



HIV/AIDS IN VIET NAM

➤ THE CURRENT SITUATION

➤ THE NATIONAL RESPONSE

➤ THE EMERGING CHALLENGES

ACKNOWLEDGEMENTS

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FOREWORD

The AIDS epidemic continues to take its toll on the world, in Asia, and more recently in Viet Nam. All 64 provinces in Viet Nam have been affected, and the country is facing a growing epidemic. More than 260,000 people are living with HIV. By the year 2010 this number will have grown to more than 310,000. With increasing numbers of men and women affected, the epidemic is no longer confined to high-risk groups. In fact, the majority of new infections are occurring through sexual transmission. We must act now to prevent new infections, and we must work together to provide care and support for those living with HIV. Viet Nam has made a concerted effort to develop a set of comprehensive national policies on HIV/AIDS prevention and treatment. However, it is the local governments, organizations, and other entities that will be responsible for carrying them out.

This chartbook is designed to assist decisionmakers and program officers at every level to understand the scope and magnitude of the AIDS epidemic throughout Viet Nam. We hope the information in this chartbook is helpful in implementing appropriate and effective responses in the fight against AIDS. This chartbook was jointly prepared by the Viet Nam Commission for Population, Family and Children, the Ministry of Health, and the Population Reference Bureau through the generosity of the Bill & Melinda Gates Foundation. We also believe the chartbook is of interest for all those who are concerned about HIV/AIDS issues.

DEPUTY CHAIRMAN
VIET NAM COMMISSION FOR POPULATION, FAMILY AND CHILDREN
Nguyen Ba Thuy

PREFACE

The world is suffering serious consequences from HIV/AIDS. It continues to be a threat to every region, country, and community. According to the latest UNAIDS estimates, about 39.5 million persons are living with HIV/AIDS and each year 2.9 million persons die from the disease. Despite concerted efforts to control the epidemic, the global picture remains bleak. At the 2006 High Level Meeting on AIDS in New York, reports showed that the majority of goals stated in the 2001 UN General Assembly Special Session (UNGASS) Declaration had not been achieved. This realization compelled all countries to reconfirm their commitment to the fight against HIV/AIDS.

After 15 years of coping with HIV/AIDS in Viet Nam, the epidemic is still in the concentrated stage with high prevalence among high-risk groups and low prevalence in the community. However, in some cities and provinces, there is evidence that HIV/AIDS is spreading into the community. By 2010, an estimated 310,000 persons will be living with HIV. Recognizing the danger of the epidemic, the Party and Government of Viet Nam have issued a number of policy responses to prevent and control HIV/AIDS. In March 2004, the National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 with a Vision to 2020 was approved. This multi-sectoral strategy, highly respected by the international community, identifies clear objectives and measures, and maps out a plan for activities in HIV/AIDS prevention to be implemented over the next 15 years. On June 29, 2006, the National Assembly approved a new Law on the Prevention and Control of HIV/AIDS. This is the highest-level legal document on HIV/AIDS, and it presents significant changes in the future work of HIV/AIDS prevention.

Although fundamental achievements have been gained, HIV/AIDS remains a serious threat to the country's socio-economic development, health, and the future of the Vietnamese people. In coping with the epidemic, we need to have more coordinated actions and active participation from various sectors, mass organizations, and the society as a whole. We believe that this booklet will provide policymakers, managers, and all those who are concerned about HIV/AIDS with useful information on the overall situation of the epidemic and the national response. It is my pleasure, on behalf of the National Committee for Prevention of AIDS, Drug use and Prostitution, and the Ministry of Health, to present the booklet "HIV/AIDS in Viet Nam."

MINISTER
MINISTRY OF HEALTH
Tran Thi Trung Chien

Acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Anti-retroviral
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
FSW	Female sex worker
HCMC	Ho Chi Minh City
HIV	Human immunodeficiency virus
IDU	Injecting drug user
MSM	Men who have sex with men
NGO	Nongovernmental organization
NIHE	National Institute for Hygiene and Epidemiology
PLWHA	People living with HIV/AIDS
SAVY	Survey Assessment of Vietnamese Youth
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCHAP	Vietnam-CDC-Harvard Medical School AIDS Partnership
VNDHS	Vietnam National Demographic and Health Survey
WHO	World Health Organization

HIV/AIDS IN VIET NAM: WORKING AGAINST THE CLOCK

- More than 260,000 adults are estimated to be living with HIV, up from 3,000 in 1992.
- Every day 100 people are newly infected with HIV.
- About one in every 60 households has a family member living with HIV.
- All 64 provinces, 93 percent of districts, and almost 50 percent of communes and wards have reported cases of HIV.
- Certain regions are more affected than others. More than 1 percent of adults are estimated to be living with HIV in the North Coast and Ho Chi Minh City provincial clusters.
- About 25 percent of all injecting drug users are HIV positive.
- In 1996, about 1 percent of female sex workers were HIV positive, and by 2005, this number had increased to more than 3.5 percent.
- The epidemic is spreading into the general population. In some provinces, more than 1 percent of pregnant women are testing positive for HIV.
- More and more women are becoming infected; they now account for one-third of all estimated HIV cases.
- The HIV epidemic is affecting young adults more than any other age group. Over one-half of all reported HIV cases are among young people between ages 20 and 29.

"We must first acknowledge and accept that HIV is among us. This is a disease that cannot be controlled by ignoring it or thinking that we can lock it up and it will go away."

HIV/AIDS EPIDEMIOLOGIST, HA NOI

"Clearly, the potential exists for substantial expansion of the HIV epidemic in many Asian societies...HIV prevalence often remains low for years and then suddenly explodes."

DR. TIM BROWN, SENIOR RESEARCH FELLOW, EAST-WEST CENTER, HONOLULU, HAWAII, USA



EAST AND SOUTHEAST ASIA OVERVIEW

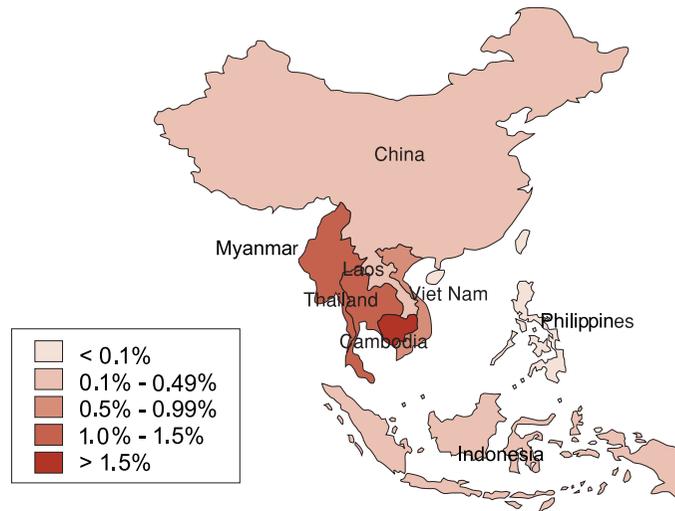
Asia is facing one of the fastest growing HIV/AIDS epidemics in the world today. More than 8 million adults and children are living with HIV in Asia and the Pacific, and the region accounts for 20 percent of all HIV infections worldwide. Fewer than 1 percent of adults are living with HIV, indicating that the Asian epidemic is still in its early stages. However, because Asia has 60 percent of the world's population, even low levels of HIV prevalence mean large numbers of people infected. As HIV spreads from high- to low-risk populations, the threat of an escalating epidemic looms large and the challenges of containing the epidemic grow more urgent.

In Asia, HIV is spread primarily through injecting drug use, commercial sex, and men who have sex with men (MSM). Injecting drug use is a major contributor to the spread of HIV because many drug users share needles and syringes, thus creating an efficient mode of transmission. The buying and selling of sex between men and women is also a major driver of the epidemic. Men who have unprotected sex with sex workers put not only themselves but also their wives and girlfriends at risk of contracting HIV. Although largely ignored to date, men

who have unprotected sex with men have also been found to be a significant factor. While limited data exist on MSM, new efforts are underway to better understand this aspect of the epidemic.

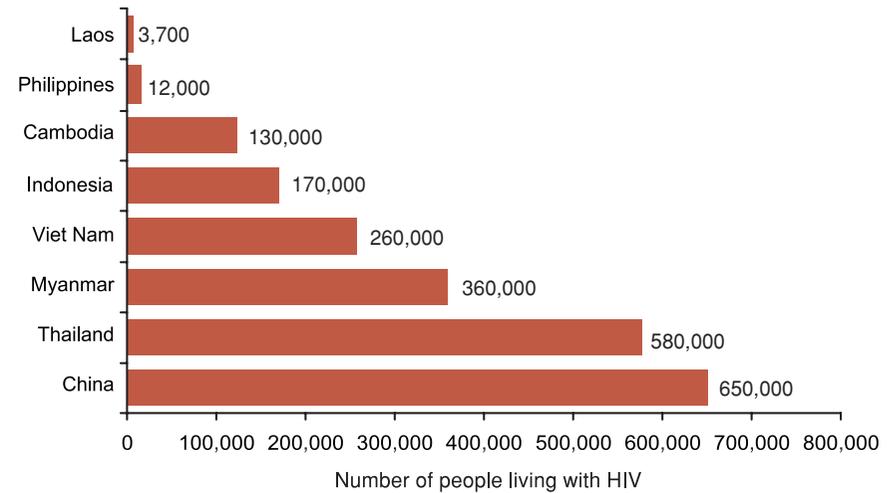
Countries within Asia and the Pacific are experiencing diverse epidemics that are distinct in their time of onset and level of severity. While some countries such as Thailand, Cambodia, and Myanmar were affected in the mid- to late-1980s, other areas such as Viet Nam, Indonesia, and some provinces in China are only now experiencing rapidly growing epidemics. Still others such as Laos and the Philippines continue to have low levels of HIV prevalence, even among high-risk populations. In 2005, China had 650,000 people living with HIV, Thailand had 580,000, and Cambodia 130,000. Despite their varying levels of HIV, these countries still have the opportunity to prevent serious epidemics within their populations if they act now with coordinated and comprehensive prevention efforts. Thailand and Cambodia have already made considerable progress in their efforts to curb their epidemics.

Figure 1. Percent of Adults Ages 15-49 Living with HIV, Selected Countries in Asia, 2005



Source: 2006 Report on the Global AIDS Epidemic, UNAIDS (2006).

Figure 2. Estimated Number of Adults and Children Living with HIV, Selected Countries in Asia, 2005



Source: 2006 Report on the Global AIDS Epidemic, UNAIDS (2006).

VIET NAM

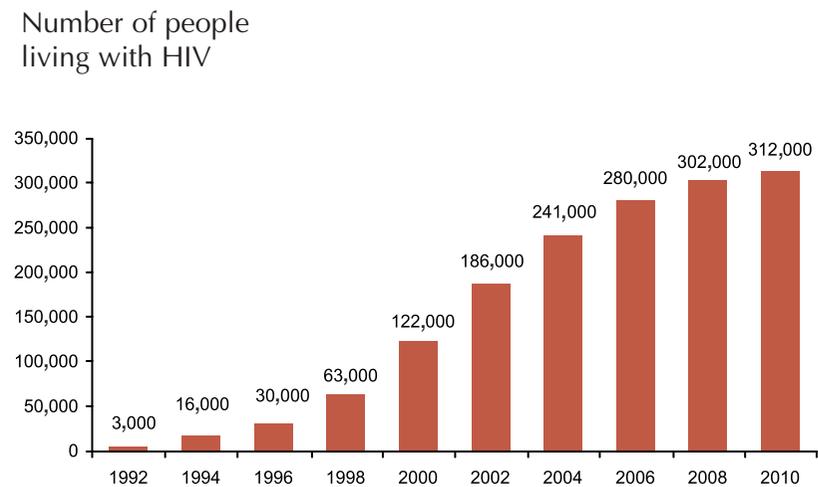
National Picture

Although Viet Nam has previously been less affected by HIV/AIDS than other countries in Asia, it is now facing the possibility of a growing epidemic. HIV infections in Viet Nam are rising, and certain regions within the country are experiencing heightened epidemics, especially among high-risk populations. Viet Nam is classified as having a concentrated epidemic, meaning prevalence levels are above 5 percent in certain high-risk populations and below 1 percent in women attending antenatal clinics. Once prevalence levels exceed 1 percent in women attending antenatal clinics, Viet Nam would have a generalized epidemic.

INCREASE OF HIV OVER TIME

The number of HIV infections has been steadily increasing since the first case of HIV was detected in 1990. Today, all 64 provinces report cases of HIV. In 1992, 3,000 people were estimated to be living with HIV. By 2000, the number had grown to over 120,000, and just four years later, this number doubled to 241,000. By the year 2010, over 310,000 people are projected to be living with HIV. Although the numbers are increasing, Viet Nam is still at an early enough stage to prevent further expansion of the epidemic.

Figure 3. Estimated and Projected Number of People Living with HIV, Viet Nam, 1992-2010



Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

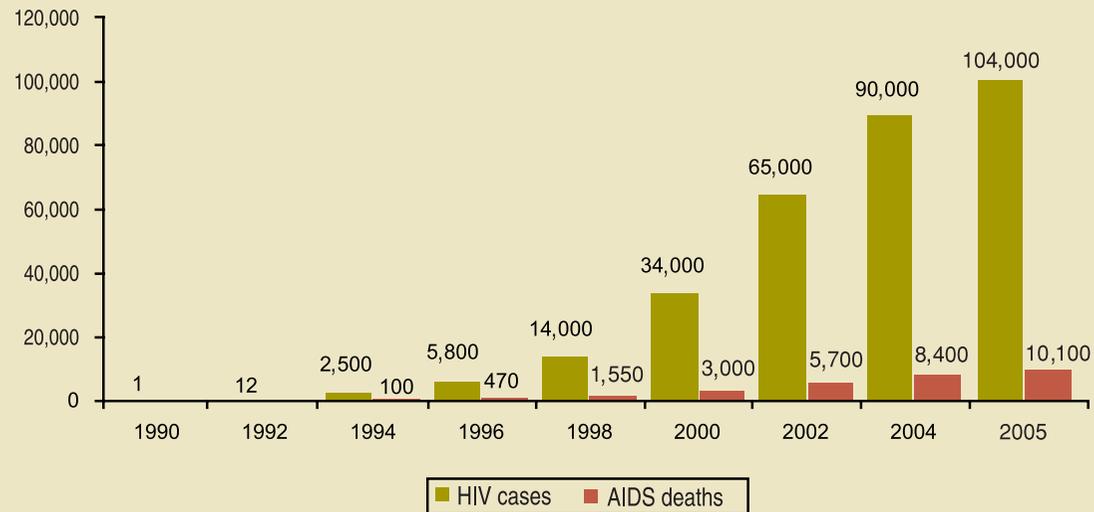
Box 1

Why are the reported numbers of people living with HIV so different than the estimated and projected numbers?

In 2005, Viet Nam had 104,000 cumulative *reported* cases of HIV. This number, however, is only the tip of the iceberg. Since people can be infected with HIV for many years without knowing they have the disease, the actual number of people living with HIV is much higher than the reported number. The estimates for Viet Nam represent the number of people that are likely to be infected. In the year 2005, over 260,000 people were *estimated* to be living with HIV.

The number of deaths due to HIV has also been increasing every year—an indication that attention will have to be focused not only on prevention efforts, but also on the care and support for people becoming sick with AIDS and for their families.

