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HIV and AIDS in Viet Nam – facing the challenges

IPU Advisory Group on HIV/AIDS and Maternal, Newborn and Child Health field mission

Members of the Advisory Group with beneficiaries of a methadone maintenance treatment programme. ©IPU (A. Blagojevic), 2014

The HIV/AIDS response is at a crossroads in Viet Nam. Significant progress has been made in the past 25 years in preventing new infections, reducing AIDS-related deaths, and gradually scaling up harm-reduction interventions and HIV services in high-burden provinces. These achievements have been made thanks to a combination of strong political leadership across sectors, the participation of affected communities and civil society, and effective collaboration between the government and international development partners.

However, like many countries, Viet Nam faces formidable challenges in sustaining the national response to HIV/AIDS. International donor contributions are shrinking, while domestic resources remain limited. The cumulative number of HIV infections and AIDS-related deaths continues to rise. HIV transmission has taken on a new and complex dynamic that makes it more difficult to act. HIV-related stigma and discrimination remain significant barriers to service uptake, and programme coverage is limited.[1]

Despite these challenges, Viet Nam's National Strategy on HIV/AIDS Prevention and Control 2011-2020 and the Vision to 2030 supports the ambitious global targets of the 2011 United Nations Political Declaration on HIV/AIDS. Moreover, the Government of Viet Nam recently announced its commitment to new targets intended to rapidly expand HIV treatment by 2020, becoming the first country in Asia

1 Ministry of Health of Viet Nam, *Optimizing Viet Nam's HIV Response: An Investment Case*, October 2014.

Counselling and care are the cornerstone of an effective AIDS response. © The Global Fund (Chao Doan), 2014

to adopt the 90–90–90 goals[2] and thus committing to the vision of ending the AIDS epidemic by 2030.

The field visit to Viet Nam by the IPU Advisory Group on HIV/AIDS and Maternal, Newborn and Child Health aimed to document good practices to share with the global parliamentary community. It also made recommendations to the National Assembly of Viet Nam on how to further strengthen its contribution to the national AIDS response. The Advisory Group believes that the lessons learned in Viet Nam are a source of important information for all countries as the global AIDS response enters a critical phase between complacency and the opportunity to end the epidemic.

The Advisory Group's visit included a workshop at the National Assembly on 30 November that reviewed progress in Viet Nam's AIDS response and emphasized efficient approaches regarding access to HIV treatment. This was followed by a field visit to Dien Bien Province on 1 and 2 December, which included meetings with the provincial bodies dealing with HIV/AIDS, health workers, people living with HIV (PLHIV) and civil society organizations, and visits to treatment and harm-reduction facilities. To the extent possible, the visit aimed to follow up on the Advisory Group field visit in December 2009 and document the ways in which the response to AIDS in Viet Nam has evolved over the last five years.

The participants wish to renew their thanks to the National Assembly of Viet Nam and the UNAIDS country office for organizing impressive and very productive activities and meetings. Unfortunately, there is not room here for a detailed description of the rich and informative discussions and exchanges that took place over the three days of the visit. Those wishing to obtain more detailed information about the visit are invited to contact the IPU Secretariat.

Members of the Advisory Group with health workers in Dien Bien. ©Michael Leek, 2014

2 Ninety per cent of people living with HIV will know their HIV status, 90 per cent of people who know their status will be on HIV treatment, and 90 per cent of all people on treatment will have undetectable levels of HIV in their body (known as viral suppression).

The HIV epidemic in Viet Nam at a glance

There were 224,000 people living with HIV and between 12,000 and 15,000 new HIV infections in Viet Nam in 2014.[3] At the same time, more than 87,000 people were accessing HIV treatment. This represents a 30-fold increase since 2005, but just one third of all people in the country living with HIV.[4] Some municipalities and villages report HIV prevalence over 10 times higher than the national average, especially in areas that are mountainous, remote and inhabited by ethnic minorities, where people still have limited knowledge and services do not yet adequately address needs. According to the Ministry of Health, AIDS is one of the top three causes of death.

In Viet Nam the epidemic remains concentrated in so-called key population groups: people who inject drugs (PWID, 22% in 2013), men who have sex with men (2.4%) and female sex workers (5.3%). The proportion of women living with HIV has been steadily increasing over the years. Most of the people reported to be living with HIV in 2013 (79%) were between 20 and 39 years old.[5]

The national HIV response in Viet Nam is led by the National Committee on AIDS, Drugs and Prostitution Prevention and Control, under the leadership of the Deputy Prime Minister. In the National Assembly, the Committee on Social Affairs is in charge of the HIV/AIDS portfolio. The Ministry of Health also has HIV structures, at both the national and provincial levels. Networks of people living with HIV and in the key population groups also play a role in implementing HIV programmes.

