Vietnam

Snapshot

Executive Summary

Overview

The overall NSP objective is: Strengthening HIV/AIDS prevention and control activities to reduce the number of new HIV infections and AIDS-related deaths, ending the AIDS epidemic in Viet Nam by 2030, and minimizing the consequences of HIV/AIDS on socio-economic development.

The strategy outlines a comprehensive framework of actions across service delivery, policy, program management, strategic information and funding. Community based testing, self-testing, PrEP and flexibility in treatment regimens are promoted to maximise program coverage.

Key Populations

Key populations are groups at high risk of HIV infection. They include people who use drugs, men who have sex with men, transgender women, female sex workers, sexual partners of groups at high risk and people living with HIV.

HIV Epidemic and Behavioural Data

It is likely that HIV incidence peaked in early 2000s, and it has since been declining. In 2016, there were an estimated 246,793 HIV cases across Vietnam with an estimated 11,136 new infections and 7,723 AIDS-related deaths.

The HIV epidemic in Vietnam is concentrated among three key populations - people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSWs) - and their sexual partners, while transgender women and amphetamine-type stimulant (ATS) users also seem to bear a high risk of HIV infection.

New infections among key populations in 2016 were highest among male People who Inject Drugs (PWID). However available data indicate a growing epidemic among MSM in some urban centres.

Program Coverage

An estimated 212,000 or 92% of people living with HIV know their HIV status, of whom almost 145,000 were reported to be on antiretroviral therapy (ART) at the end of 2019 – a 36% increase since 2015. However, based on data reported to UNAIDS in 2018 most MSM and female sex workers who were HIV positive were not on ART.

An essential package of HIV prevention services is delivered to key populations through a network of CBOs and peer educators. These programs include comprehensive harm reduction services for PWID and delivery of some services for MSM through social enterprise models.

National Strategy Funding

The funds required to implement the national strategy in 2019 were US$ 96,937,940. 60% of the funds are sourced domestically and 19% from external sources. Estimated domestic allocations in 2019 have more than doubled since 2015.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Sex work and injecting drug use are criminalised in Vietnam. The national strategy identifies the need to "continue to review and complete the system of legal documents on HIV/AIDS prevention and control to ensure the practicality and synchronization with other relevant legal systems".

Meaningful involvement of the Community

There are national networks for key populations, including women living with HIV, PLHIV, People who Use Drugs, sex workers, MSM and TG, and young KPs. The national strategy identifies the need to mobilise the community in the fight against HIV/AIDS; create a favourable policy environment and financial mechanism for social organizations to participate in the provision of HIV/AIDS prevention and control services, including from the state budget; enhance the capacity of social organizations and mobilize them to effectively participate in providing services in HIV/AIDS prevention and control.

Overview of the National Strategic Plan [1]

The overall (general) objective is: Strengthening HIV/AIDS prevention and control activities to reduce the number of new HIV infections and AIDS-related deaths, ending the AIDS epidemic in Viet Nam by 2030, and minimizing the consequences of HIV/AIDS on socio-economic development.

The strategic (specific) objectives are:

1. Scaling up and innovating communication activities, harm reduction interventions and HIV prevention, achieving that 80% of people at high-risk accessing HIV prevention services by 2030.
2. Scaling up and diversifying forms of HIV testing and counselling, promoting community-based HIV testing services and HIV self-testing; achieving that 95% of people living with HIV in the community know their HIV status by 2030; closely monitoring the developments of the HIV/AIDS epidemic among groups at high-risk.
3. Scaling up and improving the quality of HIV/AIDS treatment, achieving that 95% of people living with HIV who know their status receive antiretroviral therapy (ART), achieving 95% of people on ART with viral suppression; ending mother-to-child transmission of HIV by 2030.
4. Reinforcing and strengthening the capacity of the HIV/AIDS prevention and control system at all levels; ensuring human resources for HIV/ AIDS prevention and control; ensuring sustainable financing for HIV/AIDS prevention and control.

