

THE SOCIALIST REPUBLIC OF VIET NAM



**THE THIRD COUNTRY REPORT ON
FOLLOWING UP THE IMPLEMENTATION TO THE
DECLARATION OF COMMITMENT ON HIV AND AIDS**

REPORTING PERIOD: JANUARY 2006 – DECEMBER 2007

HANOI, JANUARY 2008

III. NATIONAL RESPONSE

The government of Viet Nam acknowledges HIV as an important development issue which requires the mobilisation of different stakeholders outside the health sector. The Viet Nam Administration for HIV/AIDS Control (VAAC) under the Ministry of Health (MOH) reports on national HIV issues and progress to a multi-sectoral committee, the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control, which is chaired by the Deputy Prime Minister.

Viet Nam has made major advances in the response to HIV since the 2004 launch of the *National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 with a vision to 2020* (hereafter referred to as the 'National HIV Strategy') and the establishment of the VAAC. Under the National HIV Strategy and coordinated by VAAC, nine Programmes of Action (POAs) were called for to provide detailed guidance for the implementation of HIV programmes. The National Strategy also calls for members of the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control to develop their own programmes of action to support the national AIDS response. This policy framework has enabled Viet Nam to begin implementing the 'Three Ones' (One national AIDS coordinating authority, One national agreed upon HIV action framework and One Monitoring and Evaluation(M&E) system) and take steps towards its commitment to Universal Access to prevention, treatment, care and support.

In addition, Provincial AIDS Centres are increasing the number of full time staff working on the delivery of HIV related services at the provincial and district levels. Integration of national and donor-supported programmes at the provincial level is now emphasised as a mechanism for promotion of more active multi-sectoral involvement and improved service delivery.

In this report, the AIDS response in Viet Nam is categorized in four major areas: (1) Governance; (2) Policy and Legislative Framework; (3) Prevention; and (4) Treatment, Care and Support.

1. Governance:

Leadership

Through the period 2006 – 2007, HIV has been at the centre of the political agenda with active participation of leaders from the State, Party and Government.

The highlighted events are:

- Leadership and HIV Workshop chaired by Mr Truong Vinh Trong, Deputy Prime Minister; Madam Tong Thi Phong, Vice Chairwoman of the National Assembly and Mr. To Huy Rua, Director for the Party Commission for Education and Communication. The workshop emphasised the role of leaders and leadership, especially of the Party and PLHIV in the National AIDS response.
- Annual review meeting of the party and National Assembly projects on HIV.
- Indochina Parliamentary Workshop on HIV/AIDS Laws and Policies
- First National HIV Monitoring and Evaluation Conference that brought together leaders, health workers, M&E practitioners, PLHIV and other partners from central level and all provinces, to discuss the newly approved National M&E Framework and strategic use of data.

- National Conference on Harm Reduction, chaired by Mr Truong Vinh Trong, Deputy Prime Minister. This conference brought together leaders, colleagues and PLHIV from all provinces and levels of Government and the Party, to discuss and really understand *how* to move forward the Harm Reduction agenda in Viet Nam. This resulted in the approval of the National Harm Reduction Programme of Action
- National Workshop on Greater Involvement of PLHIV (GIPA) with participations of representatives from the Party, various sectors of the Government of Viet Nam, VWU, civil society and international partners. This workshop resulted in the GIPA Call to Action which urges all part of the society to accept and support the implementation to improve the lives of PLHIV, as part of the national response to HIV.
- Central Party Commission on Communication and Education has taken the lead in promoting harm reduction interventions and reducing stigma and discrimination towards PLHIV

In most of the above mentioned events, PLHIV were invited to participate and address the audience. This emphasises the recognition of the role of PLHIV by leaders of the State, Party and the Government.

The People's Committees and Party Committees at all levels have integrated the AIDS response into their development plans, especially in their poverty reduction strategies. With the establishment of the information management system for implementation of Directive 54, the Party has shown its commitment and leadership in the National Response.

