

Country Case Study, Literature Reviews, and Discussions with CBOs:



VIETNAM

Primary health care delivery has been advocated and continuously improved in Vietnam through the Ministry of Health Benchmark Standards (WHO, 2018). Because of the Law of Examination and Treatment in 2009, a concrete legal basis for quality assurance, and health personnel licensure and continuing education was established. Several competency standards were set for health professionals to ensure high-quality healthcare delivery at the primary/grassroot level. Commune Health Centers (CHC) are the basic units that provide primary health to villages and rural areas in the country.

Health financing has improved because of various health insurance reforms. This improved the financial accessibility of CHC services and those who belong to the extremely poor strata of society are exempted from primary health care fees. Several free service packages for poor communes are made widely available. However, the gaps in health insurance coverage are still present, especially for promotive and preventive health services.

There are around 230,000 PLHIV in Vietnam as of 2018, with a noticeable decrease in rate of AIDS-related deaths by 45% since 2010. However, there are still a lot of improvements needed to attain UNAIDS 90-90-90 goal. As of 2018, only 65% among PLHIV were on treatment with women living with HIV on ART are at higher proportions compared to men. Up to this date, no law prohibits nor allows same-sex relationships in Vietnam. Stigma and discrimination among key populations exist but not fully documented, especially among MSM, sex workers, and young girls. According to Amnesty International (2019), violence against women and girls continues to exist despite public outcry and protest. Documented cases regarding sexual assaults against women and young girls are fined but no imprisonment was imposed. These violations against the human dignity of women and girls present potential risks of HIV transmission.

Proactive response against COVID-19 at its early stage was key to Vietnam's almost "back-to-normal" situation. With very minimal COVID-related deaths, the country's rapid response to border closure and travel restrictions led to short-lived disruption in HIV prevention and treatment cascade. Currently, local and public transportations in Vietnam is back to normal, making HIV services accessible for PLHIV. Community-based HIV screening, online-based access to HIV self-testing, rapid initiation of ART for newly-diagnosed individuals, and access to pre-exposure prophylaxis (PrEP) against HIV has been handled efficiently by CBOs in close partnerships with US-Center for Disease Control and Prevention (US-CDC), and Ministry of Health. However, these HIV programs are made widely available in big cities in the country (i.e. Ho Chi Minh City, Hanoi) but there is still limited evidences showing accessibility, availability, affordability, and acceptability of these health programs in all parts of the country.



With all the progress made in HIV care delivery for the MSM and transgender population, there is a gap in service delivery for other key populations. Sex workers in Vietnam are still frowned upon while people who use/inject drugs (PWID/PWUD) face stigma and discrimination from society. There are existing efforts to change the people's mindset in acknowledging drug use as a health issue rather than a criminal offense, but current punitive laws make it challenging for PWUD/PWID to access health services.

Sexualized drug use, or Chemsex, is another emerging phenomenon in Vietnam, particularly affecting the MSM community. In a discussion with a Ho Chi Minhbased civil society and research organization, on-going health programs for PWUD and people engaged in Chemsex are currently being developed in close partnerships with mental health organizations.

HIV/STI programs are funded by US-CDC, and The US President's Emergency Plan for AIDS Relief (PEPFAR) while several research studies are currently being conducted through the efforts of the Center for Applied Research on Men and Health (CARMAH) and International University-VNUHCM.