The strategy outlines a comprehensive framework of actions in the areas of:

- Political and social solutions, including program coordination and financing, inter sectoral coordination, community mobilisation and social support
- Legal and policy solutions including review, synchronisation, dissemination and enforcement of laws and policies
- Prevention of HIV infections, including innovation and quality improvement in information, education, and communication activities, reduction of HIV-related stigma and discrimination, expand and innovate harm reduction interventions and HIV prevention activities;
- HIV testing and counselling solutions, including diversified forms of HIV testing and counselling differentiated for specific target populations to achieve maximum reach and coverage, improving quality and efficiency of laboratory functions and improving linkages between testing and treatment
- Treatment and care of people living with HIV solutions, including scale-up the coverage of HIV/AIDS treatment services and mproving the quality of HIV/AIDS treatment.
- HIV/AIDS epidemic surveillance, monitoring, evaluation and scientific research.
- Application of information technology in HIV/ AIDS prevention and control

- Sustainable financing including measures such as appropriate mechanisms to ensure that 100% of people living with HIV enrol in health insurance; all provinces have sustainable financing plans or proposals for implementation to reach the goal of ending AIDS by 2030 approved by competent local authorities and allocated adequate annual budgets according to the approved plan;
- human resources
- supply
- international cooperation

The strategy also seeks to maximise testing through all available means, including community-based testing and self-testing. Pre-Exposure prophylaxis (PrEP) is also strongly supported with a target of 30% of MSM receiving PrEP by 2025 and 40% by 2030.

Key Populations

Key populations are included as groups at high risk of HIV infection. They include :

- people who use drugs,
- men who have sex with men,
- transgender women,
- female sex workers,
- sexual partners of groups at high risk and people living with HIV

People in temporary custody houses, detention camps, prisons, compulsory education establishments and reformatory schools are also identified as requiring HIV prevention interventions.

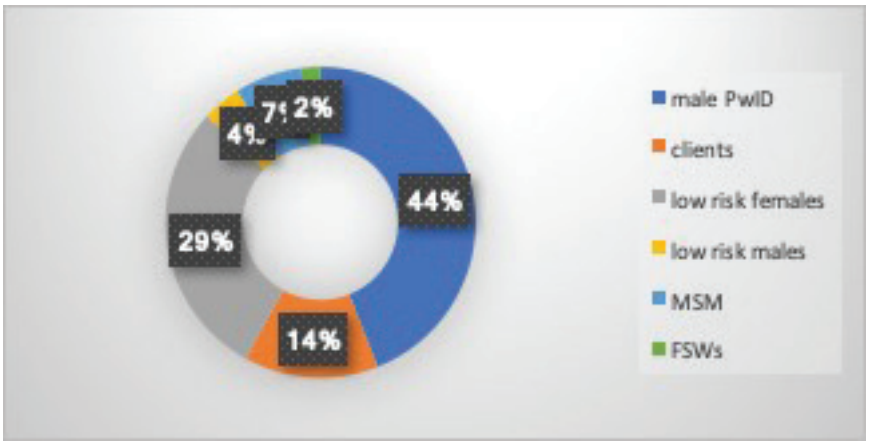
HIV Epidemic and Behavioural Data

It is likely that HIV incidence peaked in early 2000s, and it has since been declining. In 2016, there were an estimated 246,793 HIV cases across Vietnam with an estimated 11,136 new infections and 7,723 AIDS-related deaths. Annual HIV reported cases peaked at over 30,000 in 2007. Since then, the number of reported cases has continually declined, with 9,912 new cases reported in 2016 [4].

The HIV epidemic in Vietnam is geographically concentrated. Among the 63 provinces in Vietnam, eight high-burden provinces and 24 middle burden provinces accounted for 50% and 29% of estimated ART needs. The two largest cities of Hanoi and HCMC have the largest HIV epidemics in the country, with PLHIV also concentrated in the northwest mountainous provinces, including Dien Bien, and Son La; the mountainous districts of Nghe An and Thanh Hoa, the southwest (Mekong Delta) and the southeast [5].

The HIV epidemic in Vietnam is concentrated among three key populations - people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSWs) and their sexual partner. Transgender women and amphetamine-type stimulant (ATS) users also seem to bear a high risk of HIV infection [6].

Figure :
Distribution of estimated new infections among adults in Vietnam 2016



New infections among key populations in 2016 were highest among male People who Inject Drugs (PWID). However available data indicate a growing epidemic among MSM in some urban centres, including Hanoi (4% prevalence) and Ho Chi Minh City (HCMC, 13% prevalence). Transgender women have only recently begun to be investigated as a population separate from MSM. However, among a sample of just over 200 tested in Ho Chi Minh City in 2018 16.5% were HIV positive [7].

