

Country Profile – Vietnam

Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

U. S. Department of State

> U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U. S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

Mailing address: SA-29, 2nd Floor 2201 C Street, NW Washington, DC 20522-2920 www.state.gov/s/gac U.S. President's Emergency Plan for AIDS Relief

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HIV/AIDS Situation in Vietnam

HIV Infected: 220,000¹ AIDS Deaths: 9,000¹ AIDS Orphans: Not available¹

HIV prevalence data in Vietnam is based primarily on HIV/AIDS case reporting and on the HIV Sentinel Surveillance (SS) conducted annually in 40 of Vietnam's 64 provinces. The government now reports HIV cases in all provinces, 93 percent of all districts, and 49 percent of all communes; but many high prevalence provinces report cases in 100 percent of communes. Although Vietnam has implemented HIV/AIDS case reporting, the general lack of HIV testing thus far suggests that the actual number of HIV infected persons is much higher. HIV prevalence in the general population is estimated to be approximately 0.4 percent.

U. S. Government Response

In March 2004, the Government of the Socialist Republic of Vietnam (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 level organizations across multiple sectors. The U.S. Government (USG) cooperates with the GVN, as well as international and donor organizations, community- and faith-based organizations (CBOs and FBOs), and local nongovernmental organizations (NGOs) to implement comprehensive HIV prevention, care and treatment programs in line with the National Strategic Plan, through the development of a diversified network system.

The USG response in Vietnam includes:

- Assisting Vietnam to develop comprehensive models of HIV/AIDS prevention, treatment, care and support networks.
- Supporting the GVN's efforts to reduce stigma and discrimination against people living with HIV/ AIDS (PLWHA) and people affected by HIV/AIDS.
- Advocating for greater involvement of people living with HIV/AIDS (PLWHA) at all levels of program development, implementation and monitoring of HIV/AIDS programs.
- Training Vietnamese physicians in clinical HIV/AIDS care and treatment.
- Assisting the Ministry of Health (MOH) to develop peer outreach for those populations most-at-riskpopulations (MARPS) for HIV infection, voluntary HIV/AIDS counseling and testing (VCT) sites, and outpatient clinics in 40 provinces while other donors cover remaining 24 provinces.
- Increasing the public health management capacity of Vietnamese government workers.
- Assisting MOH to develop a national HIV reference laboratory, including quality assurance and quality control (QA and QC) systems.
- Assisting in development of care and treatment coordination unit within the MOH by funding a care and treatment coordination position in the unit.
- Providing support in establishing one national surveillance and monitoring and evaluation (M&E) system

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (the Emergency Plan) in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Vietnam became the 15th focus country of the Emergency Plan in June 2004. The 15 focus countries collectively represent at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Vietnam received \$17.3 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing an additional \$27.5 million to support Vietnam's fight against HIV/AIDS.



Emergency Plan Achievements in Vietnam

Challenges to Emergency Plan Implementation

Stigma and discrimination pose a major challenge to fighting the HIV epidemic and must be addressed to enable people to seek services and allow caregivers to deliver support openly. Detoxification with traditional therapies and "reeducation" are the mainstays of drug abuse treatment in Vietnam. Those failing to abstain from drug use or commercial sex work are enrolled in program rehabilitation centers. Centers are costly and pose considerable health concerns (reportedly, 40 percent of detainees are HIV-infected and many have tuberculosis [TB] or acquire TB in the centers). Vietnam has a relative advantage in human resources, but the demands of augmenting HIV/AIDS treatment, care and prevention are exposing serious gaps in the nation's capacity to implement the necessary policies and programs. Policy, planning and program management skills are lacking at the provincial level. Laboratories show considerable differences in the quality of their outputs. The pre-analytical and post-analytical components of the test process do not support costeffective and timely laboratory services.

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# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	
# of pregnant women receiving preven- tion of mother to child HIV transmission (PMTCT) services	1,220
# of pregnant women receiving antiretro- viral prophylaxis	
# of individuals receiving counseling and testing	23,200
# of HIV-infected individuals who re- ceived palliative care/basic health care and support	900
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	87
Number of individuals receiving up- stream system strengthening support for treatment ¹	
Number of individuals receiving down- stream site specific support for treatment ²	300

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

- ¹ Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.
- ² Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions for HIV/AIDS Prevention

- Workshops have been conducted in both northern and southern Vietnam to help break down stereotypes about PLWHA.
- PLWHA now receive basic training on organizing and managing PLWHA groups, advocacy, public speaking, care and support.
- To build partnerships and capacity, USG supported a threeday workshop for Vietnamese medical personnel to share bestpractice models and lessons learned.
- USG supported the first hospital-based counseling and testing clinic. It was advertised as part of routine health-related services in an effort to reduce the stigma associated with the disease. In the first 18 months, more than 3,700 individuals were served at this clinic with 85 percent of those who tested positive returning for their results.
- USG supports dozens of VCT sites in 40 provinces. In 12 months, more than 20,000 individuals were tested with 89 percent returning for their results.
- USG supported two workshops for peer outreach workers to share experiences and lessons learned. These workshops were also attended by peer outreach workers from neighboring countries.
- USG supports HIV/AIDS prevention activities in the workplace including abstinence, being faithful and condom use as well as reduction of stigma/discrimination for workers.

Critical Interventions for HIV/AIDS Care

- USG works with PLWHA groups in an effort to coordinate work to promote human rights and coordinate a more effective national effort.
- To build in-country capacity, the USG supports training HIV health care providers on syndromic management and bedside teaching. This facilitates more communication among providers to provide ongoing technical assistance and exchange of experiences.
- Vietnam's epidemic is concentrated primarily in injecting drug users (IDU) and commercial sex workers. Currently, large populations at risk for acquiring or transmitting HIV in Vietnam are detained in provincial drug treatment rehabilitation centers. Pilot transition programs for HIV-positive residents leaving IDU rehabilitation centers to go back to their communities are under development.

Critical Interventions for HIV/AIDS Treatment

- USG provides clinical training for HIV/AIDS care and treatment by U.S. HIV specialist physicians, to physicians throughout Vietnam. This includes small-group instruction, bedside teaching, and the availability of mentors for Vietnamese physicians to contact for individual case management.
- USG supports clinics that deliver antiretrovirals (ARVs) in national, provincial and district hospitals.
- USG supported the development of national ARV treatment guidelines, disseminated in June 2005.
- USG rapidly ensured ARV readiness focusing on six high prevalence provinces. The treatment program includes USG coordinated clinical training, ARV criteria guidelines, site and patient readiness training, patient monitoring and site quality assurance.
- USG supports training health care providers in the administration of ARVs as well as monitoring of patient conditions during treatment.