The AIDS response overall is funded mainly by international donors, who provide 70 to 80 per cent of all funds. Some aspects of the response, particularly those relating to prevention in key population groups, are fully funded by donors. By far the largest donors are the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Members of Sunflower self-help group of women living with HIV, Dien Bien province. ©Michael Leek, 2014

"Life is hard for members of our association. We are women living with HIV whose husbands died, and most of us have children. Stigma and discrimination are high and it is important to stick together like we do through this association."

3 Ministry of Health, Viet Nam Administration for HIV/AIDS Control, *HIV/AIDS situation till 30/9/2014*, data presented at the workshop on 30 November 2014.

4 UNAIDS HIV/AIDS estimates (2013).

5 *Viet Nam AIDS Response Progress Report*, 2014, pp. 5-6.

The Advisory Group's findings and recommendations

Treatment 2.0

In order to decentralize the provision of HIV services and scale up access, in July 2012 Viet Nam started piloting the UNAIDS/World Health Organization (WHO) Treatment 2.0 approach in two provinces, Can Tho and Dien Bien. Ethnically mixed and bordering China and the Lao People's Democratic Republic, Dien Bien is one of the country's poorest provinces with high levels of unemployment, drug trafficking and injecting drug use. HIV prevalence among people who inject drugs is more than 30 per cent but has recently started to fall.

Treatment 2.0 aims to expand earlier access to treatment, testing and counselling while integrating related services into primary health care systems at municipal level. HIV testing and counselling are decentralized to municipal health stations, where health staff perform rapid HIV screening tests. Less toxic, one-pill-a-day antiretroviral medicines are provided to those who need them. Treatment starts at district level, but once their condition is observed to be stable, people living with HIV are routinely followed up at the municipal health stations.

Treatment 2.0 engages whole communities in the response to AIDS. PLHIV and PWID peer educators and self-help group members are trained alongside village health care workers to share information with their peers on the preventive benefits of early diagnosis and treatment, refer key population groups to HIV testing at municipal level, and help newly diagnosed people living with HIV sign up for and start treatment. The results so far indicate that the approach generates higher demand for HIV testing and leads to earlier diagnosis and start of treatment. Community engagement has also contributed to reduced stigma and discrimination.

Six methadone maintenance treatment centres in Dien Bien province provide service to 1,500 people. ©IPU (A. Blagojevic), 2014

The Advisory Group was impressed by the improved health outcomes that Treatment 2.0 had had for some of the most marginalized and vulnerable population groups. It also observed the ability of Treatment 2.0 to integrate people living with HIV and injecting drug users into communities, and to offer education and means of subsistence to those who might otherwise not have them.

The Advisory Group recommends that these groups receive continuous training and learning. In that respect, it recommends that particular attention be paid to educating health workers and peer educators about stigma and discrimination and how they can help reduce them in communities and families. Particular attention should also be paid to the experiences and needs of women and girls, who are increasingly affected by HIV/AIDS.

The Advisory Group recommends that the members of the National Assembly of Viet Nam acquaint themselves with the impact and results achieved by the pilot project and advocate expansion of Treatment 2.0 to other provinces. It recommends that parliaments from other countries obtain information from their Vietnamese peers and UNAIDS and WHO country offices about the benefits of the Treatment 2.0 approach and explore ways in which it could be applied in their countries.

Methadone maintenance treatment

Methadone maintenance treatment can help injecting drug users reduce or stop injecting drugs and resume productive lives. It is a comprehensive treatment programme that involves prescribing methadone over the long term as an alternative to the opioid on which the patient was dependent, in most cases heroin. Counselling, case management and other medical and psychosocial services are central to the treatment, which helps prevent AIDS by ensuring people do not expose themselves to the virus by sharing needles and syringes.

The methadone is dispensed in 100-ml doses that do not lend themselves to injection, and is taken orally. A variety of studies have found that the treatment is associated with a reduction in high-risk behaviour, mortality and criminal activity, and that it improves physical and mental health, social functioning, quality of life and retention in treatment programmes.[6] During the visit to Dien Bien, the Advisory Group observed that this was indeed the case.