The number of HIV-infected children aged 15-16 detected in2019 increased by nearly three times compared to 2011 figure. [8]

The table below shows key population size estimates and HIV prevalence.

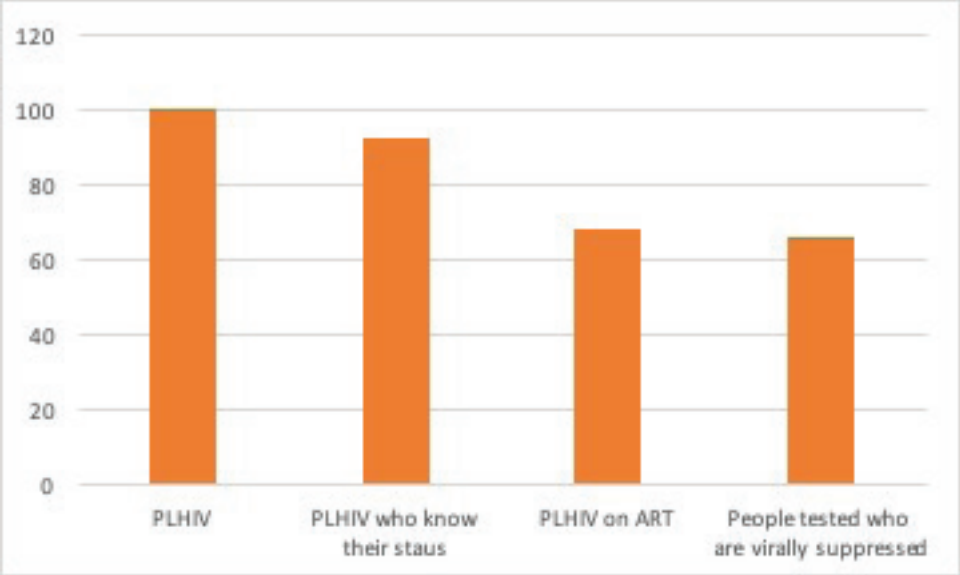
Key Population	Estimated Size of Pop	KP Prevalence
MSM and TG	330,000	7.4% (measured in 7 provinces)
FSW	85,000	2.4%
PWID	225,000	9.5% (measured in 36 provinces

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations in 2018 (unless otherwise noted). Data was not reported for transgender people (included with MSM) [9]

Population	Condom Use	Safe I njecting	ART Coverage	HIV status awareness	Prevention Program Coverage
Men who have sex with Men	63%		23.3%	64.7%	24.7%
Female Sex workers	85.4%		21.3%	50.8%	24.8%
PwID	41.9%	98.2% (2017)	64%	54.6%	24.1%

Program Coverage

An estimated 212,000 or 92% of people living with HIV know their HIV status, almost 145 000 of whom were reported to be on ART at the end of 2019 – a 36% increase since 2015. Out of the 145, 000 or 68% of people on ART, 138,160 were virally suppressed, representing 96%. HIV treatment is available in all 63 provinces. [10]



Based on data reported to UNAIDS in 2018 most MSM and female sex workers who were HIV positive were not on ART [11].

An essential package of HIV prevention services is delivered to key populations through a network of CBO and peer educators managed by the Vietnam Administration for HIV/AIDS Control (VAAC) and the Vietnam Union of Science and Technology Associations (VUSTA). Facility-based HIV testing is available at 1,250 facilities nationwide and is complemented by community-based testing and self-testing, provided through the CBO and peer educator network. ART services are provided through 312 provincial and district HIV outpatient clinics, as well as at 562 commune facilities. HIV outpatient clinics are transitioning into the hospital system. [12]

Harm reduction and prevention activities are focused on areas with high numbers of key populations and/or areas with high HIV prevalence to maximise impact and efficiency.

