

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**



REPORT

**INFORMAL MEETING ON NATIONAL TRAINING PROGRAMMES AND
PATIENT MONITORING SYSTEMS FOR HIV/AIDS CARE AND TREATMENT**

**Manila, Philippines
31 January - 4 February 2005**

**Manila, Philippines
May 2005**

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REPORT

**INFORMAL MEETING ON NATIONAL TRAINING PROGRAMMES AND
PATIENT MONITORING SYSTEMS FOR HIV/AIDS CARE AND TREATMENT**

**Manila, Philippines
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Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants in the Informal Meeting on National Training Programmes and Patient Monitoring Systems for HIV/AIDS care and treatment and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for government of Member States in the Region and for those who participated in the Informal Meeting on National Training Programmes and Patient Monitoring Systems for HIV/AIDS care and treatment, which was held in Manila, Philippines from 31 January to 4 February 2005.

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Key words

Acquired immunodeficiency syndrome—nursing, therapy/HIV infections—nursing,
therapy/Training programmes/Patients

1. INTRODUCTION

A variety of initiatives on HIV/AIDS care and treatment are being carried out in countries in the Western Pacific Region. Many of them are oriented towards tertiary (provincial, regional or national) level hospitals, while a few have started to focus on the district/intermediate level. They are often fragmented and are not harmonized, despite the willingness of key stakeholders. It is now crucial for countries to establish harmonized and unified national training programmes and patient monitoring systems for HIV/AIDS care and treatment in the context of the “Three Ones” principle (One agreed AIDS action framework, One national coordinating body, and One country level monitoring and evaluation system).

WHO and its global partners have developed a training package on HIV/AIDS care and treatment. This was recently adapted to the Western Pacific Region. The training package has a special emphasis on the district/intermediate level and a team approach to care.

WHO and its global partners have also developed interim guidelines on patient monitoring.

The Informal Meeting on National Training Programmes and Patient Monitoring Systems for HIV/AIDS Care and Treatment was organized with a view to development of harmonized HIV/AIDS care and treatment training programmes and monitoring systems in Member States in the Region.

1.1 Objectives

The objectives of the Informal Meeting were:

- (1) to review the status of development of national training programmes and patient monitoring systems at country level;
- (2) to carry out mapping of ongoing initiatives and tools at country level;
- (3) to introduce and discuss tools developed by WHO and its partners and to share experiences in country adaptation; and
- (4) to discuss and identify country action points for the development of harmonized national training programmes and patient monitoring systems.

1.2. Participants

Twenty-three participants attended the meeting, including temporary advisers and representatives from partner organizations, such as Family Health International (FHI), Viet Nam-CDC-Harvard Medical School AIDS Partnership (VCHAP) and United States Centers for Disease Control (US CDC China); a short-term consultant and staff of

WHO Headquarters and WHO country offices in Cambodia, China, Papua New Guinea and Viet Nam. A full list of temporary advisers, observers, consultant and the secretariat is attached (Annex 4).

2. PROCEEDINGS

The meeting addressed the following subjects through presentations, plenary discussions and country group discussions (see Annex 1 for the programme of activities).

2.1 Current status of HIV/AIDS care and treatment and training

Country presentations were given by representatives from Cambodia, China, Papua New Guinea and Viet Nam, followed by discussion.

2.2 Prerequisites for and key elements of a national training programme

Following a presentation (WHO), country group discussions took place and their findings were reported in plenary. This was followed by plenary discussions on the current status of prerequisites for and key elements of a national training programme in each country (Annex 2).

2.3 Training for doctors, nurses and other health workers

Presentations were given by Cambodia, China, Papua New Guinea and Viet Nam, with emphasis on the experiences of the Viet Nam-CDC-Harvard Medical School AIDS Partnership; the Albion Street Centre; the Australasian Society of HIV Medicine; the HIV Netherlands Australia Thailand Research Collaboration; and WHO. The presentations were followed by country group discussions and reports to plenary.

2.4 Local partnership development and training

Presentations were given by Family Health International, the Albion Street Centre and WHO, followed by discussions. Country group discussions were then held, followed by reports to plenary.

2.5 Involvement of people living with HIV/AIDS and volunteers and training

Presentations were given by the Asia-Pacific Network of People Living with HIV/AIDS, Family Health International, WHO and the Albion Street Centre, followed by country group discussions and reports to plenary.