Figure 4. Cumulative Number of *Reported* HIV Cases and AIDS Deaths, Viet Nam, 1990-2005

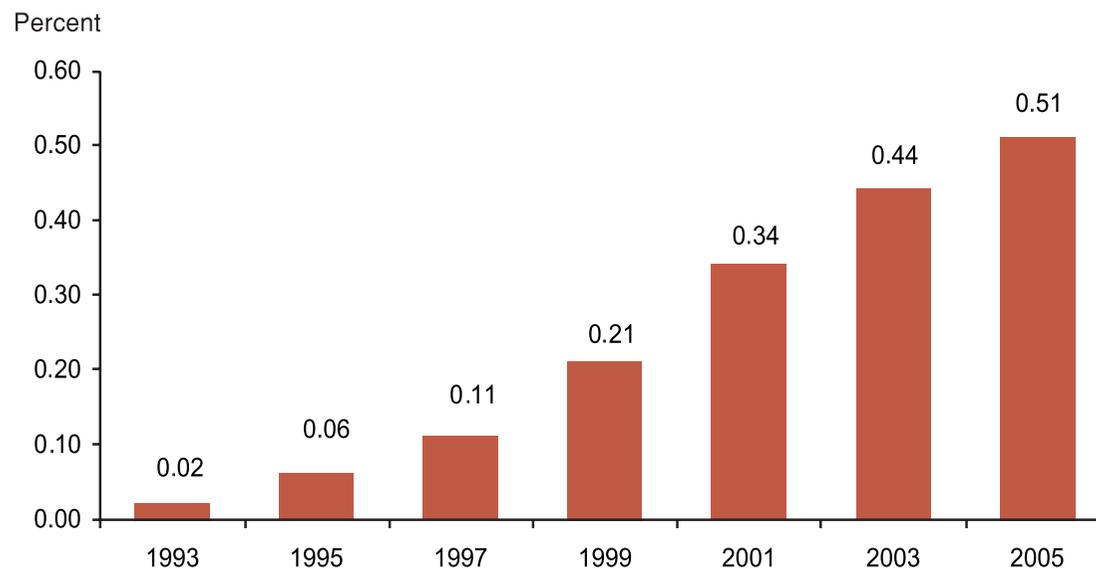


Source: Viet Nam Administration for AIDS Control, Ministry of Health.

As the number of people living with HIV continues to rise in Viet Nam, so does the prevalence level, or percentage of people living with HIV. At the beginning of the epidemic in 1993, the prevalence level was at 0.02 percent. In 2005, HIV prevalence had increased to 0.51 percent, meaning that

0.51 percent of adults in Viet Nam are living with HIV. Although 0.51 percent may seem relatively small, the trends show that the percentage of adults living with HIV has been increasing.

Figure 5. Estimated Percent of People Ages 15-49 Living with HIV Viet Nam, 1993-2005



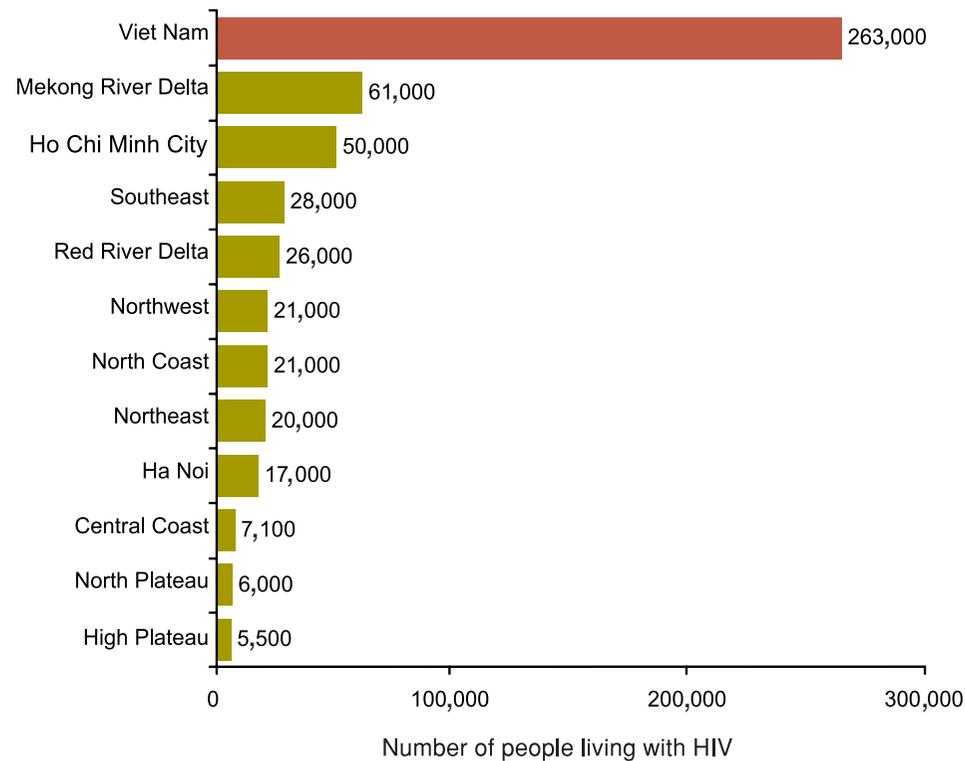
Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

CURRENT SITUATION AND MOST-AFFECTED AREAS

The latest estimates and projections indicate that over 260,000 people in Viet Nam are living with HIV. This means that approximately one in every 60 households has someone living

with HIV. Two of the most affected areas in the country are the Mekong River Delta and Ho Chi Minh City provincial clusters, with 61,000 and 50,000 people infected, respectively.

Figure 6. Estimated Number of People Living with HIV by Provincial Cluster, 2005



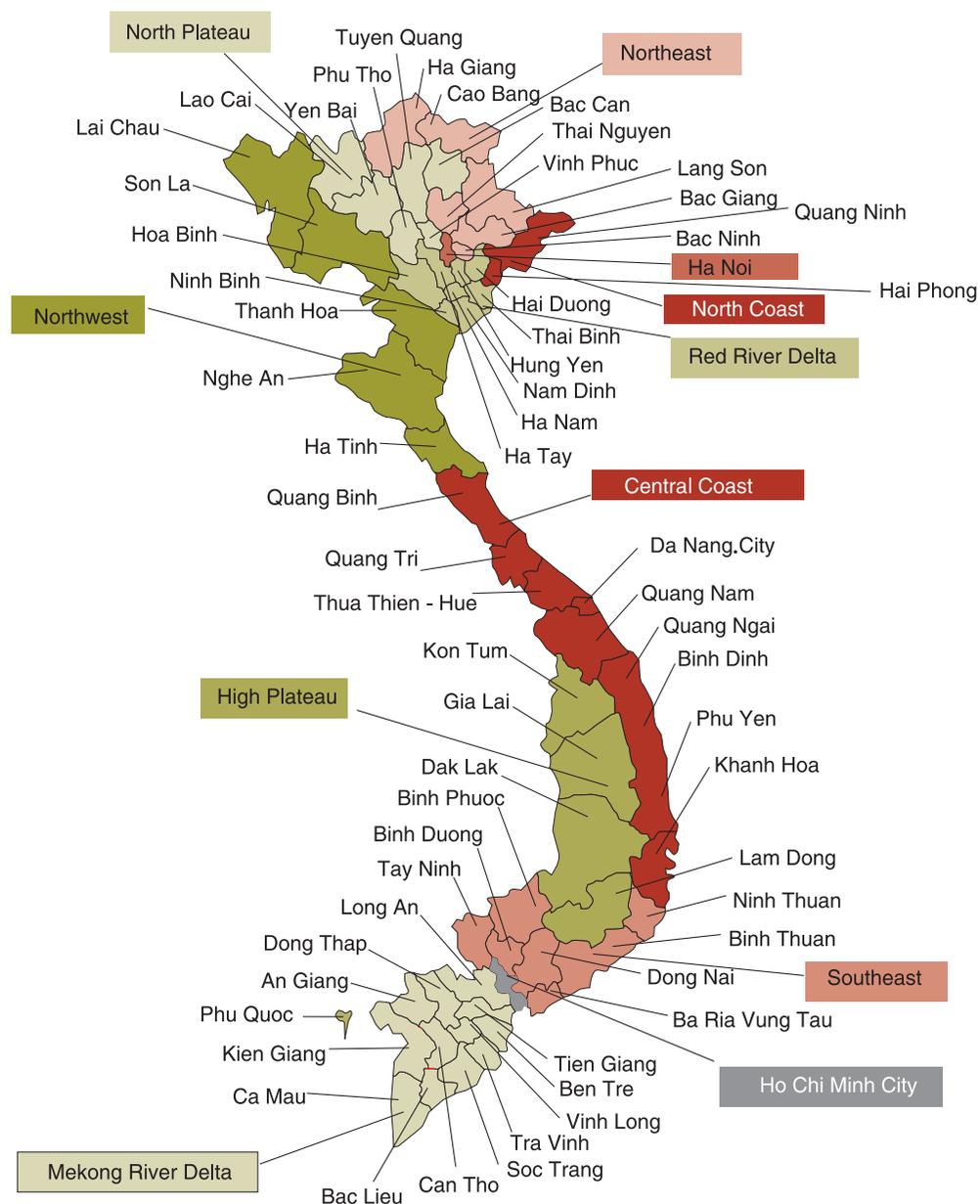
Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

VIETNAM HIV PROVINCIAL CLUSTERS MAP

Box 2

Viet Nam's HIV Provincial Clusters

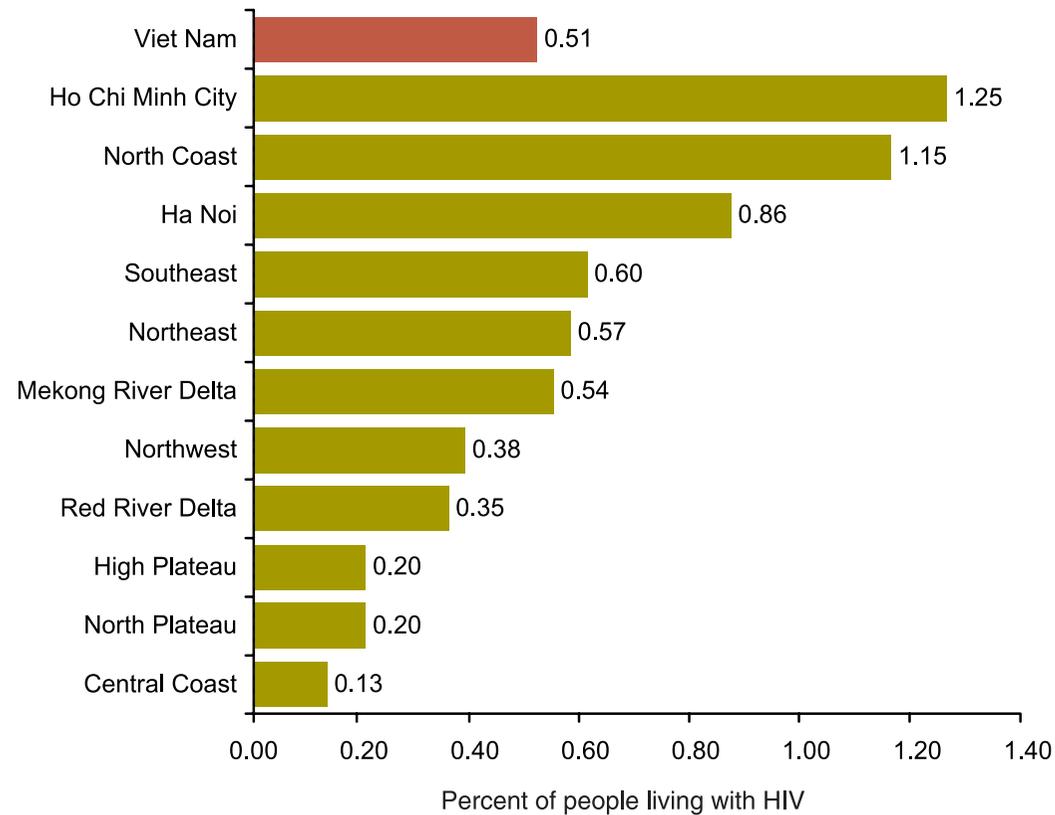
For analyzing HIV/AIDS data and forecasting trends, researchers have grouped the provinces in Viet Nam into 11 clusters. Provinces that are geographically contiguous and that have similar disease spread patterns are grouped together. Overall prevalence trends for HIV have been developed for each cluster. The HIV Provincial Clusters Map illustrates the different clusters and the grouping of provinces within each cluster. Note that these HIV clusters differ from Viet Nam's conventional regional grouping of provinces.



Low overall national prevalence can mask higher prevalence in hard-hit areas within the country. Indeed, certain regions within Viet Nam are more affected than others. In the North Coast and

Ho Chi Minh City provincial clusters, more than 1 percent of adults are living with HIV.

Figure 7. Estimated Percent of People Ages 15-49 Living with HIV by Provincial Cluster, 2005



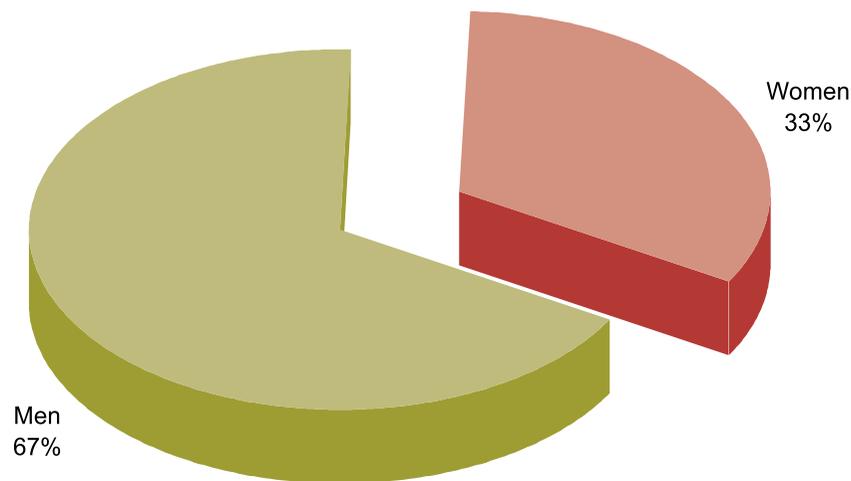
Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

DISTRIBUTION OF HIV BY SEX, AGE, AND GROUP

The estimated number of cases of HIV among men in Viet Nam currently outnumbers those among women by 2:1. This disparity is not unusual for the early stages of an epidemic. Particularly in Asia, where most HIV infections have occurred among injecting drug users and clients of female sex workers,

many more men than women have been infected. However, as HIV is transmitted by drug users and clients of sex workers to their female partners, more and more women will become infected.

Figure 8. Distribution of Estimated HIV Cases by Sex, 2005

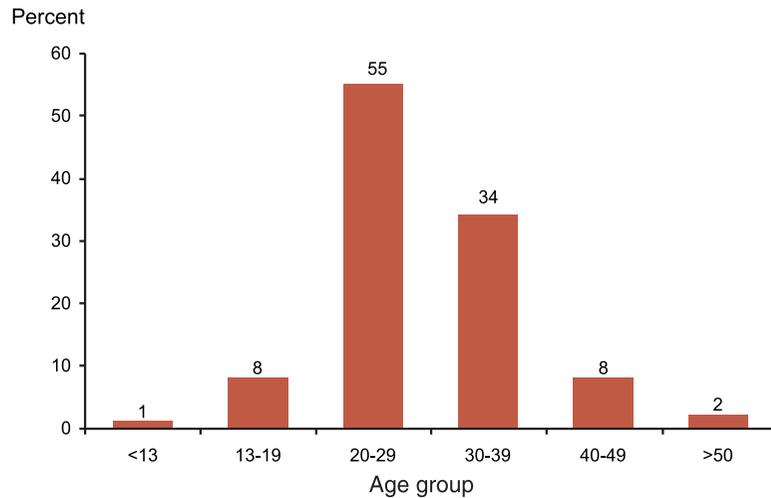


Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

The HIV epidemic in Viet Nam affects young adults more than any other age group. More than one-half of all reported HIV cases are among young people ages 20 to 29. Since young adults make up one of the most productive segments of the population, their loss of productivity as they progress from HIV to AIDS could have significant economic implications for the country.