Vietnams approach to service delivery is tailored to address differentiated needs across the population and between different population groups and reflects evidence of the effectiveness of innovative interventions. Included in the approach are:

- Differentiated treatment regimens
  (e.g. more intensive social support for PWID who are HIV positive)
- promote total market approach, combining free distribution, social marketing and private sales, to ensure overall effectiveness and sustainability of the distribution of prevention commodities,.
- community-based HIV testing and HIV self-testing as well as facility-based testing
- expanded availability of Pre-exposure Prophylaxis

The table below identifies HIV testing service coverage in2016 and anticipated coverage in 2020

Population group	Baseline Coverage (2016)	Targeted coverage (2020) [14]
People who inject drugs and their partners	36%	76%
men who have sex with men	16%	95% [15]
Female sex workers	43%	89%

National Strategy Funding

The funding required to implement the national strategy in 2019 was US$ 96,937,940. 60% of the funds are sourced domestically and 19% from external sources . Estimated domestic allocations in 2019 have more than doubled since 2015.

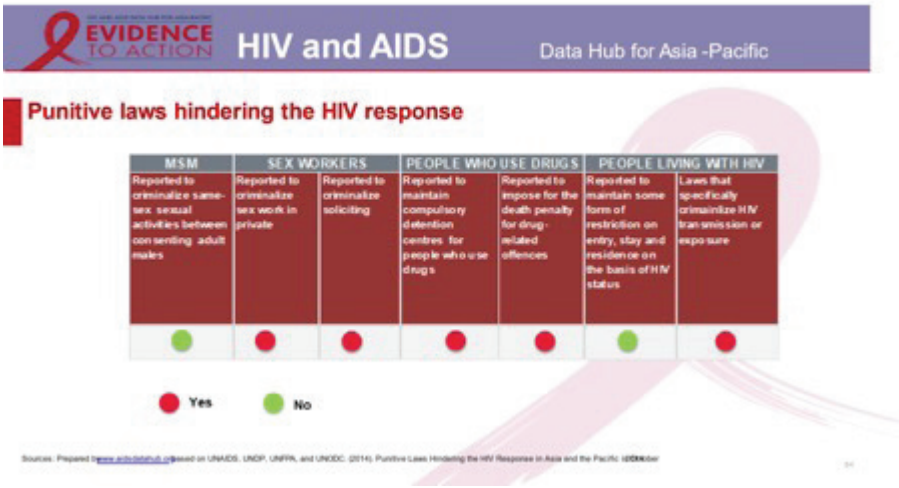
Funding Source	Amount of funding provided	% of funds required
Total Funding needs for the National Strategic Plan	96,937,940	
Government revenues	30,045,105	
Social Health Insurance	25,279,898	
Private sector	3,153,638	
total domestic resources	58,478,641	60%
Non Global Fund	355,000	
Global Fund	19,790,124	19%
Funding Gap		21%

The national strategy outlines a range of measures to fund the national strategy in the upcoming years. They include:

- allocation of budgets by national agencies
- 100% of the provinces and cities under the jurisdiction of the central government shall have sustainable financing plans or proposals for implementation to reach the goal of ending AIDS by 2030
- Scale-up HIV/AIDS treatment services payable by the Social Health Insurance Fund in the interests of patients enrolled in social health insurance; adopt appropriate mechanisms to ensure that 100% of people living with HIV enrol in health insurance
- Continue to mobilize and effectively use international aid for HIV/AIDS prevention and control
- Enhance the participation of individuals, organizations, private sector in investing in and providing HIV/AIDS prevention and control services. This includes social enterprises.

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Sex work and injecting drug use are criminalised in Vietnam.



The legal framework related to HIV, sex work and drug use is complex, in some areas conflicting and not always in line/updated with international guidance and pose some challenges for the national HIV response, especially punitive approaches for the handling of drug use . However, harm reduction programs are comprehensive and HIV prevention programs are implemented for sex workers.