2.6 HIV care coordinator at district/intermediate level and training

Presentations were given by staff of the WHO Stop TB programme, followed by discussions.

2.7 Patient monitoring and reporting

Presentations were given by staff of the WHO Stop TB programme and the Office of the WHO Representative in Cambodia, followed by discussions.

2.8 Next step for participants from the four countries

Country group discussions were held by Cambodia, China, Papua New Guinea and Viet Nam, followed by reports to plenary. Next steps for participants, including temporary advisers and representatives from Cambodia, China, Papua New Guinea and Viet Nam, were identified (Annex 3).

2.9 Tools suitable for wider distribution

A series of tools developed by WHO and its partners were presented in the meeting and distributed in CD-ROM for country use.

2.10 Evaluation of the meeting

An evaluation was conducted at the end of the meeting using a questionnaire (indication of respondents' name was optional). Almost all the temporary advisers and representatives responded that:

- the meeting objectives had been achieved;
- new skills or concepts had been learnt;
- these skills and concepts could be applied in their respective countries;
- participants had had the opportunity to express their ideas or problems at the meeting;
- participants had had enough opportunity to exchange knowledge and experiences with other participants;
- the methods of introduction and presentation of different topics had been satisfactory;
- the discussions at the plenary and group discussions had been satisfactory;
- the administrative arrangements had been satisfactory;
- such meetings should be held regularly;
- the attendance of the respondent had been worthwhile for him/her personally; and
- the attendance of the respondent had been worthwhile for his/her country.

With regard to the working papers provided, more than two thirds of respondents were satisfied with them. More than half of the respondents indicated *HIV/AIDS care and treatment: guide for implementation* and the whole or part of the Regional Training Package, including *A manual for HIV care coordinators at district/intermediate level*, were suitable for wider distribution. Others indicated included *Tuberculosis and HIV: a framework to address TB/HIV co-infection in the Western Pacific Region* and *Interim patient monitoring guidelines for HIV care and antiretroviral treatment*.

Comments provided by respondents included:

- More informal discussion and break out groups should have been organized.
- Too many PowerPoint presentations were provided. More facilitated or mixed group work should have been organized.
- Brainstorming during discussion needed.
- Time allocated for discussion was not enough.
- Too many presentations did not discuss the components/structure of the national training programmes.
- More time should have been allocated to patient monitoring systems.
- More discussion should be done on care and treatment issues.
- It was difficult to see the screen / The position of the screen was not ideal.
- The meeting was too long (Duration of the whole meeting and that of daily session) Three to four days would have been enough.
- More advanced notice of meeting and pre-meeting tasks is desirable.
- Need more meetings with same participants to follow up on the plans from this meeting and discuss obstacles encountered.

3. CONCLUSIONS

The participants in the meeting reached the following conclusions.

3.1 Prerequisites for a national training programme development

(1) National antiretroviral treatment and opportunistic infections guidelines:

Two WHO publications, *Scaling up antiretroviral treatment in resource-limited settings: Treatment guidelines for a public health approach* (Geneva, WHO, 2003) and *HIV/AIDS care and treatment: guide for implementation*

(Manila, WHO Western Pacific Regional Office, 2004) and other documents may serve as reference guides.

(2) HIV/AIDS care and treatment scale-up plan:

The scale-up plan should illustrate major components and phases/steps for expanding HIV/AIDS care and treatment, preferably through harmonization and coordination of partner initiatives.

(3) Service delivery model for implementing HIV/AIDS care and treatment:

The service delivery model needs to identify a mechanism for collaboration among partners, including public health, clinical services, the private sector, peer support groups of people living with HIV/AIDS, community-based organizations, local authorities, nongovernmental organizations (NGOs) and faith-based organizations.

It should articulate the support and links between the different levels of service delivery.

Key examples in the Region include a daycare centre as the place for providing comprehensive HIV/AIDS care and treatment through a partnership of local key players, including peer support groups of people living with HIV/AIDS. It serves as the "hub" or "heart" of the continuum of care.

(4) Service package of HIV/AIDS care and treatment for each level of the health system:

The service package needs to be defined for provincial/tertiary, district/intermediate, and health centre/home-community level.