The HIV epidemic is being fueled by injecting drug use, sex work, and husband-to-wife transmission. Half of the estimated cases of HIV are occurring among injecting drug users, female sex workers, and current clients, while the other half are occurring among men and women from the general population. Many of the men from the general population are former clients or injecting drug users, and many of the women from the general population have been infected as a result of husband-to-wife transmission.

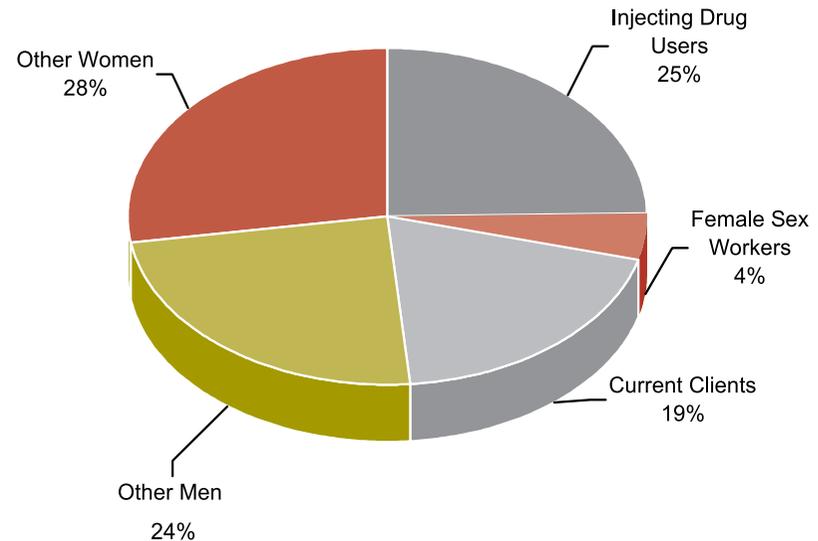
Figure 9. Distribution of Reported HIV Cases by Age Group, 2005



Note: Two percent are unknown.

Source: Viet Nam Administration for AIDS Control, Ministry of Health, *HIV/AIDS Monthly Report* (April 2005).

Figure 10. Distribution of Estimated HIV Cases by Risk Group, 2005

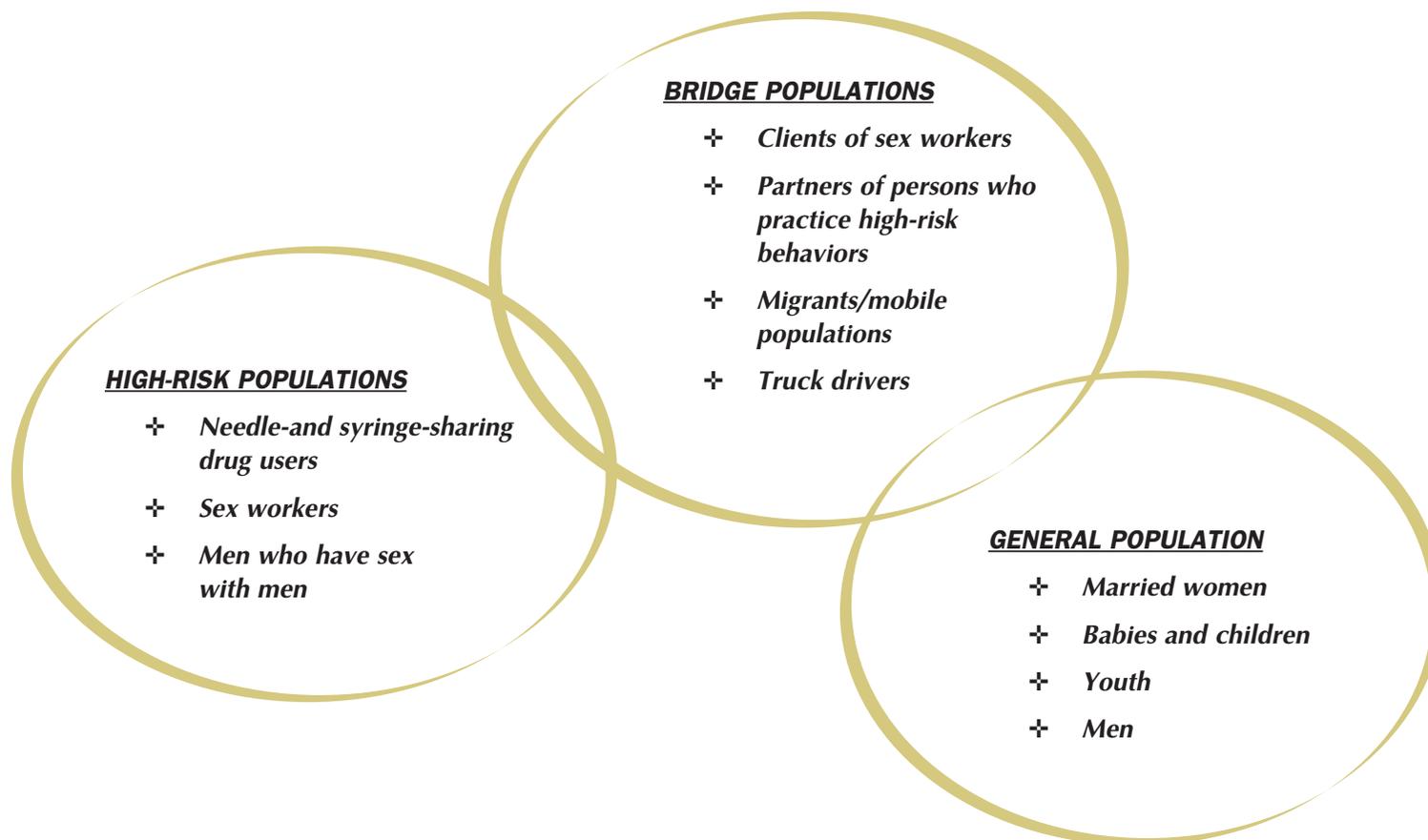


Source: *Joint HIV/AIDS Estimation and Projection Working Group* (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

Spread of HIV in Viet Nam

Viet Nam is still in the early stages of an HIV epidemic. In a typical epidemic, HIV spreads from high-risk groups (such as sex workers) to a “bridge” population (such as their clients). Other “bridge” populations include the partners of sex-worker clients,

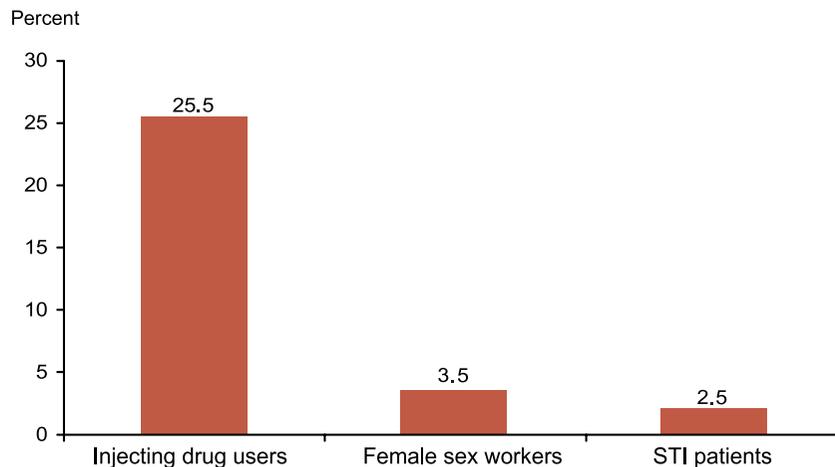
injecting drug users, and other people who practice risky behavior; migrant or mobile populations; and truck drivers. Although people living with HIV may experience discrimination, HIV itself does not discriminate. In Viet Nam, the rising number of cases among pregnant women and their infants provides evidence that HIV is spreading to the general population.



HIGH-RISK GROUPS

In many Asian countries, the HIV/AIDS epidemic begins among those whose behavior makes them more vulnerable to infection. Chief among these groups are intravenous drug users (IDUs) who share needles and syringes, female sex workers (FSWs), and those infected with sexually transmitted infections (STIs). Recent data in Viet Nam reveal that nationwide, about 25.5 percent of drug users, 3.5 percent of female sex workers, and 2.5 percent of people with sexually transmitted infections are infected with HIV.

Figure 11. Percent of High-Risk Groups Testing Positive for HIV/AIDS, 2005



Source: Ministry of Health, *Sentinel Surveillance Survey Data (2005)*.

Box 3

High-Risk “Populations” vs. High-Risk “Behaviors”

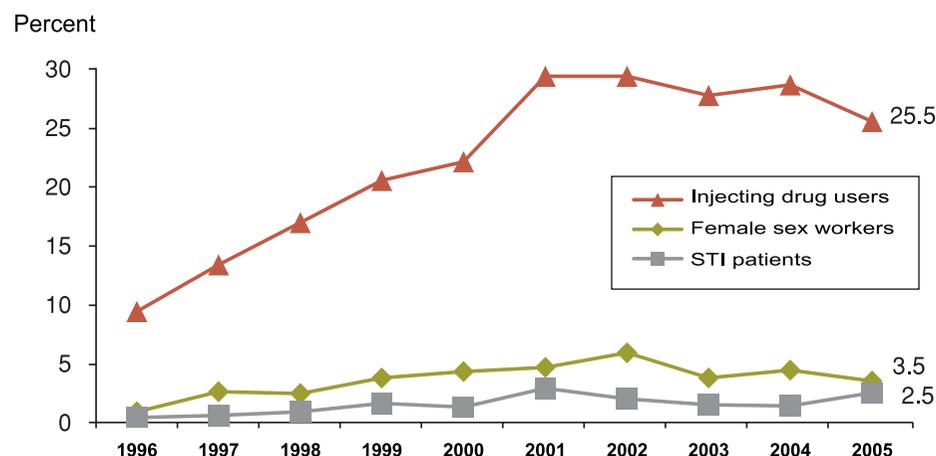
While HIV infection may be first detected in certain groups, this does not mean that there is something inherent in those particular people that cause HIV infection. Rather, it is the practice of high-risk behaviors—such as unprotected sex and sharing needles—in the presence of the virus that initially promotes transmission within so-called “high-risk populations.” Since HIV is transmitted primarily through unprotected sex and contaminated needles, during the early stages of an epidemic the virus is likely to spread among those groups that practice high-risk behaviors. Groups practicing behaviors that put them at risk for HIV infection are also referred to as “vulnerable populations”—though, again, it is important to remember that HIV is not limited only to those groups.

Unfortunately, association with HIV/AIDS often makes the situation worse for populations that are already stigmatized or marginalized by society. Stigmatization and association of HIV/AIDS with certain groups promote a disregard for the underlying factors that contribute to high-risk behaviors, provide a false sense of security for those who are not members of the stigmatized group, and hinder meaningful prevention and care efforts.

Source: Excerpt from *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand, & Viet Nam*, POLICY Project (2003).

Using HIV sentinel surveillance reports from 1996 to 2005 (See Box 4), Figure 12 shows how HIV prevalence has changed over time among these high-risk groups in Viet Nam. HIV rose steadily among each group from 1996 to 2001 and has shown few signs of decreasing over the last four years.

Figure 12. Trends of HIV Prevalence Among High-Risk Groups, 1996-2005



Source: Ministry of Health, *Sentinel Surveillance Survey Data*.

Box 4

Viet Nam’s Sentinel Surveillance System

Given that most HIV cases are not detected or reported, countries need alternative ways to monitor HIV trends. Sentinel surveillance systems track these trends by assessing infection levels for groups that may either be at high risk for HIV or for groups that may signal the spread of HIV into the general population.

Established in 1994, Viet Nam’s sentinel surveillance system has now expanded to 40 provinces. The system monitors HIV prevalence among injecting drug users, female sex workers, patients with sexually transmitted infections, tuberculosis patients, women attending antenatal clinics, and military candidates. HIV testing among these groups is conducted every year from the beginning of the month of May through the end of August (except for military candidates, who are tested in November and December).

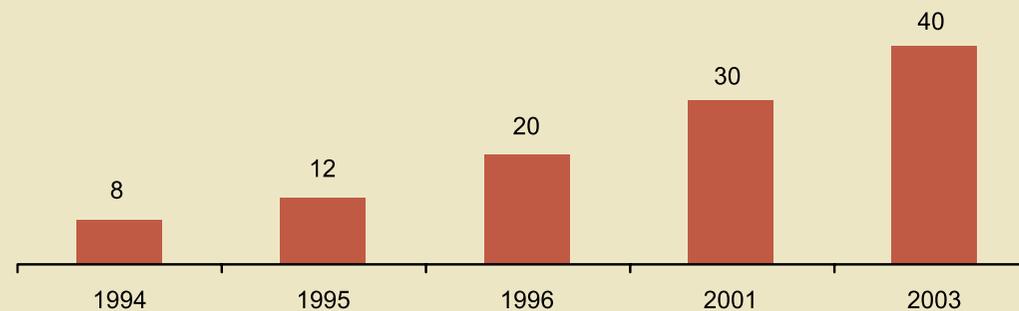
Because it is difficult to test all members of each risk group, only a proportion or sample of each risk group is tested. This sample is then used to estimate prevalence in the entire risk group. Sample sizes for each risk group are shown in the table.

Sentinel population	Number of individuals sampled per province
Injecting drug users	400
Female sex workers	400
Male STI patients	400
Tuberculosis patients	400
Antenatal women	800
Military recruits	800

In addition to the current sentinel surveillance system that monitors prevalence, Viet Nam is developing a behavioral surveillance system. Called a second-generation surveillance

system, it will also monitor trends in risk behavior, providing a more comprehensive understanding of the HIV/AIDS situation in Viet Nam.