Finance:

- The Government of Viet Nam supports activities and services in each of the POA areas. The budget allocation for 2007 was US\$ 9.4 million, an increase of 4 million USD from 2006. Compared to the previous reporting period 2004 – 2005, the national budget allocation for HIV activities has increased by 58%. Because this budget is for programme implementation by 18 ministries and sectors whose sub-departments extend across 64 provinces and cities, the resulting budget for individual programmes and services is still fairly limited. Provinces and local authorities are also requested to provide further resources for the implementation of HIV related activities and services.
- In terms of total funding for the National HIV programme there has been a significant increase in the international donors' financial contributions. Support from international donors for HIV programmes increased from US\$ 13 million in 2005 to US\$ 47.15 million in 2006. Of total budget, about 45% is allocated to prevention. The actual expenditure of these funds was not fully available at the time of this report (see annex 3 for more details).
- A considerable source of funding (60%) for the National AIDS response comes from international development aid. The major donors are the President's Emergency Plan for AIDS Response (PEPFAR), the Global Fund to fight AIDS, TB and Malaria (GFATM); the UK Department for International Development (DFID), the Asian Development Bank (ADB) and the World Bank. Their contribution has assisted Viet Nam greatly in scaling up and improving prevention, treatment, care and support activities in the country.

Strengthening health infrastructure and human resources:

Following the creation of VAAC in 2005, Provincial AIDS Centres were established during 2006 and 2007. Up to now, fifty eight out of sixty four (58/64) provinces have an established

Provincial AIDS Centre. The Provincial AIDS centres are under the Provincial Department of Health, with an allocated number of full and part time staff. In total, there was 943 full-time staff working in these Provincial AIDS Centres at the end of 2007. In addition, VAAC has assigned 4 Regional Institutes of Hygiene and Epidemiology as regional supporting structures. These promote a decentralised management approach in the overall national response.

The provincial AIDS centres assist in the implementation of the national response at local level, bringing HIV to the attention of provincial and local Government.

However, having been newly established, with very limited number of staff and technical capacity, this structure, especially at provincial level still needs great investment to strengthen its capacity if it is to successfully carry out the newly approved programmes of actions, comply with other legal documents and coordinate HIV efforts at the provincial level. Capacity building is needed both in terms of human resource management and physical capacity.

Multi-sectoral Collaboration:

The Government of Viet Nam considers the national response the work of all sectors of Government and society. The National Strategy assigns duties and responsibilities to ministries and other sectors. These include six ministries⁴, several provincial and municipal People's Committees and the state-run media. The Viet Nam Fatherland Front, a major organization of the Viet Nam Communist Party Commission on Popular Mobilisation, and its related mass organizations are requested to lead the mass mobilisation of society in the national response. All these actors should integrate HIV activities into their plans and strategies with budget allocations for the implementation of these activities. At ministerial level, most of the ministries have included HIV in their work plans.

Highlighted below are some key actions taken by various sectors in Viet Nam:

- The Labour Union has gradually implemented the programme on HIV at work places, raising awareness of both employers and employees on HIV issue.
- The Viet Nam Women's Union (VWU) supports the establishment of Empathy Clubs, and implements a Greater Involvement of People living with AIDS (GIPA) project, in order to enhance involvement and participation of PLHIV. The VWU also encourages the elderly to become involved in HIV prevention activities. In addition, various forms of activities have been organised by Union members all over the country.
- The Fatherland Front, actively works with people at the community level, launched a campaign to promote positive living which is named "cultured family and community". In this campaign, families and communities will be certified if they meet the criteria given by the organisation. One of the criteria is for non-stigmatising of and non-discrimination towards PLHIV.

However budget allocations and implementation of the ministerial action plans are still in need of further improvement. Though HIV related activities are integrated in the work plans, most of the funds for their implementation come solely from the National AIDS Programme. Very few sectors and local Government actually allocate sufficient budget for the planned activities (e.g. The Ministry of Education and Training (MOET) has developed a national action programme for

⁴ Ministry of Health, Ministry of Culture and Information, Ministry of Education and Training, Ministry of Labour, War Invalids and Social Affairs, Ministry of Planning and Investment and the Ministry of Finance.

secondary education, the most extensive plan for the education sector until now, which is still not funded)

Though there is a multi-sectoral coordinating body, there is a need to further strengthen both inter- and intra-ministerial collaboration in order to achieve integration of different HIV interventions. The linkages between the HIV services and other services - e.g. Sexual and Reproductive Health, Population Services - needs to be further strengthened.

In the period of 2006-2007, there have been some major successes in the Government efforts to harmonise collaboration with international partners:

- The completion and approval of the Programme of Action 9 on International Cooperation and Capacity Building, and;
- The completion and approval of the National Coordination Action Plan, a synchronised effort by VAAC and international partners in response to the Hanoi Call for Action on donor coordination .

These promising plans have only recently been approved and the implementation ahead will require further efforts from all stakeholders.

At provincial level, multi-sectoral coordination varies with more attention being paid to this matter in provinces with higher HIV prevalence. Ho Chi Minh City is an excellent example of effective coordination; the Provincial AIDS Committee coordinates the implementation of the National Programme within the province, and brings together all partners and donors involved in the implementation using the ‘Three Ones’ model.