It should encompass HIV testing and counseling; clinical care, including management of opportunistic infections and antiretroviral treatment; psychosocial support; and HIV prevention

(5) Clear tasks of individual players, with emphasis on local partnerships and a team approach:

Based on the defined service delivery model and service package, clear tasks should be developed for HIV care coordinators, doctors, nurses and other health workers, people living with HIV/AIDS, pharmacists, laboratory technicians, community-based organizations, faith-based organizations, NGOs and local authorities.

3.2 Key elements of a national training programme

(1) National technical working group on training:

Establishment of a working group is one of the most critical steps in the development of a national training programme.

The objectives of a national training programme should include:

- standardization of training curricula;
- definition of other crucial procedures, including selection of trainees;
- organization of follow-up and ongoing support;
- harmonization of different training initiatives in training 'roll-out' to avoid fragmentation and overlap in geographical distribution and technical areas; and
- monitoring and evaluation of the implementation of training activities

The working group should consist of relevant experts and institutions, including international organizations.

(2) Standardized training curriculum:

The standardized training curriculum should:

- be compliant with national antiretroviral treatment and opportunistic infection guidelines, the defined service delivery model, and the defined service package for each level;
- be implemented according to the defined clear tasks of individual players, with emphasis on local partnership-building and a team approach (Key target audiences include doctors, nurses, people living with HIV/AIDS, HIV care coordinators, laboratory technicians, pharmacists, NGOs, community-based organizations, faith-based organizations, among others.); and
- use a variety of training methods to facilitate effective and efficient capacity-building. (The methods should not only be lectures, but also e.g. exercises, case-based learning, group discussions, role-play, clinical site observations and practice sessions, utilization of expert patient trainers. The experience of the global TB programme has shown that standardization is one of the most important factors in rapid and effective implementation of the TB directly observed treatment, short-course [DOTS] strategy.)

(3) Trainer development and selection of adequate trainees:

Capacity-building and networking of a critical mass of domestic experts to be trainers is essential.

Designated members of the care team in each area should be prioritized as trainees.

(4) Measures for motivation and ongoing support after training:

Measures for mobilizing and motivating those who should play a role in HIV/AIDS care and treatment need to be identified.

Examples of such measures include explicit recognition of their work, promotion of personnel, financial incentives through cost recovery schemes and equity funds, and assuring workplace security.

Ongoing support, such as tutoring, consultation, regular case conference, distant communications, supervisory visits and refresher courses, should be developed

(5) Initiating training activities according to the HIV/AIDS care and treatment scale-up plan:

Different training initiatives should be harmonized, in line with the HIV/AIDS care and treatment scale-up plan, to avoid fragmentation and overlap in geographical distribution and technical areas.

(6) Monitoring and evaluation of individuals trained and training activities:

Possible measures to evaluate individuals trained include development of a certification/diploma scheme.

3.3 Patient monitoring and reporting system

- (1) *Interim patient monitoring guidelines for HIV care and antiretroviral treatment* have been jointly developed by WHO, Joint United Nations Programme on HIV/AIDS (UNAIDS), United States Agency for International Development (USAID), US Centers for Disease Control and Prevention (US CDC), Health Resources and Services Administration (HRSA) and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for country adaptation, based on the experiences of the global TB programme.
- (2) Integration of cohort analysis to come up with treatment outcomes is an essential element of a patient monitoring system.
- (3) It is important to link the patient monitoring system with drug supply.
- (4) Management of patient monitoring and reporting system should be a core responsibility of the HIV care coordinator at the district/intermediate level

PROGRAMME OF ACTIVITIES

DAY 1: 31 January 2005 (Monday)

13:00 – 13:30 Opening

Opening Remarks Dr M. Fujita

Introduction Dr M. Tailhades

Meeting Objectives and expected outcomes

13:30 – 15:30 Country presentations on status of care/treatment/training

- Cambodia Dr P. Sano

- Viet Nam Dr C. Thuy

- China Dr Z. Fujie

- PNG Dr L. Kawa

15:30 – 15:45 Coffee break

15:45 – 16:15 Prerequisite for the national training programme Dr M. Fujita

16:15 – 17:00 Country work on how to fill gaps (based on previous presentations)

Day 2: 1 February 2005 (Tuesday)

08:00 – 09:00 Report of countries on work done

09:00 – 10:30 Country presentation and discussions on training for doctors, nurses and other health workers (*30 minutes for presentation and 15 minutes for discussion*)