**Number of Provinces with Sentinel Sites
1994-2003**



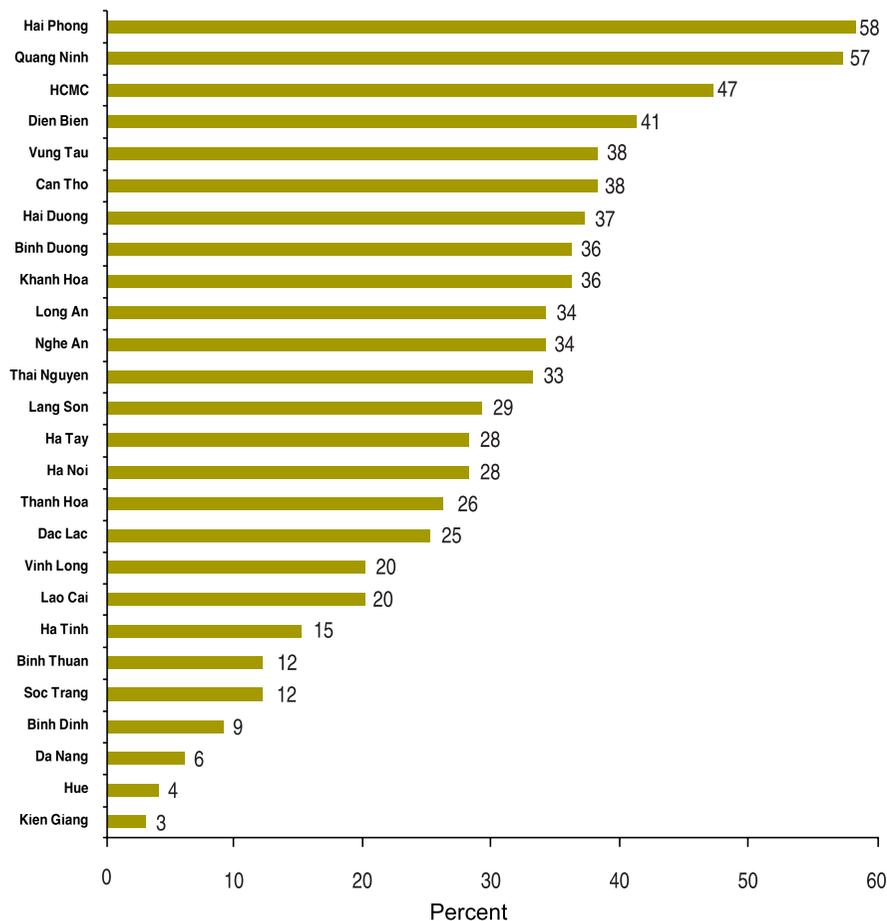
Source: Viet Nam Administration for AIDS Control, Ministry of Health, *HIV/AIDS Sentinel Surveillance Report*.

SPREAD OF HIV IN VIET NAM

While HIV is present in all provinces in the country, some provinces have been particularly hard-hit. In 2005, about six out of every 10 injecting drug users in sentinel surveillance sites in Hai Phong and Quang Ninh were HIV-positive; almost half were positive in Ho Chi Minh City; and about four out of every

10 were positive in Dien Bien, Vung Tau, and Can Tho. Although these provinces are among those with the highest rates, HIV-positive IDUs are found throughout the country—with rates ranging from 58 percent in Hai Phong to a low of 3 percent in Kien Giang.

Figure 13. Percent of Injecting Drug Users Testing Positive for HIV at Selected Sentinel Sites, 2005

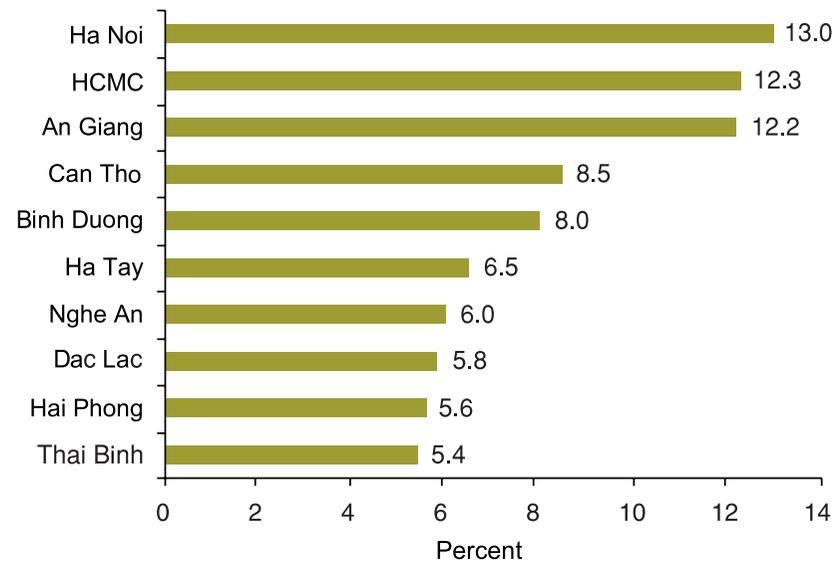


Source: Ministry of Health, *Sentinel Surveillance Survey Data, 2005.*

Sentinel surveillance data from selected provinces also show that the proportion of female sex workers testing positive for HIV is higher in some areas of the country than in others. In

2005, 10 provinces reported HIV prevalence rates among female sex workers of 5 percent or higher, with rates ranging from 13 percent in Ha Noi to 5.4 percent in Thai Binh.

Figure 14. Percent of Female Sex Workers Testing Positive at Selected Sentinel Sites, 2005

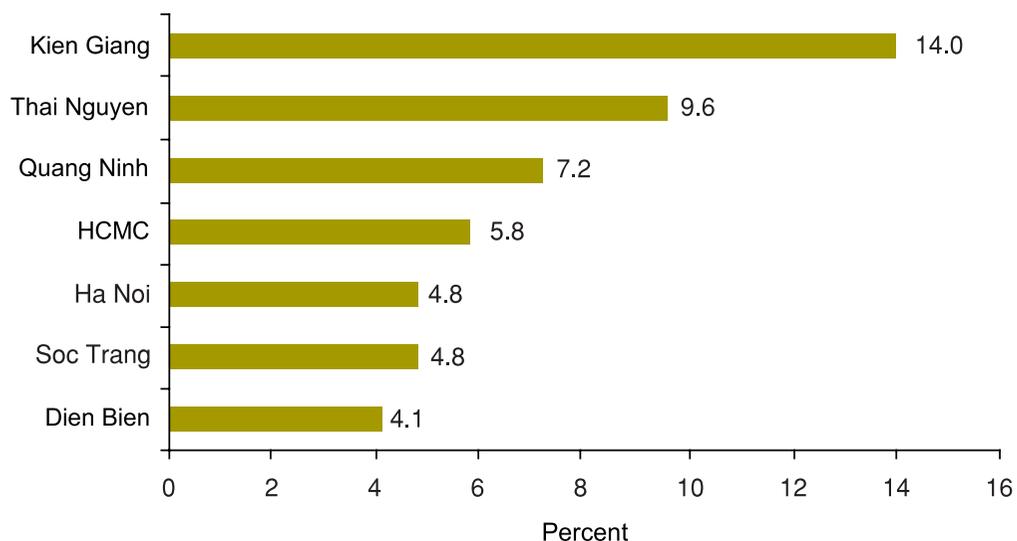


Source: Ministry of Health, *Sentinel Surveillance Survey Data, 2005*.

The presence of sexually transmitted infections such as syphilis or gonorrhea makes a person more vulnerable to HIV. These infections cause inflammation and ulcers that facilitate the transfer of the virus. Testing for HIV infection at sentinel surveillance STI clinic sites has revealed a significant rate of HIV infection among STI patients in several provinces. In 2005,

seven provinces reported STI patients with HIV-positive rates of 4 percent or higher, with about one out of every 10 patients testing positive in Thai Nguyen and Kien Giang. Efforts to prevent and treat STIs must be integrated into approaches to address HIV/AIDS.

Figure 15. Percent of Sexually Transmitted Infection Patients Testing Positive at Selected Sentinel Surveillance Sites, 2005



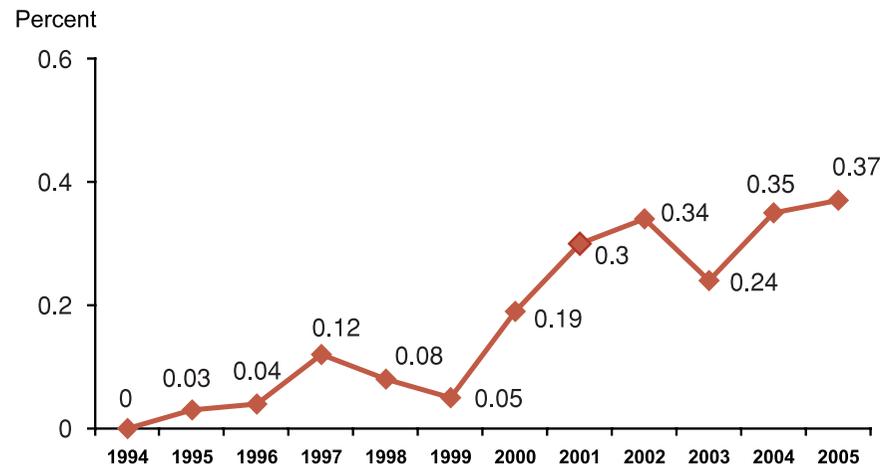
Source: Ministry of Health, *Sentinel Surveillance Survey Data, 2005*.

IS HIV/AIDS SPREADING INTO THE GENERAL POPULATION?

Sexual activity between vulnerable, high-risk groups and those at lower risk is the primary mechanism for the spread of HIV. Testing conducted among pregnant women—a low-risk group—has confirmed that the epidemic has spread to the general

population. Data show that HIV prevalence among pregnant women has been increasing over the last decade. As HIV is transmitted from drug users and clients of sex workers to their female partners, more women are becoming infected.

Figure 16. Trends of HIV Prevalence Among Pregnant Women, Sentinel Surveillance, 1994-2005

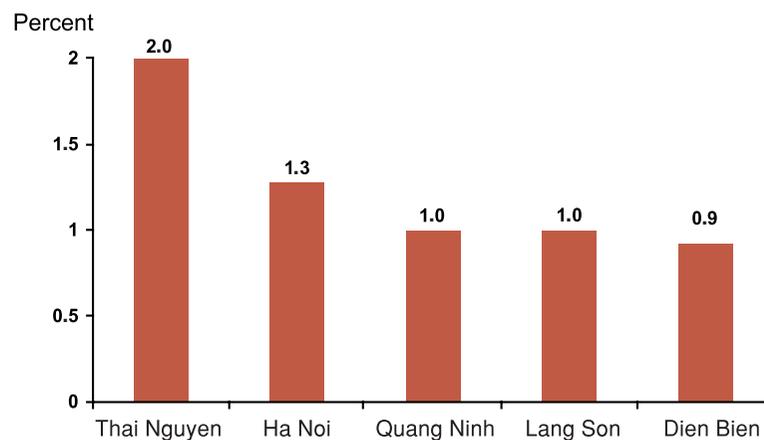


Source: Ministry of Health, *Sentinel Surveillance Survey Data*.

Women treated at antenatal care clinics are assumed unlikely to be members of high-risk groups themselves or engage in risky sexual behavior. Therefore, rates of HIV infection of 1 percent or higher in this group indicate that HIV has spread into the

sexually active general population. In 2005, HIV infection levels were around 1 percent among women attending antenatal care clinics in five provinces.

Figure 17. Percent of Pregnant Women Testing Positive for HIV/AIDS, 2005



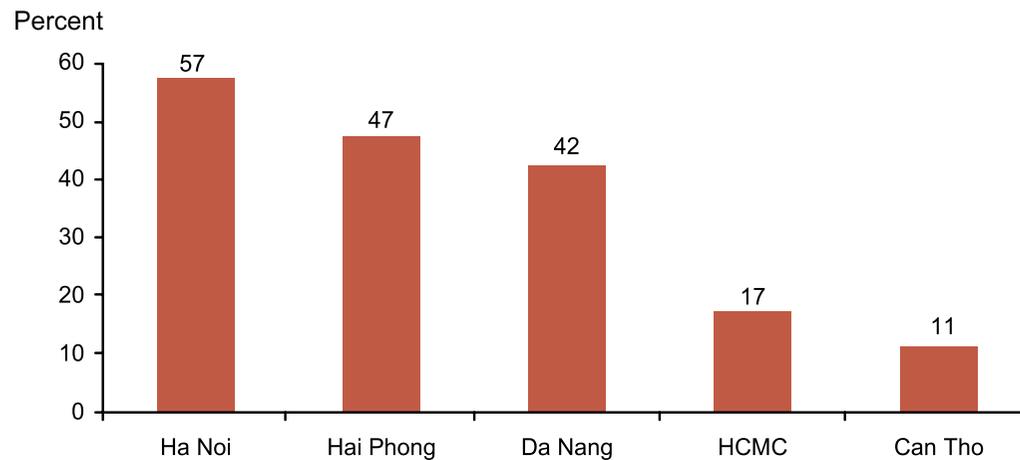
Source: Ministry of Health, *Sentinel Surveillance Survey Data, 2005*.

Risky Behaviors

HIV prevalence among high-risk groups is useful information, but doesn't tell the whole story. Which risk factors contribute to HIV transmission among these groups? How do people's movements affect the spread of the virus? Do the risk behaviors of different groups overlap, and do they interact with the general population?

One source of such information is through surveillance of sexual and drug-using behaviors among high-risk groups. The *2001 Behavioral Surveillance Survey* provides insights into how high-risk populations interact. For example, almost 60 percent of injecting drug users in Ha Noi, about 50 percent in Hai Phong, and 42 percent in Da Nang reported having sex with a female sex worker in the past year.

Figure 18. Percent of Injecting Drug Users Having Sex with Female Sex Workers in Large Provinces/Cities, 2001

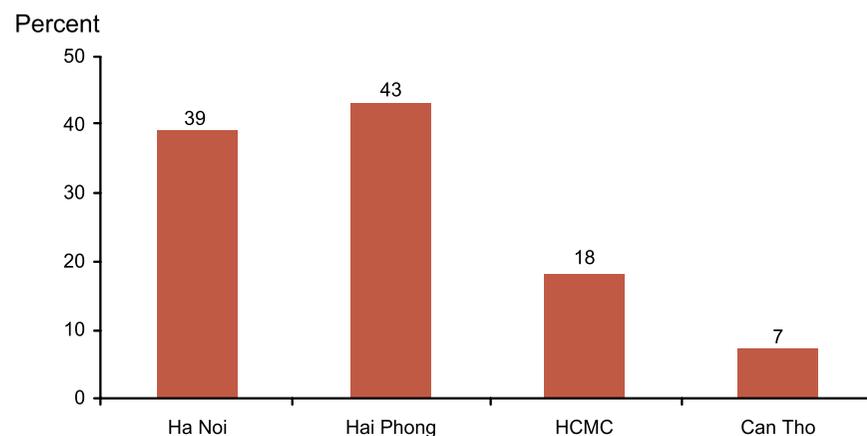


Source: Ministry of Health, National Institute of Hygiene and Epidemiology, and Family Health International, *HIV/AIDS Behavioral Surveillance Survey, Viet Nam (2001)*.

Sex workers may engage in other high-risk behavior. In Ha Noi and Hai Phong, about 40 percent of female sex workers were also injecting drug users themselves, as were smaller proportions in Ho Chi Minh City and Can Tho. Street sex

workers who injected in Ha Noi and Hai Phong were found to share their needles and syringes more frequently than male injecting drug users.

Figure 19. Percent of Female Sex Workers Injecting Drugs in Large Provinces/Cities, 2001

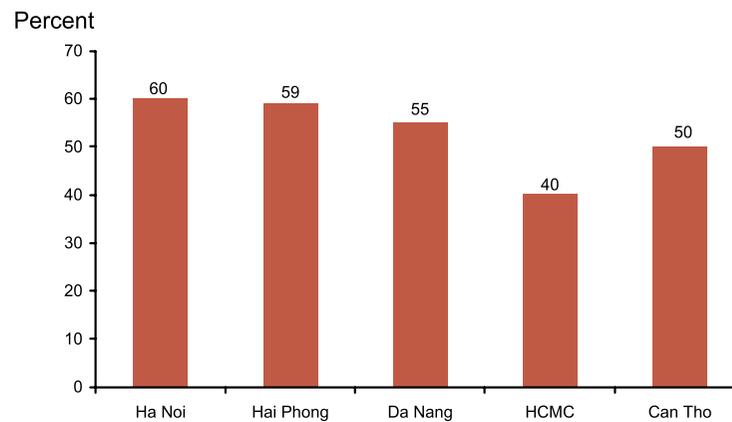


Source: Ministry of Health, National Institute of Hygiene and Epidemiology, and Family Health International, *HIV/AIDS Behavioral Surveillance Survey, Viet Nam (2001)*.

