units, and commune health stations (Trạm Y tế xã/phường). To eliminate missed diagnoses and fragmented care, community organizations proposed a standardized Model MOU for Primary Health Care Coordination.

Collaborative Component	Clinical & Public Health Activity	Community & CBO Operational Role
Bi-directional Screening & Triage	Universal TB screening at every HIV clinical visit; universal provider-initiated HIV testing for all presumptive and diagnosed TB patients.	CBOs conduct symptom screening during community outreach; distribute self-tests; escort presumptive patients to clinic.
Shared Diagnostic Platforms	Coordinated utilization of GeneXpert and Truenat machines for both HIV viral load/EID and TB/RIF testing, optimizing cartridge supply chains.	CBOs support specimen transport from remote health posts to central testing hubs; track turnaround time via CLM.
Advanced HIV & Severe TB Management	Point-of-care urine LF-LAM testing for PLHIV with CD4 <200; rapid initiation of concurrent ART and anti-TB therapy in line with WHO guidelines.	Community home-based palliative care; family education on immune reconstitution inflammatory syndrome (IRIS) symptoms.

Adherence & Loss to Follow-up	Harmonized clinical follow-up schedules to minimize clinic visit burden; synchronized medication pickups (ART + anti-TB/TPT).	Community navigators provide combined adherence counselling; track missed appointments; resolve psychosocial barriers.
Primary Health Care (PHC) Model MOU	Formalized coordination between Commune Health Stations, District Health Centres, and local registered CBOs/social enterprises.	Establishes legal authority for CBO outreach workers to participate in local health planning, case reviews, and tracing.

3.4. Cross-Cutting RSSH & Community Systems Strengthening (CSS)

System-Wide Sustainability Architecture: Recognizing that disease-specific outcomes cannot be sustained without robust health systems and empowered communities, cross-cutting RSSH investments were prioritized to provide the foundation for Vietnam's health transition. Per agreement between the HIV and TB writing teams, cross-cutting RSSH priorities are presented comprehensively in the HIV Annex (D3.1) and apply across both disease portfolios.

- **1. Institutionalizing Community-Led Monitoring (CLM):** Transition CLM from small ad-hoc projects into a recognized, institutionalized national quality improvement mechanism. CLM will be led by key population and TB networks, monitoring service accessibility, commodity availability, waiting times, and privacy violations across 15+ high-burden provinces. Data will be reviewed quarterly with provincial health leaders and the CCM.
- **2. Social Contracting & Public Financing Transition:** Establish national legal pathways and financial mechanisms enabling provincial health departments to contract CBOs using domestic budget funds under the Law on Bidding. The GC8 grant must finance the development of standard service packages, costing guidelines, and performance audit mechanisms.
- **3. CBO Institutional Development & Legal Status:** Deploy a dedicated small grants facility alongside organizational mentoring to transition informal community groups into legally registered entities (social enterprises, NGOs, cooperatives). Enhance institutional capacity in financial compliance, digital data governance, and leadership succession.
- **4. Supply Chain & Commodity Security Oversight:** Establish independent community oversight of provincial procurement and supply pipelines to prevent catastrophic stock-outs of ARVs, PrEP, anti-TB drugs, and diagnostic reagents during the transition to social health insurance financing.
- **5. Human Rights, Anti-Stigma & Legal Protection:** Sustain community paralegal networks to document and redress human rights violations, discrimination in healthcare settings, and unauthorized disclosure of health status, ensuring safe access for all vulnerable groups.

4. STRATEGIC RECOMMENDATIONS FOR GLOBAL FUND SIMULTANEOUS REVIEW & GRANT-MAKING

Guidance for Technical Reviewers: As the Global Fund Secretariat, TRP, and regional reviewers evaluate the Vietnam GC8 Funding Request, community and civil society stakeholders recommend the following critical actions to preserve the integrity and impact of the community response:

- **1. Safeguarding Community Budget Envelopes:** The Global Fund TRP should actively verify that the community interventions articulated in Annexes D3.1 and D3.2 (notably community active case finding for TB, peer-led PrEP/PEP, and community drop-in centres) are assigned explicit, ring-fenced budget lines within the Principal Recipient workplans, preventing reallocation to administrative overheads during grant-making.
- **2. Enforcing the Social Contracting Transition Roadmap:** Make the initiation of provincial social contracting pilots a core programmatic milestone. Technical assistance resources in GC8 should support the Ministry of Health and provincial authorities in developing standard contracting templates and legal waivers to procure CBO services using domestic funds by 2028.
- **3. Protecting Independent Community-Led Monitoring (CLM):** Institutionalize CLM as an independent, ongoing accountability mechanism. CLM budgets must not be managed or censored by government PRs, but channeled through independent civil society platforms to guarantee objective reporting to the CCM.
- **4. Expanding Community TB Financing Parity:** Ensure that the National Tuberculosis Program allocates at least 30% of active case finding operational funds to community-based organizations, TB survivor clubs, and civil society partners who possess direct access to vulnerable households and marginalized groups.

5. INSTITUTIONAL SIGN-OFF & ENDORSEMENT

Formal Sign-off: This report and its accompanying annexes represent the consolidated work, evidence, and consensus of civil society organizations, community networks, and key populations in Vietnam for the Global Fund Grant Cycle 8. Youth Link SE extends its profound gratitude to the Seven Alliance Consortium, the Asia Pacific Transgender Network Foundation (APTN), the CCM Secretariat, and all grassroots community leaders who contributed their time and dedication to this national process.

SUBMITTED ON BEHALF OF IMPLEMENTING PARTNER:
Youth Link Social Enterprise Company Limited



Tống Văn Nam

_____

Mr. Tong Van Nam

Director, Youth Link Social Enterprise Co., Ltd

Vice Chair, CCM Oversight Committee

Principal Community CCM Representative

Date: 30 August 2026