- Cambodia Dr A. Brink

- China Dr Z. Fujie

10:30 – 10:45 Coffee break

10:45 – 12:30 Country presentation and discussions on training for doctors, nurses and other health workers, continued,

- Viet Nam Dr D. Colby

- Papua New Guinea Dr L. Kawa

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12:30 – 13:30 Lunch

13:30- 14:30 Presentations on their training programmes for doctors, nurses and other health workers

- Albion Street Centre Ms C. Turton
- Australasian Society of HIV Medicine Mr E. Reis
- HIV Netherlands Australia Thailand Research Collaboration Dr C. Duncombe

14:30 – 15:30 Basic ART care Dr F. Celletti

15:30 – 15:45 Coffee break

15:45 – 16:15 Training on secondary case management (doctors and nurses)
(doctors and nurses) Dr J. Fleischl /
Dr M. Fujita

16:15 – 17:00 Country work by to discuss best basic model based on presentations

Day 3: 2 February 2005 (Wednesday)

08:00 – 09:00 Reporting from country work

09:00 – 10:30 Plenary discussion: Current status of prerequisite for and key elements of national training programme in each country

10:30 – 10:45 Coffee break

10:45 – 12:30 Training for local partnership

- Family Health International (Viet Nam and Cambodia) Dr C. Natpratan
- Albion Street Centre Ms C. Turton
- Orientation training on local partnership building (introducing ART manager tasks on local partnership building based on country examples) Dr M. Tailhades /
Dr F. Celletti

12:30 – 13:30 Lunch break

13:30 – 15:00 Training for PHA, other volunteers and ART Aid
- Association of People living with HIV/AIDS Plus

Mr G. Gray

- Family Health International Dr C. Natpratan

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- World Health Organization Dr F. Celletti
 - Albion Street Centre Ms C. Turton
 - 15:00 – 15:15 Coffee break
 - 15:15 – 16:15 Expert-patient training Dr F. Celletti
 - 16:15 – 17:00 Group work on local partnership and PHA volunteers
- Day 4: 3 February 2005 (Thursday)**
- 08:00 – 09:00 Reporting from Group work
 - 09:00 – 10:30 Plenary discussion: Current status of prerequisite for and key elements of national training programme in each country (continued)
 - 10:00 – 10:15 Coffee break
 - 10:15 – 12:30 Training for HIV care coordinator at district/intermediate level,
 - Stop TB Programme Dr P. Van Maaren
 - WHO Dr F. Celletti
 - 12:30 – 13:30 Lunch break
 - 13:30 – 15:15 Patient monitoring linked to drug supply
 - Stop TB Programme Dr P. Van Maaren
 - WHO Dr F. Celletti
 - Cambodia Dr M. Ghidinelli
 - 15:15 – 15:30 Coffee break
 - 15:30 – 16:30 Patient monitoring tools presentation Dr F. Celletti
 - 16:30 – 17:00 Discussions on patient monitoring

Day 5: 4 February 2005 (Friday)

- 08:00 – 10:00 Country work on preparation of next step
- 10:00 – 10:15 Coffee break
- 10:15 – 11:00 Country presentation of their action plan
- 11:00 – 11:30 Evaluation of the workshop
- 11:30 – 12:00 Wrap up and Closing

CURRENT STATUS OF PREREQUISITES AND KEY ELEMENTS OF THE NATIONAL TRAINING PROGRAMME IN EACH COUNTRY

Element	Cambodia	China	Papua New Guinea	Viet Nam
Guidelines	All necessary guidelines in place OI – revision needed	Free ART – in place HIV Diagnosis & Treatment – in place ART – in place Paediatric – in place VCT – under revision OI for rural setting – to be developed	ART – in place OI – to be developed VCT – to be developed	ART & OI – being finalized VCT – to be developed
Scale-up Plan	In place for district level – VCT; COC for institutional care, HBC, PHA support; TB/HIV; PMTCT includes training plan for Dr, Nurses, Lab (OI/ART Team)	Target for ART scale-up determined, national budget allocated Each province to develop scale-up plan for VCT, Treatment & Care, Laboratory, Clinical procedures 15 Provinces in 2004 31 Provinces in 2005	Development in progress	National HIV Strategic Plan identifies targets – 9 action plans in development for National and Provincial levels – ART access, STI, Surveillance /M&E, VCT, PMTCT, BCC, Harm Reduction, Treatment, Human Resources
Service Delivery Model (COC)	COC framework, TWG COCCC	Formal 3 Tier SDM Strengthening CDC & Medical Administration coordination at each level is needed.	No overall SDM framework, fragmented TWG	Implementation guide drafted, no coordinating body
Team Approach	National standard - OI/ART team at OD, MMM Team, COCCC	HIV/AIDS Expert group at county & higher	Not in place, Project based teams in FBO clinics	Preventive medicine HIV team at district care be used for care
Service Package	In COC framework	Central level provides outcome indicators, Province level develops own package with central level technical assistance	In progress	Implementation guide drafted