Civil Society Involvement

Compared to the previous reporting period, there has been increased contribution from Civil Society Organisations to the overall National AIDS response. The years 2006 – 2007 have seen a strong improvement in involvement and participation of civil society in all aspects, from prevention, treatment, care and support, behavioural change communication, counselling and testing, harm reduction and, to a lesser extent, policy development processes. Compared to the previous reporting period, the participation and contribution of civil society has also been better recognised and accepted.

The establishment of the National Partnership Platform on HIV/AIDS at the end of 2007 signifies the close cooperation in HIV activities amongst civil society organisations. In the last 2 years, civil society has contributed significantly to the national response:

- There has been an increasing number of *self-help groups* (60 groups with more than 4,000 members in total) established in the whole country. Self-help groups have organized themselves in informal networks. Members of these groups have been actively involved in policy development processes; raising awareness of updated legislation; supporting ART services in health facilities; referring between and within health and social services; and last but not least, they have been a key factor in fighting against stigma and discrimination towards people and children living with HIV.
- Religious groups from different faiths including Buddhist, Catholic, Protestant, Cao Dai, have been actively participating in the national response, especially in the area of stigma and discrimination reduction, treatment and care (both in health facilities and home). Some of these groups provide shelter support and care for children living with HIV. Some religious organisations provide palliative care and burial support to PLHIV and their families. The

Council of Catholic Bishops of Viet Nam has provided life skills and sex education for young people.

- Community based establishments have expanded throughout the country with an increasing number of the families of PLHIV taking part in the active work of the groups. Group members provide care and support, including job creation for PLHIV, and have participated in raising awareness of HIV prevention, treatment, care and support.
- Key populations at higher risk (IDU, FSW, and MSM) have been involved in: peer education, BCC and harm reduction activities; referral services; research; counselling and providing moral support for those at risk of HIV infection.
- Local NGOs have conducted: research and surveys; carried out community based projects; pilot model for reducing stigma and discrimination; promoted harm reduction; community based care; counselling; and social and economic support to PLHIV. These organisations have also provided technical support and have shared resources with self-help groups. Advocacy is also an important part of the work conducted by Local NGOs. Furthermore, they provide a bridge with international organisations.
- Representatives of CSOs have participated in a number of nationally important events, e.g. national meetings, conferences, delegations to international meetings (e.g. the High Level Meeting 2006, M&E National Conference in 2007) and forums.

CSOs have actively sought more resources to improve their capacity and become equal partners in the National AIDS response. There is a need for further capacity building in the area of management as well as in improving the understanding of HIV programme design, implementation and monitoring in order to scale up more effective work in prevention, treatment, care and support.

With earlier involvement of CSOs in this preparation process, compared to last round of the reporting process, CSOs have been able to contribute to the content of this report in a more comprehensive and participatory manner. The CSOs have acknowledged the openness and acceptance of the Government, a sign of the recognition of the work contributed by CSOs in the overall national response.

The HIV technical working group, with UNAIDS Viet Nam as its secretariat, has regular meetings and seminars. So far, there have been 20 meetings organised in the last 2 years. A total of 700 members from 54 Government Agencies, NGOs and international organisations have attended these meetings. They serve as a collaboration platform for concerned organisations/agencies to share lessons learnt from their areas of work, experiences, plans and information related to the national response in Viet Nam.

2. Policy and Legislative Framework:

Viet Nam has made strong progress in policy and legislative for HIV prevention and control. The number of milestone documents developed and issued in the last two years signifies the commitment and the efforts of the Government in HIV response:

- The Law on HIV/AIDS was passed by the National Assembly of the Socialist Republic of Viet Nam on June 29, 2006. This is the most important document regarding legislation for HIV prevention and control. The law protects the rights of people living with HIV against

stigma and discrimination and stipulates the responsibility of the Government and other parts of society to be involved in the national response to HIV.

- The Decree 108/2007 ND-CP issued on June 26, 2007 provides detailed instructions for the implementation of the Law. It creates a crucial legal corridor for the implementation of HIV prevention, treatment, care and support for PL HIV.

The people elected National Assembly, through its Social Affair Committee at Central level, and its network of Provincial People's Councils, has taken on the responsibility to oversee the implementation of the Law on HIV/AIDS and the Decree 108.