Long-distance truck drivers are considered to be a potential risk population because they are often away from their homes and families for long periods of time. Studies show that purchasing sex is common among mobile men, whether they are married or not, and those who have unprotected sex and are married

provide a bridge for HIV transmission to their wives. About one-half of the long distance truck drivers in these provinces and large cities reported having sex with a sex worker in the past year, and about one-fifth of this group reported having *unprotected* sex with a sex worker (not shown).

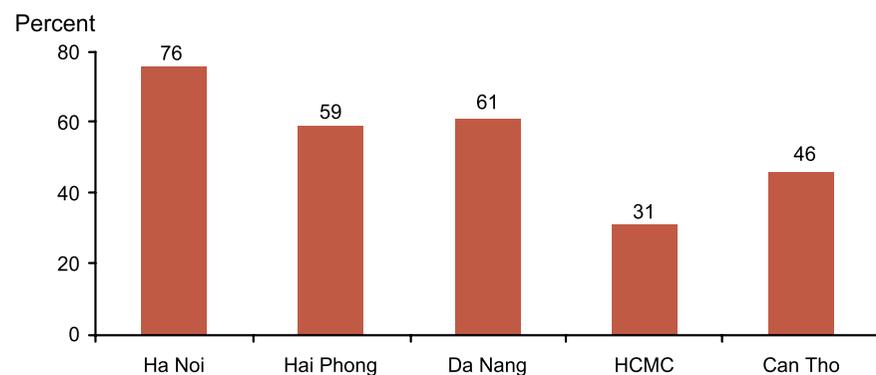
Figure 20. Percent of Truck Drivers Having Sex with Female Sex Workers in Large Provinces/Cities, 2001



Source: Ministry of Health, National Institute of Hygiene and Epidemiology, and Family Health International, *HIV/AIDS Behavioral Surveillance Survey, Viet Nam (2001)*.

Not only did IDUs report sex with wives, girlfriends, casual partners, and female sex workers, a large proportion also reported having unprotected sex. About three-fourths of IDUs in Ha Noi, 60 percent in Hai Phong and Da Nang, one-half in Can Tho, and one-third in HCMC reported having unprotected sex with at least one partner in the previous year.

Figure 21. Percent of IDUs Having Unprotected Sex* in the Previous 12 Months, 2001



Source: Ministry of Health, National Institute of Hygiene and Epidemiology, and Family Health International, *HIV/AIDS Behavioral Surveillance Survey, Viet Nam (2001)*.

* Unprotected sex may be underreported in Ho Chi Minh City and Can Tho.

Box 5

Harm Reduction Programs Can Reduce Risky Behaviors

In 2002, the Community-Based Intervention Project, funded by the Japanese Fund for Poverty Reduction, was implemented in five provinces (Dien Bien—formerly Lai Chau—An Giang, Kien Giang, Dong Thap and Quang Tri). The project aimed to increase understanding and awareness of HIV/AIDS and to gradually change the behavior of the population—especially members of high-risk groups. Activities included strengthening education and communication programs at the grass-roots level and promoting the use of condoms to prevent HIV/AIDS transmission. The results of these efforts demonstrate how, in a relatively short period of time, focused prevention programs can make a difference in reducing risky practices.

In the five intervention provinces, the proportion of street sex workers using condoms with casual and regular partners tripled between 2001 and 2004, from about 20 percent to 60 percent, and condom use with husbands and boyfriends more than doubled—from 16 percent to 38 percent. Although condom use among IDUs did not improve as much as among street sex workers, condom use did rise—increasing from 12 percent to 30 percent with wives and girlfriends, from about 20 percent to almost 40 percent with casual partners, and from 22 percent to more than 50 percent with female sex workers.

Figure 22. Percent of Street Sex Workers Using a Condom with Sexual Contacts in Last Month, Before and After Project Intervention, 2001 and 2004

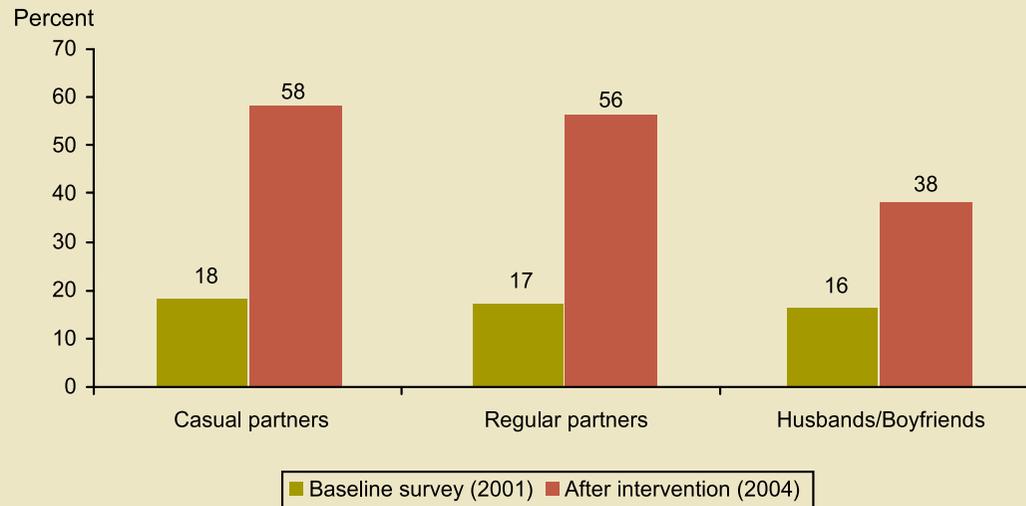
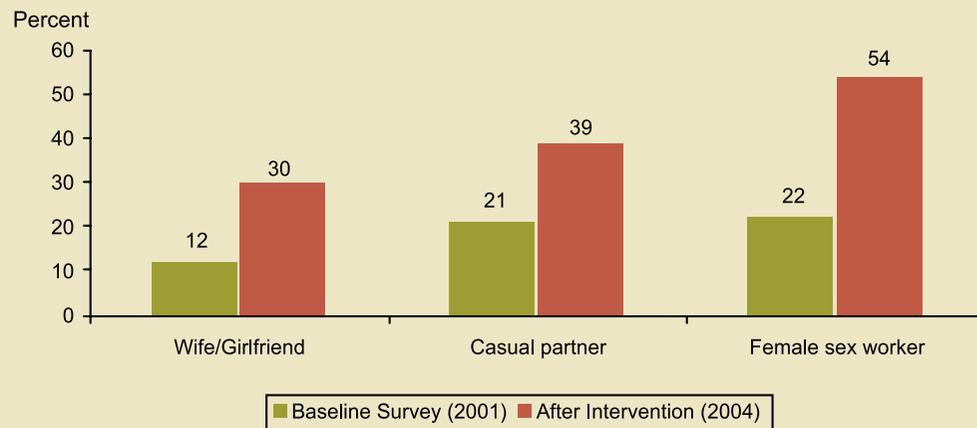


Figure 23. Percent of Injecting Drug Users Using a Condom Regularly with Different Sexual Partners in Last 12 Months, Before and After Project Intervention, 2001 and 2004



Source: Viet Nam Commission for Population, Family and Children, Ministry of Health, National Institute of Hygiene and Epidemiology, Asia Development Bank, and Japanese Fund for Poverty Reduction, *Monitoring the Impact of Project-Community's Action for AIDS Prevention and Control in Dien Bien, Quang Tri, An Giang, Kien Giang, and Dong Thap Provinces* (2005).

Box 6:***Men Who Have Sex with Men***

In many countries, it is recognized that men who have sex with men (MSM) may be vulnerable to HIV and other sexually transmitted infections. Although limited to a few surveys, the available data on MSM in Viet Nam show that they are at increased risk of HIV infections due to high numbers of sexual partners, high rates of unsafe sex, and inconsistent condom use. A behavioral survey, conducted in 2001 in HCMC among 219 MSM, revealed that the median number of sexual partners was two in the previous month, most (81 percent) had sex with nonregular partners, and one-half practiced anal sex with nonregular partners. Only 40 percent used condoms the last time they had sex, and only 55 percent used condoms the last time they had sex with a nonregular partner.

Knowledge about the transmission of HIV and ways to prevent infection was found to be fairly good, but misconceptions persist. Less than one-half knew that someone who looked and felt healthy could transmit HIV, and only one-third knew that they could get a sexually transmitted infection from someone without symptoms. The majority (87 percent) felt that they needed more information to protect themselves from HIV. Owing to public campaigns that focus almost uniquely on female sex workers and injecting drug users, many MSM think that they are not at risk or that male-male sex is safer. A qualitative study of MSM conducted in 2005 in HCMC supported this observation. According to one respondent:

“I think sex between gays [MSM] does not transmit HIV because we [MSM] do not use drugs...From watching television I have learned that HIV is transmitted by FSWs and IDUs, but I haven't heard about my group [MSM].”

In Viet Nam, little is known about the HIV prevalence among MSM, but a survey of 208 MSM who came to the Pasteur Institute in HCMC for voluntary testing in 2000 found an HIV prevalence of 5.8 percent. At the same center in 2002, 5.6 percent of 72 MSM tested positive for HIV.

It is clear that significant populations of MSM live in the major cities and their behavior puts them at high risk for HIV infection. With more information and support, MSM would be better able to understand their risks and to protect themselves from HIV.

Sources: Donn Colby, Nghia Huu Cao, and Serge Doussantousse, “Men Who Have Sex with Men and HIV in Viet Nam: A Review,” *AIDS Education and Prevention* 16, no. 1 (2004).

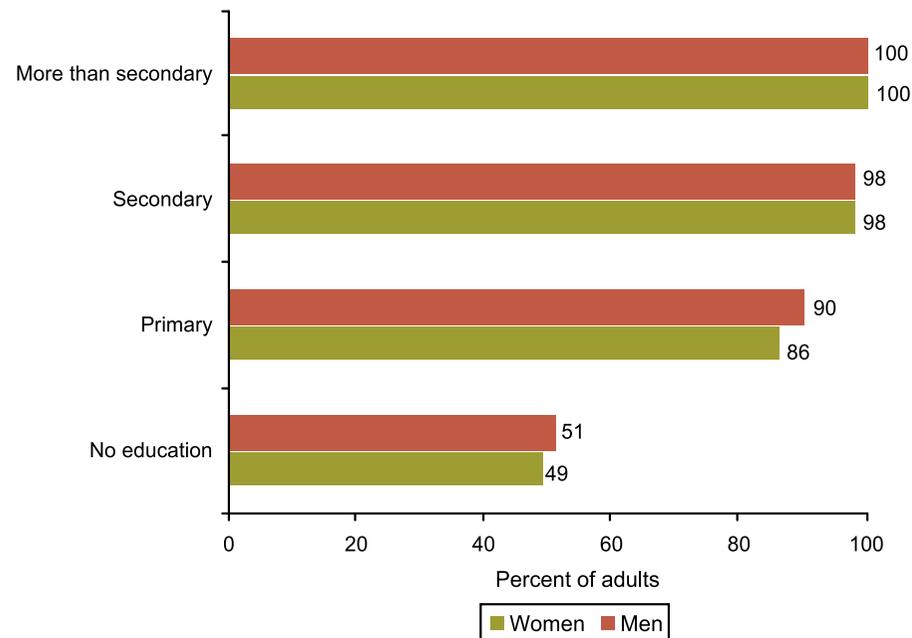
Family Health International, Social Work and Community Development Research and Consultancy- HCMC, Viet Nam-CDC-Harvard Medical School AIDS Partnership (VCHAP), Harvard University, and College of Social Sciences and Humanities of HCMC National University, *Reaching Men Who Have Sex with Men in Ho Chi Minh City* (2005).

Awareness, Knowledge, and Attitudes about HIV/AIDS

In general, awareness of HIV/AIDS in Viet Nam is relatively high. Results from the *Viet Nam Population and AIDS Indicator Survey 2005* reveal that 95 percent of men and 93 percent of women have heard of HIV/AIDS. However, awareness varies by education level. About one-half of men

and women with no education have never heard of AIDS (Figure 24). However, almost 90 percent with a primary school education and about 100 percent of those with a secondary education or higher have heard of AIDS.

Figure 24. Percent Aware of HIV/AIDS by Educational Level, 2005

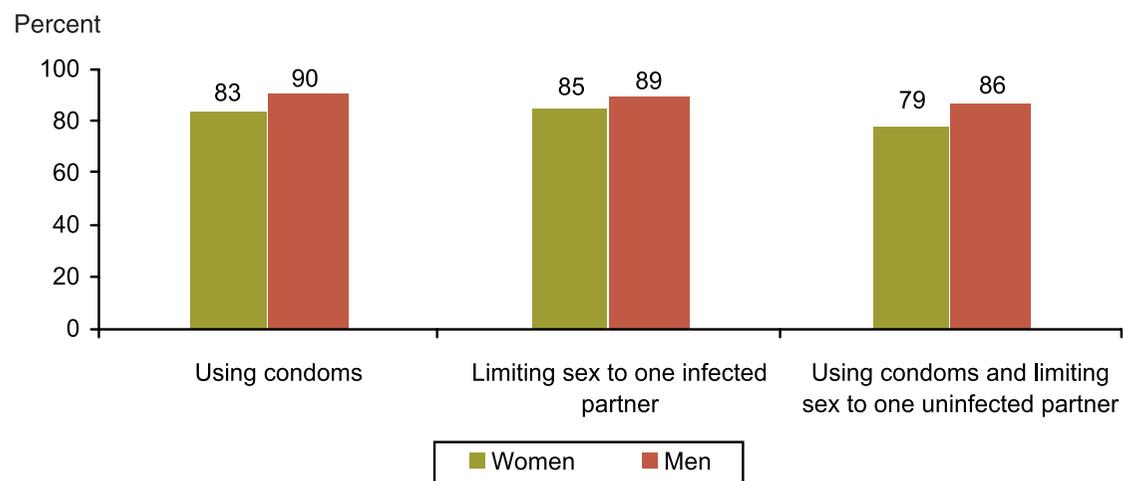


Source: General Statistics Office, NIHE, and MEASURE DHS-ORC Macro, *Viet Nam Population and AIDS Indicator Survey 2005*, (2006).

Knowledge of HIV prevention methods is also widespread. Eighty-three percent of women and 90 percent of men know that using condoms every time they have sex can reduce the chances of getting AIDS. Almost the same proportion of women and men say that having only one uninfected, faithful partner

can reduce the chances of getting AIDS. Knowledge of both of these means of avoiding HIV transmission is also high, with 79 percent of women and 86 percent of men citing both using condoms and being faithful as ways of reducing the risk of getting HIV.

Figure 25. How Much Did the Respondents Know About Preventing HIV/AIDS?