Element	Cambodia	China	Papua New Guinea	Viet Nam
Coordination of Key Players	TWG in place	In progress through developing the National Training Plan	Responsible person to be identified, make existing structures function	Responsible person / unit not yet identified
Human Resources Staffing/Trainers Task addition Mapping				
Standard Curriculum	Doctor - in place Nurse - in final stages Pharmacy - in final stages Laboratory - in progress	Doctor - ART; Paediatrics; Methadone ART core administration	No standard - various project based curriculum	No standard - various project based curriculum; Mechanism to endorse curriculum not clear
Quality Assurance	Diploma scheme	Pre / post test	National Training Council established - could be a mechanism	Not in place; Pre / post test
Follow-up, Ongoing support				
Financing				

CAMBODIA

	HIV Care Coord	Doctor	Nurse / Allied Health	PHA	Lab	Pharmacy	Other NGO, FBO, CBO
Existing	Dep Dir Referral Hosp at Operational District	Dr at Referral Hosp Infectious Ward	Nurse at Referral Hosp Inf Ward	MMM Team – Project paid		Ph: RH drug supply, counseling	NGO - HBC
Gap	Too busy	Sustainability of motivation, incentive	Training	Health poor, low education, compensation		To expand incl adherence support & forecasting	Unclear responsibility HFBC – HBC – PHA support
Task Clear			Expand tasks – education, counseling, OI prophylaxis, adherence support				

CHINA

	HIV Care Coord	Doctor	Nurse / Allied Health	PHA	Lab	Pharmacy	Other NGO, FBO, CBO
Existing	Dep Director Health Bureau (CDC) county and above	CDC Dir County, Dr at Township, Village Dr	Township / village nurse, County Nurse	Project only		None at Township	FP in some areas
Gap	Too busy	Lack of involvement of county Dr, low education of township / village Dr	Task / capacity to be expanded	Stigma & discrim, No role for PHA		To expand incl adherence support & forecasting	To be involved in psycho-social support
Task Clear		CDC Dr – Drug supply, admin County Dr – supervise Township Dr – service provider	Expand tasks – education, counseling, OI prophylaxis, adherence support				

Annex 2

PAPUA NEW GUINEA

	HIV Care Coord	Doctor	Nurse / Allied Health	PHA	Lab	Pharmacy	Other NGO, FBO, CBO
Existing	Provincial HIV Care coordinator	Dr at Province	Health Extn Officer, Nurses	No		None at District, Not involved in Team	FBO main providers, CBO initial stage
Gap	Role unclear resource gap	Lack of Dr at District, Lack of motivation to treat HIV	Insufficient nurses, capacity	Role not recognized or discussed		To expand incl adherence support & forecasting	Link organizations & involve FBO
Task Clear			Expand tasks – education, counseling, OI prophylaxis, adherence support				

VIET NAM

	HIV Care Coord	Doctor	Nurse / Allied Health	PHA	Lab	Pharmacy	Other NGO, FBO, CBO
Existing	Dir District HC – HIV unit	Dr at district / commune	Nurse at community	At commune related to project		Not involved	Women's union, FP
Gap	Too busy	Unclear responsibility	Unclear responsibility			To expand incl adherence support & forecasting	To be involved in psycho-social support
Task Clear		Unclear	Expand tasks – education, counseling, OI prophylaxis, adherence support				