- The Inter- Ministerial Circular 147/2007/TTLB-BTC-BYT between the Ministry of Health and the Ministry of Finance was issued on December 12, 2007. This Circular includes key adjustments and favourable conditions, and cost norms for the implementation of the National Strategy on HIV and AIDS prevention and control; and the implementation of the National Programmes on Prevention and Control of Social Diseases, Dangerous Diseases and HIV and AIDS, period 2006 - 2010.
- Decision 29/2007/QD-TTg on Management, Care and Support, Treatment and Counselling for PLHIV in closed settings (including educational, rehabilitation centres, detentions, prisons and social care centres).
- Decision 60/2007/QD-TTg; Decision 96/2007/QD-TTg; Decision 67/2007/QD-TTg on support for people and children living with HIV
- Seven out of eight National Programmes of Action have been developed and approved in 2006 and 2007, with assistance from international partners. These documents lay out specific objectives and directions for the National response to HIV. The completion of these documents in the last two years reflects the efforts and commitment of the Government of Viet Nam to enhance the implementation of HIV prevention and control. The approved programmes of action are :

Prevention:

1. *HIV Prevention through Information, Education and Communication (IEC) and Behavioural Change Communication (BCC) – Approved 2006*
2. *Harm Reduction Prevention targeting high risk populations - Approved 2007*
6. *Prevention of Mother to Child Transmission (PMTCT). – Approved 2006*
7. *STI Management and Treatment. – Approved 2006*

HIV treatment, care and support:

3. *Care and Support for PLHIV & (merged with Programme 5) Access to HIV Treatment including ARVs – Approved 2006*

HIV governance:

4. *HIV Surveillance and Monitoring and Evaluation (M&E) - Approved 2007*
9. *Capacity Building and International Cooperation Enhancement – Approved 2007*

The remained Programme of Action to be developed is on Blood Safety.

- Viet Nam has also committed to a number of national and international agreements, initiatives and declarations: Millennium Development Goals (MGDs); the Declaration of

Commitment on HIV (UNGASS); Universal Access; the Three Ones Principles; the Ha Noi Core Statement on effective use of foreign aid; the Asia Pacific Ministerial Declaration on HIV/AIDS Leadership and Development; the Hanoi Call to Action on Children and AIDS; the GMS Regional Strategy on Mobility and HIV Vulnerability Reduction; and the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers.

The Government has also endorsed and supported other movements and efforts such as the “Viet Nam Call to Action for the Greater Involvement of People Living with HIV” in 2007 – a joint initiative between the Party, the Government, PLHIV and International partners working on HIV in Viet Nam.

- The Decision on pre-departure training for Vietnamese migrant workers including HIV; Government Decision on Cross-Border HIV/AIDS Prevention and Control both developed and approved in the last two years.
- Directive 54 issued by the Central Communist Party Secretariat in 2005 has been an effective legal basis for mobilising support and involvement of Party members, most of them Government officials, local authorities in the national response . With support from UNDP, a system to monitor the implementation of this directive has been set up through out the country, under supervision of the Central Party Commission for Science and Education.

The period 2006 – 2007 has set many benchmarks in policy and legislative development. The newly approved and issued legal documents will form the foundation for a more active, enhanced AIDS response in Viet Nam. At the same time, to have successful and effective implementation of these documents, the Government of Viet Nam will need to overcome many challenges in the future.

3. Prevention

In the past two years, the HIV prevention programme has been scaled up with major support from PEPFAR, GFATM, the World Bank, DFID, ADB, and the UN.

3.1. Behavioural Change Communication programmes (BCC)

BCC activities have been carried out with the participation and coordination of many sectors and civil society. The programme mobilises the mass media to produce large volume and diverse BCC activities and products. Magazines, newspapers, bulletins, posters, banners, and leaflets on HIV and methods of prevention have been delivered not only to key populations at higher risk but also to the general population. Different educational activities have been carried out including peer education among key populations at higher risk and people living with HIV, counselling, hot lines, competitions, edutainment shows, exhibitions of pictures, photos, short stories, etc... Youth (aged 15–24) are a priority target group within the BCC programme. Almost half of them (46%) correctly identified ways of HIV transmission, and were able to correctly reject three misconceptions on HIV transmission.⁵ Especially in HCMC and Thai Binh, provinces with a high HIV prevalence, 78% of youth had comprehensive knowledge on HIV prevention.⁶

⁵ VPAIS

⁶ Household survey on HIV prevalence and AIDS indicators in HCMC and Thai Binh province. MOH and NIHE, 2005.