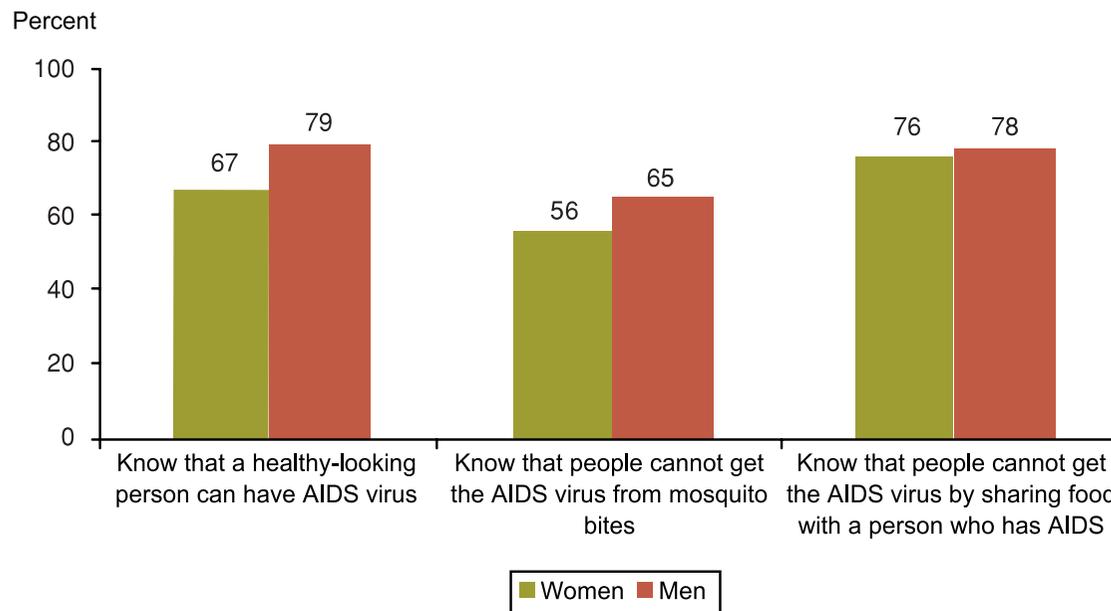


Source: General Statistics Office, NIHE, and MEASURE DHS-ORC Macro, *Viet Nam Population and AIDS Indicator Survey 2005*, (2006).

The national survey also asked respondents about three misconceptions regarding contracting HIV. These common misconceptions include the perception that HIV-infected people always appear ill, and the belief that the virus can be transmitted through mosquito or other insect bites or by sharing food with someone who is infected. Figure 26 indicates that 67

percent of women and 79 percent of men know that a healthy-looking person can be infected with HIV. Fewer respondents understand that the AIDS virus cannot be transmitted by mosquito bites, and a much higher proportion—more than three-quarters—are aware that sharing food with HIV-infected person is not a means of transmitting the virus.

Figure 26. Percent of Respondents Who Know that the Following Concepts are Misconceptions About AIDS, 2005

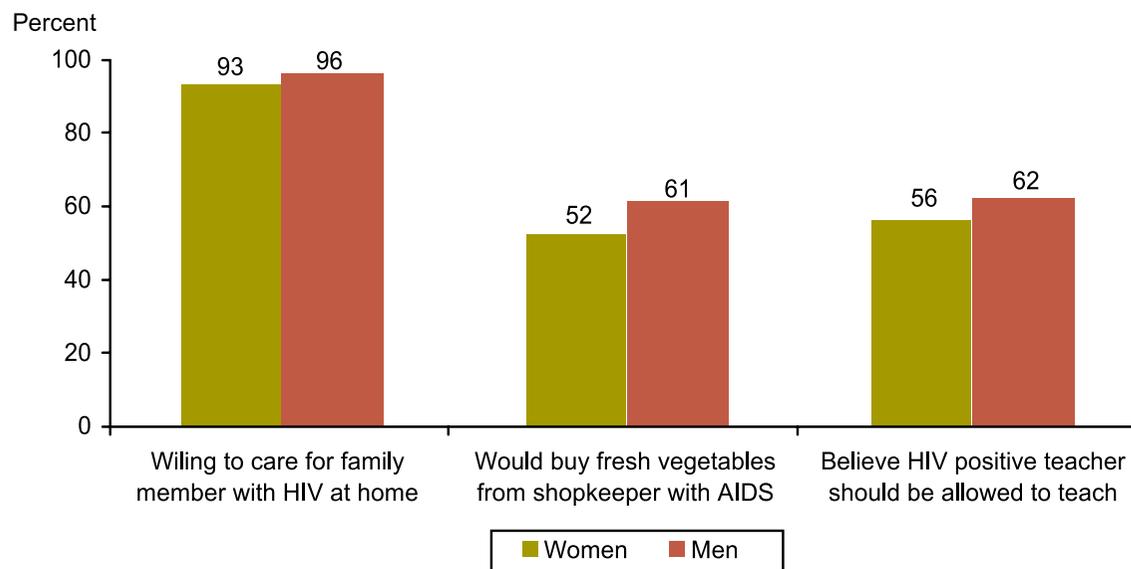


Source: General Statistics Office, NIHE, and MEASURE DHS-ORC Macro, *Viet Nam Population and AIDS Indicator Survey 2005*, (2006).

Respondents who had heard of AIDS were asked several questions about their attitude towards those infected by HIV. More than 9 in every 10 respondents would be willing to care for a relative who is sick with HIV in their own home. However, far fewer women (52 percent) and men (61 percent) say they would buy vegetables from a shopkeeper if they know

he or she was positive. About six in every 10 Vietnamese believe that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. Interestingly, women are less likely to express accepting attitudes towards people with HIV/AIDS than men.

Figure 27. Accepting Attitudes Toward Those Living with HIV, 2005

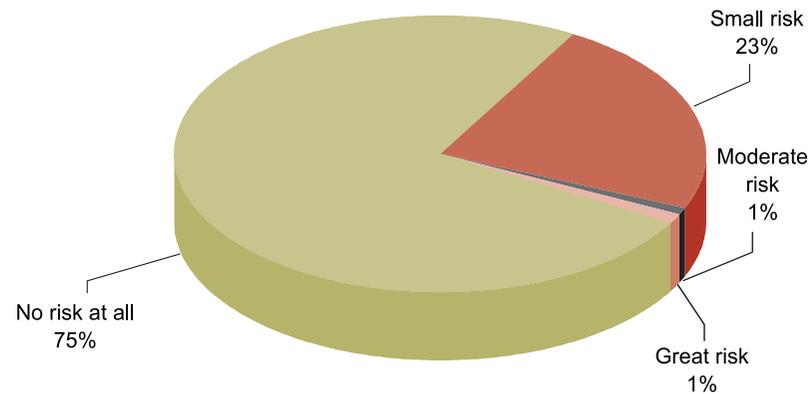


Source: General Statistics Office, NIHE, and MEASURE DHS-ORC Macro, *Viet Nam Population and AIDS Indicator Survey 2005*, (2006).

Women are particularly vulnerable to HIV (See Box 7). The Viet Nam National Demographic and Health Survey interviewed ever-married women ages 15-49 to assess their level of knowledge and attitudes about HIV/AIDS. According to the

survey, three-quarters of women believe that they have no risk at all of getting AIDS, while 23 percent think their chances are small. About 2 percent of women think their chances of getting AIDS is moderate or great.

Figure 28. Do women (ages 15-49) perceive themselves at risk of AIDS?



Source: Vietnam Commission for Population, Family and Children, *Viet Nam Demographic and Health Survey 2002*.

Box 7***Vulnerability of Women to HIV***

Biology, culture, and social realities contribute to women's vulnerability in Viet Nam. According to recent estimates, women make up about one-third of all Vietnamese living with HIV/AIDS. Wives and girlfriends of injecting drug users and of men who visit sex workers are particularly vulnerable. During unprotected sex, women are more susceptible to HIV transmission than men because the vagina provides a large surface area that is exposed to their partner's secretions. Research shows that the risk of becoming infected with HIV is as much as 2-4 times higher for women than men. Moreover, women are more vulnerable to other sexually transmitted infections such as herpes and gonorrhea—which increase the likelihood of contracting HIV tenfold.

Gender inequality also contributes to women's vulnerability to HIV. Cultural and social norms limit women's decisionmaking ability within relationships,

making it difficult for them to have control over how and when they have sex. Domestic violence, often quietly accepted as a private matter, increases women's risk of HIV infection because it reduces their ability to refrain from sex or to ask their partners to use a condom. Limited economic and educational opportunities also make it hard for women to leave relationships that may put them at risk.

Finally, women are usually the caregivers of family members who are sick with HIV. Since the majority of persons living with HIV are men, their eventual inability to work threatens the lives of their wives, mothers, and children who have come to rely on their income. In poor families, women bear much of the burden when their husbands become sick; they often eat less food to save money and girls are frequently made to drop out of school to help support their families. Because women are responsible for their families, even if these women have HIV/AIDS, the fear of being stigmatized for having the disease means they often don't seek testing, counseling, and treatment.

Youth

Viet Nam has a young population. According to the 1999 census, more than one-half of the population is below age 25. Given that almost 70 percent of all reported HIV cases are among youth under age 30, HIV/AIDS efforts must pay special attention to young people. Youth can be especially vulnerable to HIV because they are more likely to engage in risky behaviors and may not understand the risks or how to protect themselves.

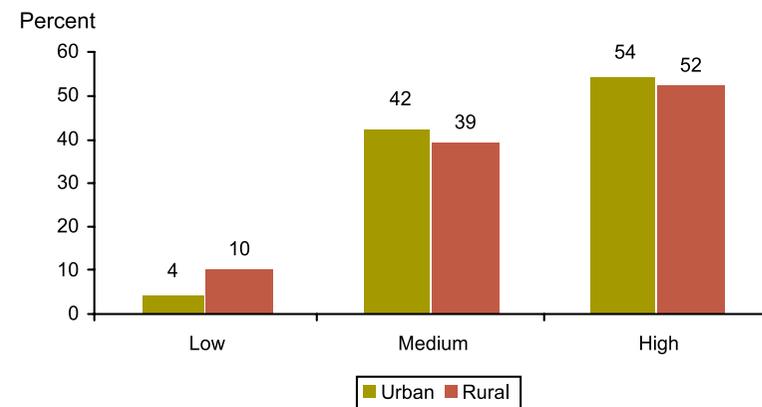
Results from the recent Survey Assessment of Vietnamese Youth (SAVY) indicate that young people in Viet Nam generally have low levels of sexual activity before marriage. The data represent only youth living at home, who are often less at risk of contracting HIV than young people living outside the home. At the same time, data from the SAVY also indicate that some segments within the youth population do have higher levels of sexual activity, and these segments require focused attention. Unless otherwise noted, young people refer to those between ages 14 and 25.

AWARENESS AND KNOWLEDGE

Nearly all young people—both urban (100 percent) and rural (96 percent)—have heard of HIV/AIDS. But knowledge about the disease and how it spreads are not well understood. The SAVY measured knowledge levels by asking respondents 15 questions about the physical appearance and behavior of people with HIV, as well as the actions that could prevent HIV transmission. Respondents with 13 to 15 correct answers were classified as having high levels of knowledge about HIV; 9 to 12 correct answers were classified as having medium levels of knowledge; and 0 to 8 correct answers were classified as

having low levels of knowledge. Among youth living in urban areas, 54 percent have high levels of knowledge about HIV/AIDS, while 42 percent have medium knowledge, and 4 percent have low knowledge. Young people in rural areas have slightly lower knowledge levels than their urban counterparts, with 52 percent reporting high knowledge, 39 percent medium knowledge, and 10 percent reporting low knowledge.

Figure 29. Knowledge Levels about HIV/AIDS Among Youth, 2003-2004

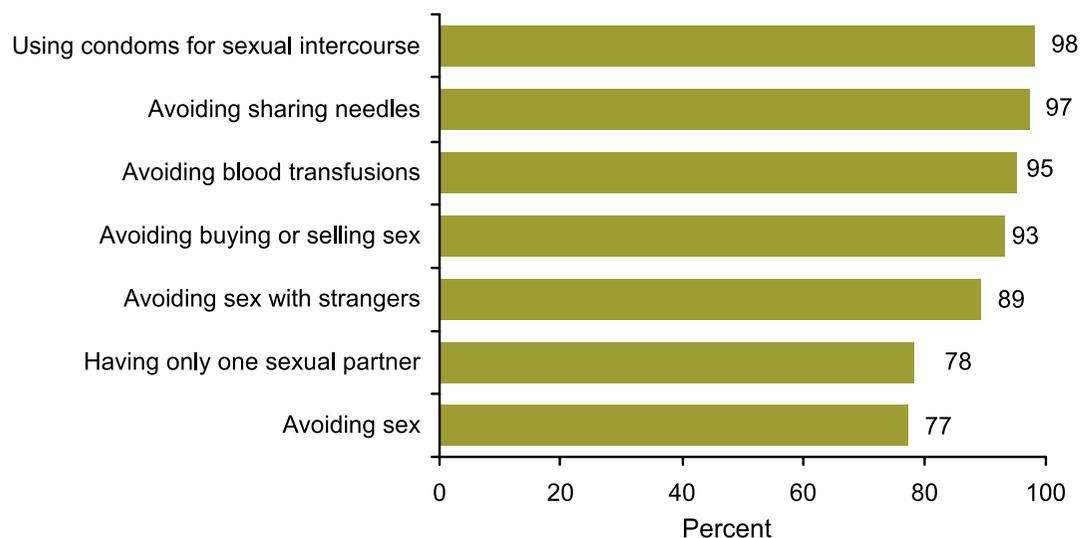


Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

Most respondents recognized various ways to prevent HIV. The overwhelming majority recognized that HIV can be prevented by using condoms (98 percent) and by not sharing needles (97 percent). A smaller percentage (77 percent) recognized that

avoiding sex can prevent HIV. However, this finding may reflect that some respondents misunderstood the question as asking whether young people *would* avoid sex to prevent HIV as opposed to asking whether avoiding sex could prevent HIV.

Figure 30. Actions Recognized as Preventing HIV, 2003-2004

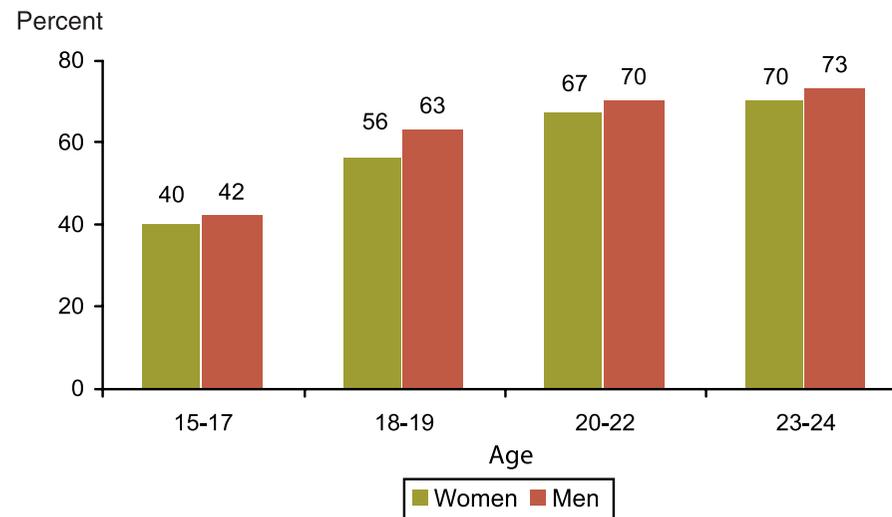


Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

According to the *Viet Nam Population and AIDS Indicator Survey 2005*, more than one-half of young women (56 percent) and young men (57 percent) ages 15 to 24 know a place where they can purchase condoms. However, less than one-half of

younger women and men between ages 15 and 17 know where to purchase condoms (40 percent and 42 percent, respectively). Knowledge of a source for condoms does increase with age, and more young men than women know of a source for condoms.