NEXT STEPS FOR FOUR PRIORITY COUNTRIES

NEXT STEPS: CAMBODIA

Main Activities	Responsible Person	Timing				Resources	
		Q1	Q2	Q3	Q4	Financial	Technical
Training an HIV care coordinator at OD – including inpatient monitoring, procurement and supplies, PEP and UP management OD Director RH Director	NCHADS						
PHA training TOT – decentralize to provincial level PHA support group at OD level	NCHADS / OD Coord / PAO						
HBC training TOT OD level	NCHADS / OD Coord / PAO						
UP Training Central Decentralise							
Paediatric Care – guidelines and curriculum needed	NCHADS						
Supervision Management: operational guidelines and tools required Technical: clinical network and supervisory visits	NCHADS / National Hosp / NGO						
HCBC – operational implementation and clinical care	NCHADS						
PHA – operational guidelines and clinical care	NCHADS / CPN+						
Patient Monitoring – operational guidelines, review of system introduced, linked to procurement and supply	NCHADS						

Annex 3

NEXT STEPS: CHINA

Main Activities	Responsible Person	Timing				Resources	
		Q1	Q2	Q3	Q4	Financial	Technical
<p>Develop national training plan including:</p> <p>(a) database of who should be trained, how many and at what level</p> <p>(b) develop provincial training guidelines</p> <p>(c) assist provinces with assessing training needs</p>	NCAIDS (Yu Lan)		X			3X5 / USCDC GAP	WHO / CF / FHI / USCDC GAP
Establish four additional training centres (3 Rural, 1 Provincial)	NCAIDS		X			NCAIDS	WHO / CF / FHI / USCDC GAP
Strengthen patient monitoring system; pre-ART and ART registers and summary forms	NCAIDS (Ma Ye)		X			WPRO / FHI Regional	WHO / CF / FHI / USCDC GAP
Provide HIV ARV Coordinator / Manager Training	GF3 (Jiang Xiapeng)		X			GF3	CF / WHO / USCDC GAP / NCAIDS

<p>Follow partner implementation support plan for the national treatment backup plan</p> <p>(Elements of the National ART 2005 Plan</p> <p>Paediatric Treatment roll out (6 sites)</p> <p>IDU – MMT ART Pilot implementation (2 sites)</p> <p>HIV – TB collaboration (national)</p> <p>CTX prophylaxis scale-up (2 provinces)</p> <p>Mobile population ART follow up (national)</p> <p>Strengthen ART database (national)</p> <p>M&E for care and treatment (national)</p> <p>Scale-up training and capacity building (national)</p>	WHO (Connie)	X				3X5	All key partners
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NEXT STEPS: PAPUA NEW GUINEA

Main Activities	Responsible Person	Timing				Resources	
		Q1	Q2	Q3	Q4	Financial	Technical
Development of OI and VCT Guidelines (standard treatment manual)	NAC TWG		X			GF / AusAID	WHO / FHI
Scale-up plan for HIV COC	NAC TWG / NDoH			X		GF / AusAID	WHO / FHI
Service delivery model – team approach	NAC TWG NDoH / PHA		X			GF / AusAID	WHO / FHI
Coordination of key players (standardizing teaching and curriculum)	NAC / NDoH	X				GF / AusAID	WHO / FHI

Annex 3

Human Resources Supply Provincial HIV CC role Training	NDoH PHA				X	AusAID	WHO / FHI
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NEXT STEPS: VIET NAM

Main Activities	Responsible Person	Timing				Resources	
		Q1	Q2	Q3	Q4	Financial	Technical
Report meeting (Write report on Manila meeting) General report from WHO Office Viet Nam specific section Content, ppt presentation for Viet Nam Translate to Vietnamese							
Meet with key decision makers AIDS division Therapy division Chair of HIV treatment sub-committee Subjects for discussion include; Establishment of national working group on training: - Include: care and support, treatment - Topics: curriculum development, standards, methods, quality assurance, target audience (trainee selection) Necessity to define service delivery model and package (finalization of Implementation Guide on HIV/AIDS care and treatment Meeting on service delivery model To be organized by MoH, in collaboration with HCMC and other provinces Taking into account the outcomes / recommendations of Manila workshop and Cambodia workshop	WHO	X					
Hold and information meeting – VCHAP, FHI, WHO, CDC							
TWG Care and Treatment (Hanoi) report on Manila meeting	At next TWG meeting						

**LIST OF TEMPORARY ADVISERS, RESOURCE PERSONS,
PARTNER REPRESENTATIVES/OBSERVERS, CONSULTANT AND
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Annex 4

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