In 2004, 24% of female sex workers (FSW) and 34% of male injecting drug users (IDU) correctly identified ways of preventing sexual transmission of HIV and rejected two major misconceptions about HIV transmission. Almost two years later, in mid 2006, 45% of female sex workers and 45% of male injecting drug users could do so.⁷ Although there is a slight increase in knowledge within key populations at higher risk, the increase still remains relatively low. Accesses to BCC services has been limited, which is shown by a low rate of FSW have accessed to preventive services (1.6 times/1.5 years⁸).

The IBBS 2005/06 found that over 50% of MSM in Hanoi and Ho Chi Minh City receive some form of HIV education. However, as the interviewed MSM participating in the IBBS are mainly recruited in drop-in centres of on-going intervention projects, this figure may not represent the real level of knowledge of MSM across the country. The largest number of MSM is hidden and it is still hard for many projects to reach and provide information to. Furthermore, there is still lack of MSM-specific information, education and communication (IEC) materials.

Positive change in the awareness of people has resulted in the reduction of stigma and discrimination towards PLHIV. However, to some extent, they still experience the limited access, particularly, to prevention, care and treatment, and education for children. Double stigma and discrimination has been reported among people living with HIV that also belong to a key population at higher risk (IDU, SW or MSM).

HIV education in schools has stepped up with reproductive health (RH) and HIV education included in school textbooks and taught from primary school. However, one of the findings in the 2006 RH and HIV curriculum review (MOET & Save the Children) is that "Information regarding RH and HIV in school textbooks is selective, and some important topics are missing". And that additional interventions for most at risk adolescents need to be developed.

3.2. Harm Reduction Intervention programmes

The Law on HIV/AIDS and the Decree 108/2007 ND-CP have set up a solid foundation for harm reduction activities in Viet Nam. The harm reduction⁹ programme has been strongly supported by international partners.

The programme has mainly focused on providing information, condoms and needles/syringes, and referral to VCT services targeting injecting drug users, female sex workers, and mobile populations. However, interventions targeting mobile populations and interventions in closed settings are still limited.

Despite the IBBS 2006 showing high HIV prevalence among MSM, HIV interventions for MSM are still limited. Only very recently have they been included in national surveillance activities and are not included in either the on-going operational research agenda nor as one of the key populations for the sentinel surveillance. There have been no MSM population size estimation exercises conducted in Viet Nam and behavioural studies have covered only small samples of the population. This lack of national data on MSM has further contributed to difficulties in planning and implementing evidence-based programmes and strategies. Thus far, MSM-targeted projects are implemented only in 5 out of 64 provinces. There is a need to develop an

⁷ IBBS

⁸ HR

⁹ Harm reduction is a term that defines policies, programmes, services and actions that work to reduce the: health, social and economic harms to key populations at higher risk in Viet Nam. These key populations include: IDUs, FSW, MSM, mobile populations.

operational plan for MSM and HIV interventions based on the promulgated Programmes of Action.

Migrants and mobile populations are included in both the National Strategy and Law; however there is no specified strategy or programme to ensure their access to prevention, treatment and care and support services as yet.

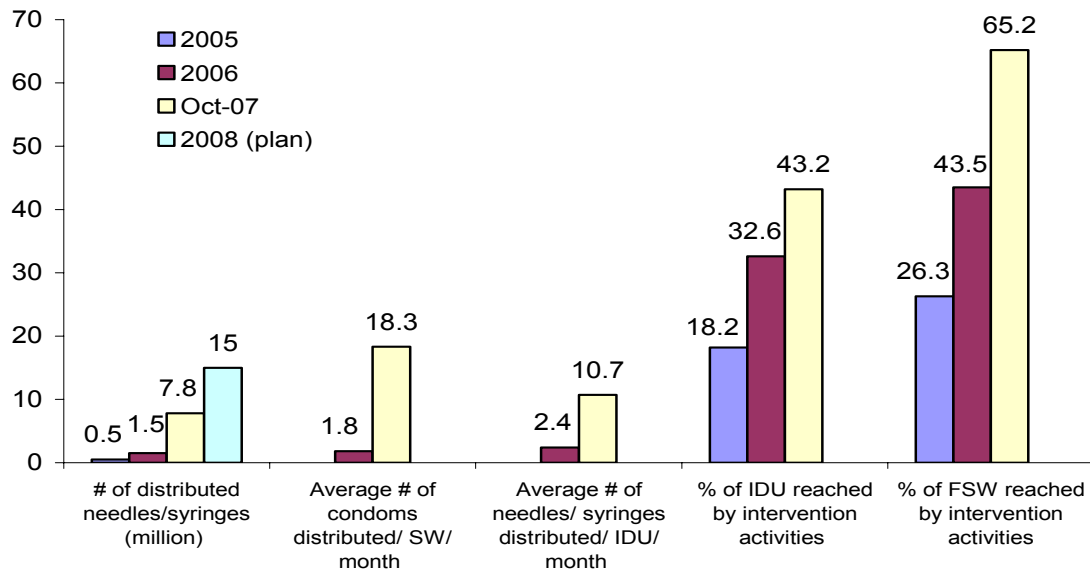


Figure 2: Results of harm reduction activities in 33 provinces under DfID and WB project¹⁰