The availability of methadone maintenance treatment at district and municipal level in Dien Bien has resulted in a sharp increase in service uptake in the province. The

6 The Centre for Addiction and Mental Health of Canada, *Overview of methadone maintenance treatment*, available at http://knowledgex.camh.net/amhspecialists/specialized_treatment/methadone_maintenance/Pages/default.aspx#what.

Medical use of methadone has reduced crime rates in Dien Bien province. ©IPU (A. Blagojevic), 2014

positive impact has been widely observed – municipalities report drops in crime and drug trafficking, better adherence to HIV treatment and better integration of injecting drug users into society.

The Advisory Group recommends that the National Assembly of Viet Nam continues to create an enabling environment for further methadone programmes at health clinics and mobile centres. It recommends that this be done wherever possible via Treatment 2.0, in order to further decentralize the service and reach as many beneficiaries as possible. It also urges the National Assembly to eliminate all remaining legal barriers to administering this form of harm reduction and advocate the gradual inclusion of methadone therapy in the national health system.

"After methadone I feel much healthier. I don't have a craving for heroin and I do not have to think where I will get money to buy it."

A beneficiary of methadone maintenance programme, Dien Bien province. ©IPU (A. Blagojevic), 2014

Funding

Thanks to its economic progress, Viet Nam has achieved middle-income country status. As a result, donors have begun to withdraw their funding and are increasingly focusing on ensuring country ownership of programmes and their transition to national management. An inevitable part of this process is reduced external funding for the HIV/AIDS response.

As was the case during the Advisory Group visit in 2009, dependence on external funding for Viet Nam's AIDS response is a major concern. Another cause of concern is that far too much (more than 60% of funds) is spent on general prevention in a highly concentrated epidemic. At the same time, programmes for key population groups, such as the provision of needles and syringes and methadone maintenance treatment, remain fully funded by external donors.

The Advisory Group was encouraged by the strong awareness among National Assembly members and key people in the AIDS response of the funding challenge. It calls for urgent action and ever stronger political commitment, to ensure that gains are sustained and that the country is set on the path to meet its commitment to end the AIDS epidemic by 2030. The Advisory Group recommends that the focus be on sustaining the most effective and efficient responses. The Investment Case for the HIV response recently produced by the Ministry of Health[7] provides excellent guidance in this regard.

The Advisory Group further recommends that the National Assembly support the government's engagement with international donors and advocate clear road maps for reducing their financial and technical support and securing their support for the transition process. Such road maps should also define how much money is actually needed in the coming years and for what, and how much, each of the different funding sources will contribute.

7 Ministry of Health of Viet Nam, *op. cit.* (note 1).

Meeting with provincial leaders in Dien Bien. ©Michael Leek, 2014

Legal and policy environment

The Advisory Group commends the National Assembly's efforts to continuously improve the national policy and legal system in order to meet the practical requirements of the national HIV response, to gradually shift from a punitive approach to a community-based harm-reduction approach, and conform to international laws and standards. It was pleased to see that certain statutes had been revised in order to bring them in line with the 2006 Law on HIV and AIDS Prevention and Control, most notably by including harm-reduction regulation in the Law on Illegal Drug Prevention and Control. It encourages the National Assembly to continue to revise legislation in the light of the evidence and real needs on the ground, and on the basis of a human rights-based approach. A serious political commitment to HIV/AIDS work needs to be maintained at all levels.

The Advisory Group also learned about efforts to revise legislation on health insurance and social protection in order to include HIV services in the national health insurance scheme. The Advisory Group very much hopes that this will very soon lead to the coverage of HIV treatment by the national health insurance scheme, as a solid first step towards increasing domestic ownership of the AIDS response. The integration of HIV services into the general health system will also help reduce stigma and discrimination of people living with HIV.

The Advisory Group also learned of the recent approval of the Law on the Handling of Administrative Violations, which aims to end the practice of sending sex workers to administrative detention centres and to close these centres. The Group applauds the work done by the National Assembly to enact legislation guaranteeing due process and legal representation for injecting drug users and introducing court procedures for sentencing them to compulsory treatment. The Advisory Group urges the National Assembly to continue to steer efforts to scale up voluntary, community-based and comprehensive drug dependence treatment and care. It also expresses the hope that these efforts will eventually lead to the closure of the existing drug rehabilitation centres and to the transfer of the relevant services closer to people and communities.

"Being part of Sunflower group helped me deal with my HIV status. It also provided me with training to become an outreach worker for key populations and families, and thereby enabled me to contribute to development of my community and people living in it."