The national strategy identifies the need to "continue to review and complete the system of legal documents on HIV/AIDS prevention and control to ensure the practicality and synchronization with other relevant legal systems." [18]

In December 2020 the Law on HIV prevention and control was revised to allow people who are 15 years or older to ask for voluntarily HIV testing instead of 16 as before. [19]

For many key populations a key obstacle to accessing HIV services is the lack of identity cards. Without a valid identity card, individuals are unable to register in treatment and care services or enrol in social health insurance programmes. Recent changes in the Civil Code allow transgender individuals to change the gender on their ID cards to match their gender presentation but only following gender reassignment surgery. TG who have not yet had these surgeries and for whom their gender presentation does not match the gender on their ID card are frequently subject to invasive and humiliating questioning by health care professionals, which is a strong deterrent to accessing health care services. [20]

Despite laws protecting confidentiality, nearly 60% of PLHIV report they fear that their medical records will not be kept confidential and 37.5% report that their serostatus was disclosed to others without their consent. In addition, there are some reports of women living with HIV who have been "coerced" into sterilisation and/or abortion, and women who use drugs and female sex workers were particularly worried about the consequences of using health services when pregnant. [21]

"Stigma and discrimination are consistently reported by key populations as a remaining challenge but there is no recent comprehensive data to monitor this. The Ministry of Health issued a Directive, informed by a UN supported pilot, to address stigma and discrimination in all health facilities but while high-burden provinces have some interventions to reduce stigma and discrimination in health-care settings, implementation is uneven and often depends on external funding. In addition to these efforts in healthcare settings, there has been public information and campaigning including Zero Discrimination Day and the National Action Month on AIDS leading to World AIDS Day, as well as through public and community engagement events." [22]

The national strategy identifies actions to address stigma and discrimination ranging from communication campaigns to health facility-based interventions. [23]

Meaningful involvement of the Community

There are national networks for key populations, including women living with HIV, PLHIV, People who Use Drugs, sex workers, MSM and TG, and young KPs. There are some 450 CBO in 49 provinces engaged in HIV response.

The national strategy identifies the need for:

- Mobilizing the community in the fight against HIV/AIDS
- Creating a favourable policy environment and financial mechanism for social organizations to participate in the provision of HIV/AIDS prevention and control services, including from the state budget.
- Enhancing the capacity of social organizations and mobilize them to effectively participate in providing services in HIV/AIDS prevention and control

Community organisations are consulted in program policy decisions.

1. SOCIALIST REPUBLIC OF VIETNAM. National Strategy to end the AIDS Epidemic by 2030. October 2020
2. Ibid pp 16-34
3. SOCIALIST REPUBLIC OF VIETNAM. National Strategy to end the AIDS Epidemic by 2030. October 2020 p24
4. Vietnam CCM. Funding Request Form Allocation Period 2020-2022p3
5. Ibid. p5
6. Ibid p4
7. Vietnam CCM. Funding Request Form Allocation Period 2020-2022p3
8. https://vietnamnet.vn/en/society/revised-law-on-hiv-aids-prevention-and-control-will-facilitate-prevention-activities-696075.html accessed June 2021
9. UNAIDS 'AIDSinfo' https://kpatlas.unaids.org/dashboard (accessed June 2021)
10. Gill W; Vinh N.T. Evaluation of the UN Joint Programme on HIV Vietnam. UNAIDS Evaluation Office. December 2020. P6
11. https://kpatlas.unaids.org/dashboard#/home accessed July 2021
12. Vietnam CCM. Funding Request Form Allocation Period 2020-2022p6
13. Ibid. p8
14. It was anticipated that 51% of female sex workers and 6% of MSM would use self testing which they would purchase.
15. This includes 86242 MSM who are classified as high risk. This target is 26% of MSM in Vietnam.
16. Vietnam CCM. Funding Request Form Allocation Period 2020-2022.Programmatic Gap Annex
17. Gill W; Vinh N.T. Evaluation of the UN Joint Programme on HIV Vietnam. UNAIDS Evaluation Office. December 2020. P7
18. SOCIALIST REPUBLIC OF VIETNAM. National Strategy to end the AIDS Epidemic by 2030. October 2020 p21
19. https://vietnamnews.vn/society/824016/revised-law-on-hiv-aids-prevention-and-control-will-facilitate-prevention-activities.html accessed June2021
20. Vietnam CCM. Funding Request Form Allocation Period 2020-2022. P6
21. Ibid. p5
22. Gill W; Vinh N.T. Evaluation of the UN Joint Programme on HIV Vietnam. UNAIDS Evaluation Office. December 2020. P7
23. SOCIALIST REPUBLIC OF VIETNAM. National Strategy to end the AIDS Epidemic by 2030. October 2020 p23