



FY2008 Country Profile: Vietnam

National HIV prevalence rate among adults (ages 15-49): 0.5 percent¹
Adults and children (ages 0-49) living with HIV at the end of 2007: 290,000¹
AIDS deaths (adults and children) in 2007: 20,000¹
AIDS orphans at the end of 2007: Not Available¹

Under PEPFAR, Vietnam received more than \$17.3 million in fiscal year (FY) 2004, nearly \$27.6 million in FY2005, approximately \$34.1 million in FY2006, and \$65.8 million in FY2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing nearly \$88.9 million in FY2008.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 — the largest international public health initiative aimed at a single disease that any nation has ever undertaken. Working in partnership with host nations, over ten years PEPFAR plans to support treatment for at least 3 million people; prevention of 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children. To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

Partnership to Fight HIV/AIDS

In March 2004, the Government of the Socialist Republic of Vietnam released the National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020. The strategy provides the framework for a comprehensive national response to the epidemic, calling for mobilization of government, party and community level organizations across multiple sectors. The U.S. Government (USG) works in partnership with the Government of Vietnam, as well as international organizations, community- and faith-based organizations, and international and local non-governmental organizations to implement comprehensive HIV prevention, treatment and care programs in line with the National Strategic Plan.

The USG response in Vietnam includes:

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

PEPFAR Results in Vietnam

# of individuals receiving antiretroviral treatment as of September 30, 2008 ¹	24,500
# of HIV-positive individuals who received care and support in FY2008 (including TB/HIV) ¹	55,000
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2008 ¹	6,800
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR ^{1,2}	609,300
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR ^{1,3}	2,300
# of counseling and testing encounters (in settings other than PMTCT) in FY2008 ¹	184,400
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2008	375,200
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2008	480,600
# of USG condoms shipped from Calendar Year 2004 to 2008	34,998,000

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Total results combine individuals reached through downstream and upstream support. ² It is possible that some individuals were counseled and tested more than once. ³ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the four-year period, e.g. HIV positive women who were pregnant more than once.



PEPFAR Activities in Vietnam

HIV/AIDS in Vietnam

Vietnam faces a concentrated HIV epidemic. HIV prevalence data in Vietnam is based primarily on HIV/AIDS case reporting and on the HIV Sentinel Surveillance conducted annually in 40 of Vietnam's 64 provinces. The government now reports HIV cases in all provinces, 93 percent of all districts, and 49 percent of all communes, although many high prevalence provinces report cases in 100 percent of communes. Even though Vietnam has implemented HIV/AIDS case reporting, the general lack of HIV testing thus far suggests that the actual number of PLWHA is much higher. HIV prevalence among drug users was estimated to be 32 percent in 2003 and another study in 2005 estimated prevalence rates of 1.6 percent among all people in prostitution, compared to 33 percent in people in prostitution who also use injecting drugs.

Challenges to PEPFAR Implementation

Stigma and discrimination pose a major challenge to fighting the HIV epidemic and must be addressed to enable people to seek services and allow caregivers to deliver support openly. Injecting drug use is a major factor driving the spread of HIV in Vietnam, posing a number of complex challenges. Detoxification with traditional therapies and government-sponsored rehabilitation centers are the mainstays of drug abuse treatment in Vietnam. Those failing to abstain from drug use or prostitution are enrolled in rehabilitation centers. Centers are costly and pose considerable health concerns due to the high number of HIV-positive detainees. It is reported that 40 percent of detainees are HIV-infected and many have tuberculosis (TB) or acquire TB in the centers. Vietnam has a relative advantage because the country has an adequate number of health care workers, but the demands of augmenting HIV/AIDS prevention, treatment and care are exposing serious gaps in the nation's capacity to implement the necessary policies and programs. Policy planning and program management skills are lacking at the provincial level. Laboratories show considerable differences in the quality of their outputs.



Critical Interventions for HIV/AIDS Prevention:

- Supported workshops for peer outreach workers to share experiences and lessons learned on HIV prevention. These workshops were also attended by peer outreach workers from neighboring countries.
- Supported HIV/AIDS prevention activities in the workplace promoting abstinence, faithfulness and the correct and consistent use of condoms, as well as reduction of stigma and discrimination.

Critical Interventions for HIV/AIDS Treatment:

- Provided clinical training for HIV/AIDS treatment and care by American HIV specialist physicians to physicians throughout Vietnam. This includes small-group instruction, bedside teaching, and mentors for Vietnamese physicians to contact for individual case management.
- Supported clinics that deliver antiretroviral drugs (ARVs) in national, provincial and district hospitals.
- Rapidly ensured ARV readiness focusing on six high-prevalence provinces. The treatment program includes USG coordinated clinical training, ARV criteria guidelines, site and patient readiness training, patient monitoring and site quality assurance.
- Supported training of health care providers in the administration of ARVs and monitoring of patient conditions during treatment.

Critical Interventions for HIV/AIDS Care:

- Supported workshops in both northern and southern Vietnam to help break down stereotypes about PLWHA.
- Worked with PLWHA groups in an effort to coordinate work to promote human rights and coordinate a more effective national effort.
- Supported efforts to develop transition programs for HIV-positive residents of injecting drug use rehabilitation centers to support these individuals as they leave centers to return to their communities.
- Supported the first hospital-based HIV counseling and testing clinic, which was advertised as part of routine health-related services in an effort to reduce the stigma associated with the disease.
- Supported dozens of HIV counseling and testing sites in 40 provinces.

¹ UNAIDS, Report on the Global AIDS Epidemic, 2008.