Figure 31. Knowledge of a Source for Condoms, 2005



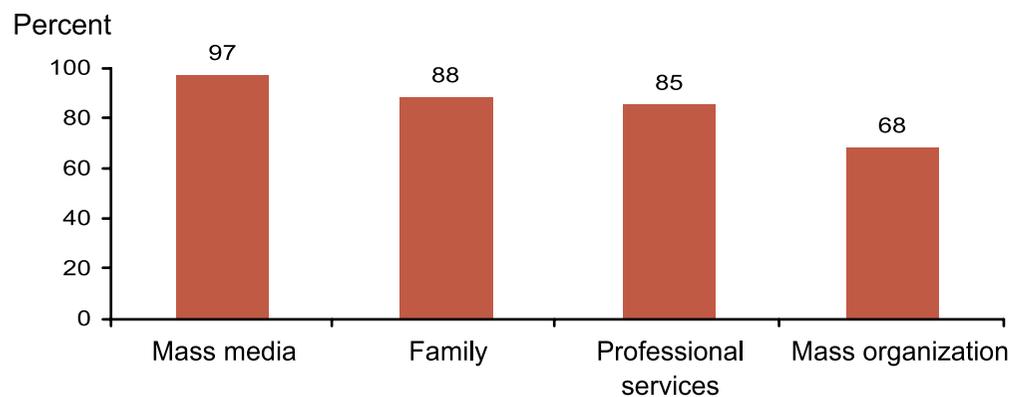
Source: General Statistics Office, National Institute of Hygiene and Epidemiology, and Measure DHS-ORC Macro, *Viet Nam Population and AIDS Indicator Survey 2005*, (2006).

SOURCES OF INFORMATION

The majority of respondents receive their HIV information from a variety of sources, but the most commonly reported source of information is the mass media (97 percent). Clearly a popular way to reach young people, mass-media messages need to be

effective and accurate. Family (88 percent), professional services (85 percent), and to a lesser extent mass organizations (68 percent) are also commonly reported sources for information on HIV.

Figure 32. Young People’s Information Sources about HIV, 2003-2004



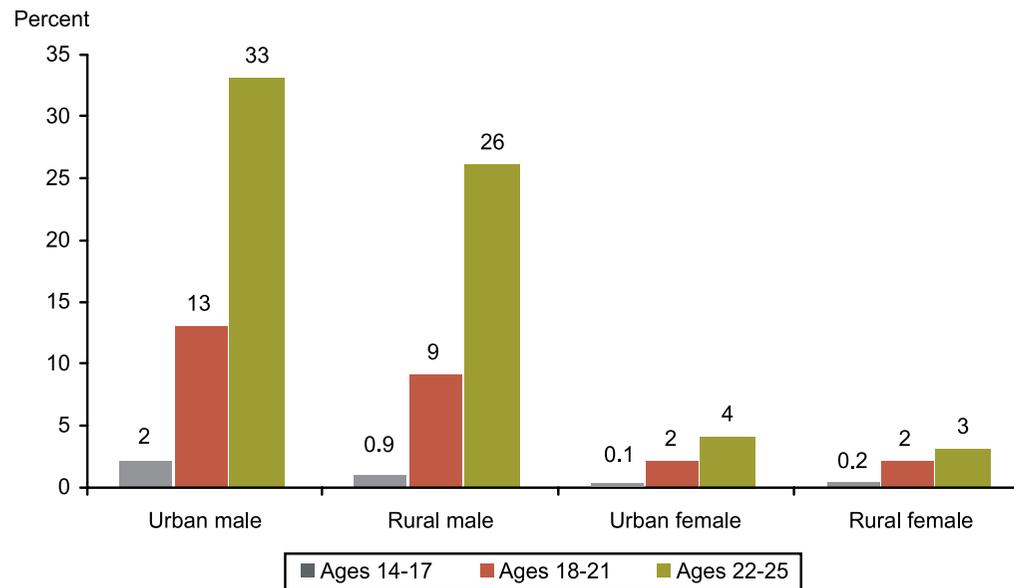
Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

BEHAVIOR

In addition to knowing about HIV/AIDS, young people need to practice safer behaviors to protect themselves from the virus. SAVY shows that more young men than women reported having premarital sex, with a larger proportion of older youth reporting premarital sex than younger ones. One-third of single urban men (33 percent) and more than one-quarter of single rural men (26 percent) ages 22 to 25 reported having premarital sex. However, a considerably smaller proportion of young women in the same age group reporting having premarital sex (4 percent of urban young

women and 3 percent of rural young women). Young women may underreport sexual activity due to cultural beliefs and stigma related to premarital sex. At the same time, some of the difference in reported sexual activity between young men and young women is likely due to young men having sex with sex workers. Interestingly, of the married sample in SAVY, 29 percent of young men and 15 percent of young women reported that they had sex before they married.

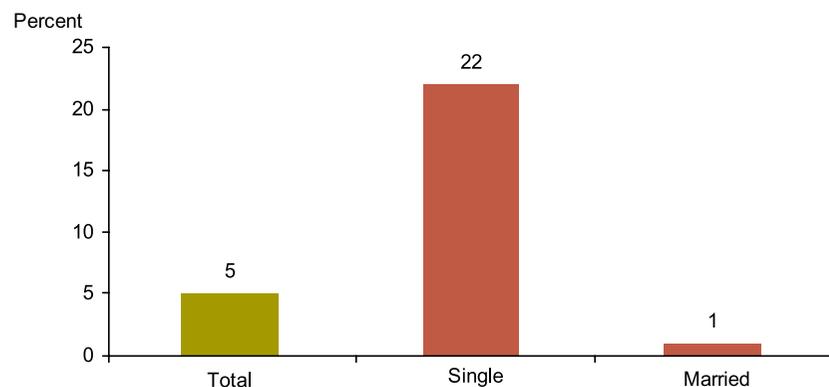
Figure 33. Percent of Single Young People Reporting Premarital Sex, 2003-2004



Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

Five percent of sexually active young men reported having sex with a sex worker. Although 5 percent may appear low, this number is considerably higher in certain segments of the young male population. For example, as many as 22 percent of single, sexually active young men reported sex with a sex worker, as compared to 1 percent of married men.

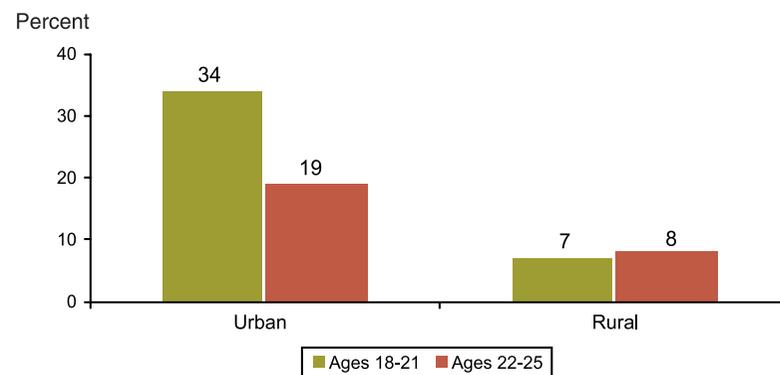
Figure 34. Percent of Sexually Active Young Men Who Have Had Sex with a Sex Worker, 2003-2004



Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

Among single, sexually active young men, a greater proportion of those living in urban areas than rural areas have had sex with a sex worker. About one-third (34 percent) of the single, sexually active urban men ages 18 to 21 reported having sex with a sex worker.

Figure 35. Percent of Single, Sexually Active Men Who Have Had Sex with a Sex Worker, 2003-2004

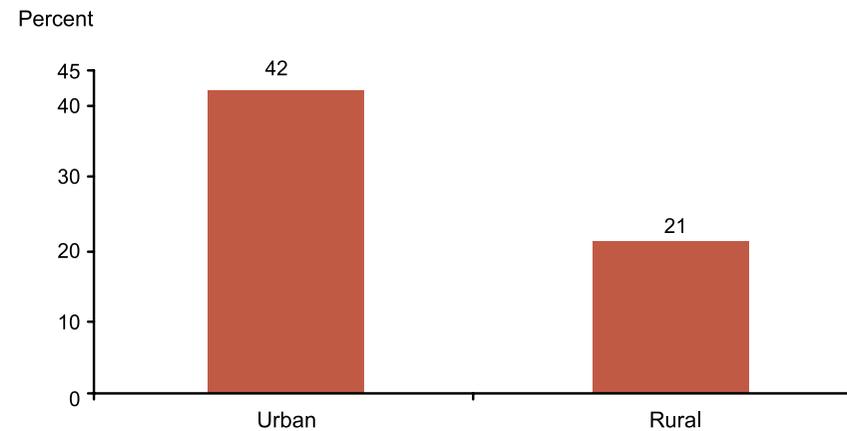


Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

Along with sexual activity, drug use is a driving force behind the HIV/AIDS epidemic in Viet Nam. Unfortunately, data on illicit drug use are difficult to obtain since individuals are hesitant to report illegal activities. Among young people in the survey, only 0.5 percent

reported illicit drug use. However, as many as 42 percent of youth living in urban areas and 21 percent in rural areas know someone who uses illicit drugs.

Figure 36. Percent of Young People Who Know Someone Who Uses Illicit Drugs, 2003-2004



Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

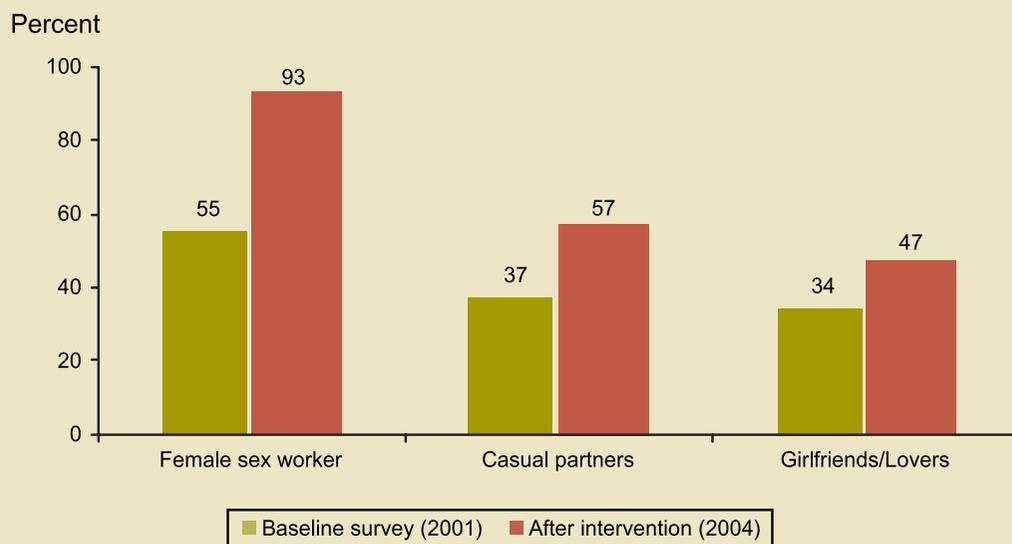
Box 8

Youth Respond to Harm Reduction Programs

The Community-Based Intervention Project, funded by the Japanese Fund for Poverty Reduction, implemented prevention programs for youth in five provinces: Dien Bien—formerly Lai Chau—An Giang, Kien Giang, Dong Thap and Quang Tri. Program activities included promoting the use of condoms to prevent HIV transmission. The results demonstrate how focused prevention programs aimed at youth can significantly reduce risky behaviors.

In the five study provinces, the proportion of youth who used condoms during their last sexual contact with a sex worker increased dramatically, from about one-half of youth in 2001 to 93 percent in 2004. Although the use of condoms with casual partners and lovers increased from 37 percent to 57 percent and from 34 percent to 47 percent, respectively, overall use of condoms with these partners remained low.

Figure 37. Percent of Youth Using a Condom in Their Last Sexual Contact by Type of Partner, Before and After Project Intervention, 2001 and 2004



Source: Ministry of Health, National Institute of Hygiene and Epidemiology, Asia Development Bank, and Japanese Fund for Poverty Reduction, *Monitoring the Impact of Project-Community's Action for AIDS Prevention and Control in Dien Bien, Quang Tri, An Giang, Kien Giang, and Dong Thap Provinces* (2005).

National Response to HIV/AIDS

EVENT TIMELINE: MILESTONES

- 1990** - First case of HIV detected in Ho Chi Minh City
 - Prime Minister established the National AIDS Committee
- 1994** - Sentinel surveillance system is established
 - Deputy Prime Minister is appointed as chair of the National AIDS Committee
- 1995** - Central Committee of the Party is issued Directive on HIV/AIDS Leadership
 - National Assembly approves Ordinance on the Prevention and Control of HIV/AIDS
- 1998** - HIV/AIDS cases detected in all provinces and cities in Viet Nam
- 2000** - National Committee for AIDS, Drug, and Prostitution Prevention and Control is established, replacing the National AIDS Committee
- 2004** - National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 with a Vision to 2020 is approved
 - President's first meeting with people living with HIV
 - Prime Minister for the first time meets with ministries for national meeting on HIV/AIDS
- 2005** - Viet Nam Administration for HIV/AIDS Control is established
 - Directive on strengthening HIV/AIDS leadership is issued by the Party
- 2006** - National Assembly approves Law on the Prevention and Control of HIV/AIDS

Since the first case of HIV was reported in Viet Nam, the government has taken a number of steps to respond to the epidemic, beginning with the establishment of the National AIDS Committee in 1990.

To monitor the spread of HIV, Viet Nam's sentinel surveillance system was set up in eight provinces in 1994. Over the next four years, the epidemic spread nationwide, with all provinces and cities reporting cases of HIV/AIDS by 1998. As HIV/AIDS spread, the surveillance system also continued to grow, expanding to 40 provinces by 2003. HIV prevalence data collected on risk groups have been instrumental in understanding the nature of the epidemic and guiding appropriate policy and program responses.

In 1995, the National Assembly's Standing Committee endorsed legislation on HIV/AIDS called the Ordinance on the Prevention and Control of HIV/AIDS. The ordinance provides a legal basis for policy development and responses to the epidemic.

Throughout the last decade, ministries, branches and mass organizations have actively participated in HIV/AIDS prevention and control activities. Typical examples include:

- ❑ A model program, formulated and implemented by the Ministry of Public Security, that promotes the participation of ward policemen in HIV/AIDS prevention and control activities;
- ❑ A club of "Reporters on Population, AIDS, and Social Issues," established by the Ministry of Culture and Information;
- ❑ The Viet Nam Labor Confederation's efforts to integrate HIV/AIDS prevention and control in enterprises; and

- ❑ The Viet Nam Woman's Union Central Committee's focus on HIV/AIDS prevention and control for women, especially rural and mountainous ethnic minority women.

Recently, the government has stepped up its response to HIV/AIDS and is taking a more progressive approach to curbing the epidemic. Approved in 2004, Viet Nam's National Strategy on HIV/AIDS Prevention and Control is considered to be one of the most comprehensive in the region. The strategy's nine programs of action are currently being developed under the Ministry of Health, but the Prime Minister has called on all sectors and ministries to be involved in implementation.

The National Strategy Programs of Action are as follows:

1. Behavior Change Information, Education, and Communication Program on HIV/AIDS prevention and control in coordination with the drug and prostitution prevention and control programs to prevent HIV/AIDS transmission



2. HIV/AIDS Harm Reduction Intervention and Transmission Prevention
3. Care and Support for HIV/AIDS-Infected People
4. HIV/AIDS Surveillance and Monitoring and Evaluation
5. Access to HIV/AIDS Treatment
6. Prevention of Mother-to-Child HIV/AIDS Transmission
7. Sexually Transmitted Infections Management and Treatment
8. Blood Transfusion Safety
9. HIV/AIDS Prevention and Control Capacity and International Cooperation

The law on the Prevention and Control of HIV/AIDS, approved by the National Assembly in June 2006, provides a legal basis at a higher level for policy development and responses to HIV/AIDS. Additionally, the Party Commission on Culture and Ideology is in the process of issuing new HIV communication guidelines for the media.