Condom promotion programme

Condom promotion programme have been implemented in 314 out of 639 districts, in 58 provinces/cities and in Centres for Treatment, Education and Social Support for IDUs and SWs in 12 provinces. In 33 provinces covered by the DFID and WB projects, which are currently the biggest projects working on harm reduction in Viet Nam, 13.7 million condoms were distributed in the first 10 months of the year 2007. Condoms are mostly distributed through peer educator networks, with these accounting for 50% of total distributed condoms. In this project area, coverage of harm reduction activities among female sex workers has increased from 26.3% in 2005 to 65% in 2007¹¹.

Studies on sexual behaviours of female sex workers revealed that the proportion of those who used a condom in the last sex with their casual client has increased from 90% in 2004¹² to 97% in 2006. However, FSW consistent condom use with clients over the last months was variable, ranging from 24% in one province to 95% in another in 2006. These data demonstrate the HIV risk for clients of sex workers, their wives and sexual partners, as well as the need for specific interventions targeting these groups.

As low as two-thirds of MSM reported using condoms in the last anal sex act with their consensual partner, and one-third of IDUs reported the use of a condom in the last sex with their lover/wife.¹³

¹⁰ DFID and WB programme report by 10/2007

¹¹ DFID and WB report

¹² UNGASS round 2

¹³ IBBS

Needle/syringe provision

The needle/syringe provision programme has expanded from 21 provinces/cities in 2005¹⁴ to 42 provinces/cities by the end of June 2007.¹⁵ There is a rapid increase in the number of needle/syringes distributed in the 33 provinces of the DFID and WB projects. Forty-three per cent (43%) of IDU in the project sites were reached by the HIV prevention programme. The average number of needles/syringes distributed per IDU per month has increased from 2.4 in 2006 to 10.7 in 2007. Positive results were seen in the high proportion of IDU using sterilized injecting equipments - 88.8% in 2006.¹⁶

However, in some provinces with high HIV prevalence, the number of communes implementing the programme remains low, accounting for less than 10%. Distributed needle/syringe could also address only 10–15% of the need of approached IDUs.

Methadone substitution treatment

Methadone substitution treatment was approved by the Government to be one of the key harm reduction interventions among IDU populations in late 2007. In the coming period, the programme is going to be piloted for around 1500 IDUs in two cities with severe drug abuse epidemics. Lesson learned from this pilot programme will be implemented when scaling up to other provinces/cities.

Other issues

Responding to HIV prevention, treatment, care and support service needs in closed settings remains a serious challenge. There are 84 mandatory drug treatment centres in the country with an annual total detention population ranging from 60,000 – 70,000 people.¹⁷ An estimated 80% of these individuals have a history of injecting drug use, and HIV sero-prevalence rates are reported to range between 30–60% in many of these facilities.¹⁸ A further 35,000 reported drug users are under detention in the prison system.¹⁹ Therefore prisons and drug treatment centres alone contain approximately 100,000 of the total number of all reported drug users. Currently these facilities lack basic HIV prevention, treatment, care and support service provision.

It is important to note also that there are large numbers of drug users due to be released back into the community in the coming two years. With recorded drug use relapse rates of 80–90% common across the country²⁰ and an absence of effective HIV prevention programming inside these close setting facilities, a situation whereby re-initiation of HIV high risk behaviours is likely. This may correspond to an increase in HIV transmission within these returning populations which may then spread in to the wider community.

In addition, because of this high relapse rate among returning drug users, there is a subsequent risk of being re-detained. Closed setting is often marked by the absence of both facility-based services and any continuum-of-care which would link them to community-based HIV treatment, care and support services. All these factors will combine to result in numerous interruptions in

¹⁴ UA report

¹⁵ HR conference/page 8

¹⁶ IBBS

¹⁷ Viet Nam Country Coordinating Mechanism, (2007) Application proposal to Global Fund Round 7.

¹⁸ UNODC, MOLISA, WHO, and UNAIDS, (2007) Project I66 monitoring and evaluation mission report, Hanoi.