A member of Sunflower self-help group of women living with HIV, Dien Bien province. ©IPU (A. Blagojevic), 2014

The Advisory Group noted that some legislation and policies were slow to be implemented and that people were insufficiently aware of them and their implementing mechanisms. The Advisory Group recommends that the National Assembly give due consideration to communication on these issues, particularly to the most marginalized and vulnerable groups. It also recommends that community structures set up through Treatment 2.0 be maximized and used for this kind of public education effort.

Stigma and discrimination

Stigma and discrimination were words that cropped up frequently during both the 2009 and 2014 field visits. Taboos and stigmas still stand in the way of enhanced access to HIV testing and services, and, like in many other countries, a greater effort is needed to dispel them more effectively.

The Advisory Group was encouraged, however, to learn that early indicators show significant reductions in stigma and discrimination in the Treatment 2.0 pilot areas. Community engagement and the approach's visible benefits in the community are central elements that helped reduce this critical barrier to the AIDS response.

The Advisory Group therefore reiterates the recommendation it made in 2009: that parliamentarians should be seen to do more to engage with their constituencies on HIV/AIDS and take a stronger and more visible stand in speaking openly about the disease and pushing back the associated stigma. Parliamentarians could also do more to engage with organizations of people living with HIV. The Advisory Group further recommends that the benefits and opportunities offered by Treatment 2.0 to reduce stigma and discrimination be studied more closely.

Civil society

In 2009, the Advisory Group recommended that the national AIDS authorities in Viet Nam encourage civil society organizations and support networks to work in areas outside urban centres where the provision of HIV services may not be regular or adequate. Five years later, the Group was impressed by the progress made in this regard and the important contribution that civil society and communities are now making to the AIDS response in Treatment 2.0 areas. This is another reason why this approach should be replicated in other provinces of Viet Nam.

The Advisory Group nevertheless notes with concern that most community health workers and networks function with donor support. At a time of decreasing external funding, the Advisory Group highlights the importance of sustaining the gains made and ensuring that work is funded and supported.

The Advisory Group also recommends that the National Assembly and other relevant authorities in Viet Nam acquaint themselves with the ways in which other countries managed to include civil society organizations in different aspects of the AIDS response. In addition to providing services, people living with HIV and key population group networks can make a strong contribution by participating in policy development, planning and monitoring, and by evaluating interventions.

Men who have sex with men

As in 2009, the Advisory Group would like to conclude its report by highlighting the particular vulnerability of men who have sex with men. In recent years there has been greater recognition of an HIV epidemic among such men in Viet Nam, despite the paucity of data. What data there are point to a growing epidemic in urban centres, where the prevalence of HIV among such men is estimated to be as high as 16 per cent. This is a cause of concern and calls for much greater efforts to reach out to this group.

The stigma associated with homosexual relations still drives the HIV epidemic within this group underground and impedes the provision of HIV services. In order to better include men who have sex with men in HIV prevention and treatment programmes, it is necessary to fight the stigma and reach out to this population beyond the urban centres. The Advisory Group recommends that structures established via the Treatment 2.0 approach be used to collect better data and generally tackle HIV among such men more effectively. The Advisory Group also recommends that the Vietnamese authorities engage in dialogue with other countries in the region that have managed to overcome similar challenges in their efforts to include all key population groups in their HIV programmes, especially when it comes to specific prevention and knowledge efforts.

World AIDS Day 2014 was celebrated widely in Viet Nam. ©UNAIDS, 2014

Self-help groups are playing an important role in the AIDS response in Dien Bien province.
©IPU (A. Blagojevic), 2014

Conclusion

Viet Nam is facing many of the same challenges in its AIDS response as many other countries. High prevalence rates among key population groups, stigma and discrimination, and drops in external funding are some of the most pressing concerns. Despite the challenges, Viet Nam has committed to do what it takes to end the AIDS epidemic by 2030. This will require strong and sustained political leadership and the continued involvement of different parts of society, including people living with HIV.

Viet Nam is off to a good start. The national AIDS authorities, including the National Assembly, have already done much to create an enabling environment for the AIDS response. Application of Treatment 2.0 offers further important opportunities to strengthen the response. The IPU Advisory Group on HIV/AIDS and Maternal, Newborn and Child Health hopes that the recommendations set out in this report will be useful as Viet Nam works to expand its HIV programmes. It stands ready to support the National Assembly of Viet Nam in this noble mission.

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Layout by Ludovica Cavallari, printed by Courand