Given Viet Nam's progressive national policies and political resolve, the country is in a good position to meet the challenges of a growing epidemic. HIV/AIDS, however, still poses a very serious danger to the welfare and future of the country. While Viet Nam has made considerable progress in developing its national policies and programs, more vigorous actions are needed, especially at the local level, as the epidemic continues to grow and new challenges emerge.

Emerging National Challenges

The following challenges and action steps are drawn chiefly from the *National Strategy on HIV/AIDS Prevention and Control in Viet Nam* and from discussions with national officials.

STIGMA AND DISCRIMINATION

Stigma and discrimination not only affect the lives and rights of people living with HIV/AIDS, but also hinder effective prevention, care, and treatment. There is growing evidence that discrimination against people living with HIV/AIDS (PLWHAs) is common in Viet Nam, especially in employment and health services. People who fear being socially ostracized are reluctant to learn their HIV status and seek appropriate care. Stigma thus pushes the epidemic underground, making it more difficult to prevent the spread of the disease.

Although general knowledge of HIV transmission is reportedly high in Viet Nam, many people mistakenly fear they will get HIV through everyday casual contact, which in turn contributes to stigma and discrimination. The link between social evils and HIV/AIDS has led to stigma as people continue to hold moral judgments toward those living with HIV/AIDS. The media has also contributed to stigma and discrimination by focusing on negative images in their reporting on HIV/AIDS.

Action Steps:

- ▶ Educate the public about specific ways in which HIV is and *is not* spread, ensuring that community members clearly understand and trust what they have learned.

- ▶ Move away from the idea of social evils and toward the ideal of social solidarity for combating HIV in the media and in policies and programs.
- ▶ Continue to promote positive images of people living with HIV/AIDS, highlighting their contributions to society.

HIV AND GENDER

Men's and women's roles and relations have a powerful influence over the course and impact of the HIV/AIDS epidemic. Factors that make women and girls more vulnerable in Viet Nam include social norms that prevent them from controlling their bodies or deciding the terms on which they have sex; limited autonomy and access to economic opportunities; and domestic violence. Men are vulnerable, too. Social norms reinforce macho attitudes and make it unacceptable to discuss sexual health issues. Young men's vulnerability is further increased because their peers may encourage them to participate in risky behaviors such as commercial sex and substance abuse. Men may also choose work that involves mobility and family disruption, e.g., migrant labour, the military, or truck driving.

Action steps:

- ▶ Ensure that both men and women have equal access to information and services as well as have active and equal roles participating in HIV/AIDS prevention and control activities.
- ▶ Ensure that young men and women have opportunities to share experiences and receive life-skills training so they will better understand the risks associated with HIV/AIDS and how to protect themselves.



- ▶ Promote open and frank discussion on the issues that are driving the epidemic in Viet Nam, such as gender inequality and violence against women, young men's drug abuse, and risky sexual behaviors.

PROMOTING LOCAL LEADERSHIP AND ACTION

Strong national leadership from the Party, National Assembly, and Government has provided excellent guidance and policy support for action on HIV. More actions are now needed at the local level: branches, mass organizations, and localities. Some leading officials at the grassroots levels and a portion of the population do not have an adequate understanding of HIV/AIDS prevention and control. Programs that educate leaders and community members, prevent the spread of HIV, and call on the goodness of the Vietnamese people in caring for and

supporting those at risk of HIV/AIDS infection and people living with HIV/AIDS all must be strengthened at the local level.

Action steps:

- ▶ Integrate HIV/AIDS prevention activities in mass movements, sports, and cultural and art performance activities in the community.
- ▶ Mobilize well-known people and community leaders to set an example for the community and participate in HIV/AIDS prevention and control activities.
- ▶ Promote the active participation of the community in planning and implementing HIV/AIDS prevention and control activities.

STEPPING UP HARM-REDUCTION PROGRAMS FOR THE MOST AT-RISK GROUPS

Harm reduction interventions aim to prevent the transmission of HIV. Interventions should be focused on those groups who are vulnerable to HIV infection and have high-risk behaviors such as injecting-drug users, sex workers, men who have sex with men, and clients of sex workers. Examples of interventions that reduce the spread of HIV include providing clean syringes and needles for injecting drug users or promoting condom use by sex workers. Although interventions have been pilot-tested in selected areas where large numbers of people practice high-risk behaviors, harm-reduction interventions have not been implemented on a large scale.

Action steps:

- ▶ Scale up harm-reduction interventions such as the exchange of clean syringes and needles among injecting drug users; 100% condom use by sex workers and MSM; and drug substitution programs, i.e., methadone, for injecting drug users (see Box 9 –*Harm Reduction Strategies that Work in China*).
- ▶ Increase interventions to reduce the spread of HIV among vulnerable bridge groups—clients of sex workers and sex partners of IDUs—by working to reduce the number of sex worker clients and by promoting condom use.
- ▶ Promote advocacy activities in support of harm-reduction interventions to create a favorable environment for establishing these programs.



Box 9***Harm Reduction Strategies that Work in China***

Addressing the problem of injecting drug use represents one of the most difficult public health tasks facing Chinese officials in limiting the spread of HIV/AIDS. Today, more than 1 million injecting drug users are registered with China's Public Security Bureau, although some estimates place the actual total at around 3 million. Many drug users heighten their risk of HIV and other infections by engaging in risky behavior, such as needle sharing. Currently, authorities are employing a number of harm-reduction strategies to reduce the spread of HIV/AIDS. For example, the policy environment has been liberalized, allowing local authorities to embark on needle-exchange programs. Yunnan province has already legalized the approach with a March 2004 law. Similar programs will be adopted in the six other provinces where HIV infection among drug users is most prevalent. These needle-exchange programs will educate drug users about HIV transmission and the importance of using clean needles. Users will be encouraged to buy new equipment at pharmacies or obtain free needles or vouchers for needles at exchange centers set up by the provinces.

The Yunnan law also calls for other important measures such as promoting the availability of condoms in hotels, dormitories, and entertainment establishments. The Public Health Bureau now has the authority to fine hotel and entertainment establishments for not making condoms available. In addition, the legislation requires that individuals and entities such as clinics and companies maintain the confidentiality of a person's HIV status.

China has also introduced a harm-reduction program called *drug substitution*. This program provides a noninjectable drug—methadone—to injecting drug users free of charge. Nine methadone clinics currently operate in seven southern and western provinces, serving roughly 1,800 drug users. Methadone is generally provided at no cost to the user either by the government or by a nongovernmental organization (NGO) operating the facility. In five years, the government hopes to have 190 clinics jointly operated by the Public Security Bureau, the health bureau, the Food and Drug Administration, and NGOs. These clinics are expected to provide treatment to more than 50,000 drug users.

Source: Drew Thompson, "Injecting Drug Use Fueling Spread of HIV in China", (2004) accessed at www.prb.org.



RAPIDLY SCALING UP TREATMENT FOR HIV/AIDS PATIENTS, INCLUDING ANTI-RETROVIRAL (ARV) THERAPY

The Ministry of Health and international donors estimate that the number of people requiring ARV treatment will increase dramatically over the coming years. Although plans to scale up ARV treatment are underway, there must be a massive, coordinated effort to increase the availability and accessibility of ARVs throughout the country and to create an enabling environment for those in need of treatment.

Action Steps:

- ▶ Promote the use of ARVs among people living with HIV by reducing the fear and stigma associated with HIV/AIDS treatment.
- ▶ Support regional and international forums to share information, identify joint measures to increase ARV production and distribution, and reduce ARV prices.
- ▶ Enhance the distribution and management of ARVs in Viet Nam to ensure that AIDS treatment centers are adequately supplied, that health workers are trained in ARV therapy, and that patients comply with treatment protocols.

PREVENTING MOTHER-TO-CHILD HIV TRANSMISSION

As the epidemic matures and affects more women of reproductive age, mother-to-child transmission will become an increasingly important source of new infections in Viet Nam. A mother who is living with HIV can transmit HIV to her child during pregnancy, delivery, or through breastfeeding. Without any prenatal HIV counseling, testing, or preventive therapy, about 25 percent to 35 percent of infants born to HIV-infected mothers will contract the virus.

Action Steps:

- ▶ Provide appropriate treatment (antiretroviral therapy) for HIV-positive mothers and their infants during pregnancy, delivery, and the postpartum period.

- ▶ Improve and encourage voluntary HIV counseling and testing of pregnant women, especially for women who may be at high risk or whose partners place them at high risk.
- ▶ Promote family planning counseling and services to reduce unwanted pregnancies among women infected with HIV.
- ▶ Integrate HIV/AIDS counseling and services into family planning and reproductive health programs.

MONITORING THE SITUATION

Understanding where the HIV “hotspots” are and how HIV is spreading is vital to the management of the epidemic. Effective surveillance systems are crucial in the fight against the epidemic, as they provide information that is necessary to guide decisionmakers and to inform programs and policies. However, fear of arrest or prosecution among IDUs, FSWs, and those that can provide information about these high-risk groups (such as mobilette drivers and hotel managers) make it difficult to collect information. Policies that impede the collection of information from groups who practice risky behaviors will significantly slow progress in the fight against HIV/AIDS.

Action Steps:

- ▶ Expand and improve the quality of the current national surveillance system (including serum surveillance of HIV, behavioral surveillance, and sexually transmitted infection surveillance).
- ▶ Promote policies that facilitate the collection of surveillance data and support the participation of members of high-risk groups.
- ▶ Support the development of an overall framework for monitoring and evaluating the HIV epidemic and response.
- ▶ Increase the use of surveillance data and evaluation information for planning, policymaking, and program development.



CONCLUSION

HIV/AIDS is a serious epidemic, threatening people's health and life and the future generations of the nation. Since the first HIV infected person was detected in 1990, HIV/AIDS has spread throughout the country. For more than 15 years, thanks to the concerns of the Party, National Assembly, and the Government as well as the great efforts made by the ministries, sectors, mass organizations, and localities at all levels, HIV prevention and control activities have been implemented nation wide. These activities have significantly increased people's awareness and knowledge of HIV/AIDS, led to the creation and expansion of harm reduction and treatment programs, and resulted in translating many national and international commitments into reality.

Despite such efforts, HIV/AIDS is still a threat as reflected in the rising numbers infected. The National Strategy on HIV/AIDS Control presents a vision and a comprehensive plan including the need to step up prevention and control to gradually reduce the number of new HIV/AIDS infections. These actions comprise accelerating behavioral change through education and communication, especially among high-risk groups; promoting harm reduction interventions and learning from international experiences; rapidly scaling up treatment for HIV-infected persons; and building a system of comprehensive care and support for persons living with HIV/AIDS and their families. And finally, HIV/AIDS prevention and control must be considered a central, urgent and long-term task that requires multisectoral coordination and the strong mobilization and participation of the whole society.

REFERENCES

- ✘ Donn Colby, Nghia Huu Cao, and Serge Doussantousse, “Men Who Have Sex with Men and HIV in Viet Nam: A Review,” *AIDS Education and Prevention* 16, no. 1 (2004).
- ✘ Drew Thompson, “Injecting Drug Use Fueling Spread of HIV in China” (2004), accessed at www.prb.org.
- ✘ Elizabeth Pisani and Tim Brown, *AIDS in Asia: Face the Facts* (Washington, DC: Monitoring the AIDS Pandemic Network, 2004).
- ✘ Family Health International, Social Work and Community Development Research and Consultancy-HCMC, Viet Nam-CDC-Harvard Medical School AIDS Partnership (VCHAP), Harvard University, and College of Social Sciences and Humanities of HCMC National University, *Reaching Men Who Have Sex with Men in Ho Chi Minh City* (Hanoi: Family Health International, 2005).
- ✘ General Department of Preventive Medicine and HIV/AIDS Control, Ministry of Health, Sub-Committee on HIV Surveillance, National Institute for Hygiene and Epidemiology, Ministry of Health, Family Health International, East-West Center, UNAIDS, and WHO, *HIV/AIDS Estimates and Projections 2005-2010* (Hanoi: Ministry of Health, 2005).
- ✘ General Statistics Office, National Institute of Hygiene and Epidemiology, and Measure DHS-ORC Macro, *Vietnam Population and AIDS Indicator Survey 2005*, (Hanoi and Calverton, Maryland: General Statistics Office, National Institute of Hygiene and Epidemiology, and Measure DHS-ORC Macro, 2006).
- ✘ Joint HIV/AIDS Estimation and Projection Working Group (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).
- ✘ Khuat Thu Hong, Nguyen Thi Van Anh, and Jessica Ogden, *Understanding HIV and AIDS-Related Stigma and Discrimination in Vietnam* (Washington, DC: Change Project, International Center for Research on Women, and Institute for Social Development Studies, 2004).
- ✘ Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (Hanoi: Ministry of Health, General Statistics Office, UNICEF, and WHO, 2005).
- ✘ Ministry of Health, National Institute of Hygiene and Epidemiology, and Family Health International, *HIV/AIDS Behavioral Surveillance Survey, Viet Nam* (Hanoi: Family Health International, 2001).
- ✘ Ministry of Health, *Sentinel Surveillance Survey Data* (Hanoi: Ministry of Health and National Institute for Hygiene and Epidemiology, 2005).
- ✘ Monitoring the AIDS Pandemic Network (MAP), *Drug Injection and HIV/AIDS in Asia* (Washington, DC: MAP, 2005).
- ✘ MAP, *Male-Male Sex and HIV/AIDS in Asia* (Washington, DC: MAP, 2005).
- ✘ MAP, *Sex Work and HIV/AIDS in Asia* (Washington, DC: MAP, 2005).
- ✘ National Committee for AIDS, Drug, and Prostitution Prevention and Control, *The National Strategy on HIV/AIDS Prevention and Control in Vietnam* (Hanoi: National Committee for AIDS, Drug, and Prostitution Prevention and Control, 2004).
- ✘ National Committee for Population, Family, and Children and ORC Macro, *Viet Nam Demographic and Health Survey 2002* (Calverton, Maryland: National Committee for Population, Family, and Children and ORC Macro, 2003).
- ✘ POLICY Project, *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand, & Viet Nam* (Washington, DC: Futures Group International, 2003).
- ✘ UNAIDS, *2006 Report on the Global AIDS Epidemic* (Geneva: UNAIDS, 2006).
- ✘ UNAIDS, *AIDS in Asia and the Pacific*, Asia Fact Sheet July 2005 (Geneva: UNAIDS, 2005).
- ✘ UNAIDS, *Key messages: New Official HIV/AIDS Estimates and Projections for Viet Nam, 2005-2010*, Fact Sheet (Hanoi: UNAIDS, 2005).
- ✘ Viet Nam Administration for AIDS Control, Ministry of Health, *HIV/AIDS Monthly Reports* (2005).
- ✘ Viet Nam Administration for AIDS Control, Ministry of Health, *HIV/AIDS Sentinel Surveillance Report* (Hanoi).
- ✘ Viet Nam Commission for Population, Family and Children, Ministry of Health, National Institute of Hygiene and Epidemiology, Asia Development Bank, and Japanese Fund for Poverty Reduction, *Monitoring the Impact of Project-Community's Action for AIDS Prevention and Control in Dien Bien, Quang Tri, An Giang, Kien Giang, and Dong Thap Provinces* (Hanoi: National Committee for Population, Family and Children and Ministry of Health, 2005).

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