¹⁹ MOLISA, (2007) Report to the National Committee on Drugs, Prostitution, and AIDS, Hanoi.

²⁰ MOLISA, (2007) Report to the National Committee on Drugs, Prostitution, and AIDS, Hanoi.

ARV treatment regimens among these returning detainees, which in turn will lead to increases in ARV drug resistance.

3.3 Prevention of HIV mother to child transmission (PMTCT)

HIV testing for pregnant women is an effective measure for the PMTCT. In Viet Nam, the percentage of pregnant women reported to have an HIV test at ANC visits remains low and has slightly decreased: in 2004, 22.4% of pregnant women had an HIV test in the last year;²¹ in 2006, 16.5% had the test in the last 2 years.²²

In 2006, of 506 facilities providing ANC services, 107 facilities (21%) provided the basic minimum package of PMTCT services. This package includes a single-dose NVP (Nevirapine) regimen provided in the national programme, and recently, the three-combination ARV prophylaxis (PEPFAR supported) for HIV positive pregnant women. In addition to ARV prophylaxis, HIV-infected women are encouraged to bottle-feed and are provided with formula free of charge. In 2007, national PMTCT procedures were developed and approved with consultation from various organisations working on PMTCT.

In 2006, 492 HIV positive pregnant women received three-combination ARV prophylaxis for PMTCT. One year later, this number has increased by more than 50% (to 744 cases).²³ A study in HCMC revealed that effective PMTCT programme in the city could reduce the MTCT rate to 5%.²⁴

The National Programme of action for PMTCT was approved in 2006 and the Guidelines for its implementation are currently under development. With these still unfinished, implementation of the plan is affected and harmonious effort on PMTCT in the country is limited.

3.4 Voluntary HIV counselling and testing (VCT)

The VCT programme has been scaled up over the last two years, with support from CDC, Global Fund, World Bank, and FHI, covering all provinces nationwide. The number of VCT sites and VCT clients has notably increased from 157 sites in 2005 to 228 sites in 2006. The percentage of key populations at higher risk who ever received an HIV test has also increased from 12% among FSW in 2004 to 20% in 2006, and from 10.6% among IDU in 2004 to 16.5% in 2006.

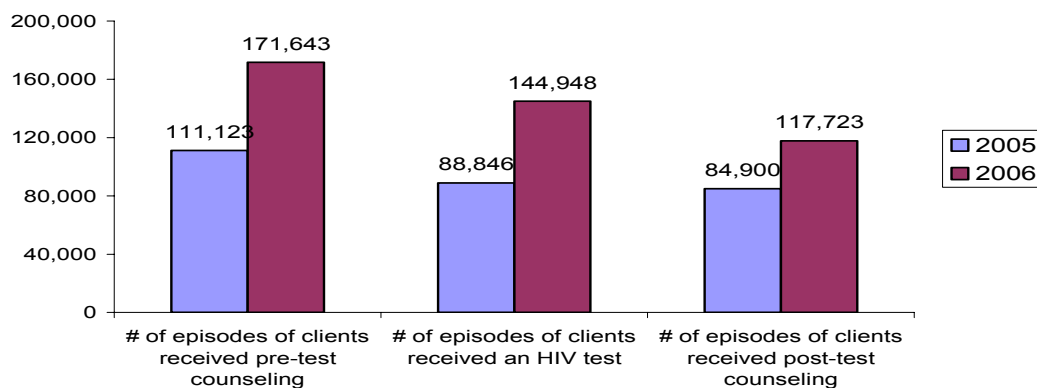


Figure 3: Increase of the number of clients receiving services in VCT sites nationwide

²¹ Ministry of Health (2005). Baseline survey on the realities of care, counseling, support to HIV infected cases and community-based HIV interventions in Vietnam (Survey in 20 provinces).

²² MICS (survey in 64 provinces)

²³ Report of PEPFAR programme

²⁴ Report by PAC on PMTCT

As can be seen the VCT programme has improved significantly, however the amount of key populations at higher risk who receive an HIV test and know their results has still remained low in the last 12 months: ²⁵ 15% of FSW, 11.4% of IDU, and 16.3% of MSM.²⁶

Moreover, it seems that people at a high-risk of HIV infection often do not want to know their HIV status because they believe that effective treatment is not available to them. While access to VCT is increasing, it appears to be mostly used by people who are not living with HIV. For instance, 75-85% of female sex workers in An Giang, 84% of IDU in Can Tho, and 90% of MSM in Hanoi who were living with HIV were unaware of their status.²⁷

3.5 Blood transfusion safety

The blood transfusion safety programme has performed well in Vietnam, resulting in 100% of blood units and blood products being screened for HIV, Hepatitis B, Hepatitis C, Syphilis and Malaria. Since 2006, out of the 108 blood centres/blood screening laboratories, 26 (24%) facilities have participated in the external quality assurance programme. In late 2007, new guidelines on Blood safety were issued by the Ministry of Health. These assure high standards for blood safety and blood transfusion and currently all blood screening laboratories are receiving technical assistance from NIHE to fulfil the National Standards for Quality Assurance as per MOH Guidelines.

Despite the continues country's efforts to assure the best possible high standards in this area Viet Nam cannot report data for indicator 3 due to the change of indicator's definition in the UNGASS 2008 Guidelines.

3.6 STI management programme

According to a report by the National Dermatology and Venereology Institute, there are 130,000 STI cases annually. However, the estimated incidence is around 1 million cases per year. Various activities have been implemented to reduce STI prevalence such as: conducting IEC activities around STI prevention for both the general population as well as key populations at higher risk; building capacity for health staff working with STI management systems; strengthening STI sentinel surveillance and expanding it to 20 provinces; as well as provision of equipment, test kits and STI drugs.

However, the STI management programme still faces challenges. The majority of people diagnosed with an STI visit private clinics for treatment. There is a lack of drugs provided for patients at public health facilities and there is a need to further invest in building the capacity of health staff.

The IBBS 2006 revealed a high STI prevalence among FSW and MSM in some provinces/cities. For instance, 17% of SSW in Ha Noi and 14% of KSW in HCMC were infected with Chlamydia, 9% of SSW in HCMC was infected with syphilis, and 11% of MSM in Ha Noi had rectal gonorrhoea.²⁸

²⁵ VPAIS

²⁶ IBBS

²⁷ IBBS

²⁸ IBBS

4. HIV treatment, care and support (POA 3 & 5)

The government is committed to scaling up treatment, care and support interventions. A National Action Plan on HIV/AIDS Care and Treatment was approved in 2006. A series of national normative guidelines have been developed which should serve as a foundation for coordination of different initiatives, and for effective scale-up of treatment, care and support.

MOH estimates the number of PLHIV in need of ARV treatment will increase from 42,480 in 2006 to 72,970 in 2010²⁹. The National Action Plan states that 70% of adults and 100% of children who are eligible will receive ARV by the year 2010.

To achieve this objective, MOH with support from International donors (e.g. PEPFAR and GFATM), has made considerable efforts in the past two years. As a result and as Figure 4, below demonstrates, significant progress in ARV coverage has been made in the last two years. By the year 2007, ARV was available in all 64 provinces. At the end of quarter 3 of 2007, a total of 14,180 people were receiving ARV. This marks a 5.7 fold increase compared to the end of 2005, and is made up of 13,391 adults and 789 children. It is estimated that 19.6% and 28.4% of people in need of treatment were receiving ARV at the end of 2006 and Quarter 3 2007, respectively (Indicator 4).



Figure 4: The number of adults and children on ARV in Viet Nam from 2005 to Quarter 3 2007

A recent study demonstrated the ARV treatment programme in Viet Nam has also been very effective: 81% of adults and 93.1% of children who were still alive and on ARV 12 months after the initiation of the treatment.

Since Viet Nam is one of the high TB burden countries, close collaboration between HIV and TB programmes is important. In 2007, VAAC and the National TB Programme have jointly worked to develop national operational procedures for collaborative activities. According to the ARV cohort study conducted in eight ARV treatment sites in 2007, estimated percentage of PLHIV newly infected with TB who receives treatment for both HIV and TB is 25%. However, if calculating the percentage of those who received both ARV and TB treatment from the eight ARV treatment study sites among the total number of people who co-infected with both HIV and

²⁹ National Action Plans on HIV/AIDS Care and Treatment to the year 2010, Ministry of Health (Hanoi 2006).

TB nation-wide, the percentage of PLHIV who receive treatment for both HIV and TB is 15%. Due to the different calculation methods, the above mentioned data is not reported in CRIS for indicator number 6.

Based on the considerable achievements made in the past years, Viet Nam plans to further scale-up care, treatment and support services. To realise this plan, the following challenges need to be addressed:

- First of all, further mobilisation of internal and external resources and their appropriate allocation are crucial to achieve the National Action Plan on Care and Treatment. Coverage to be expanded to rural areas where currently, there is no donor support.
- Secondly, further efforts are needed to promote an enabling environment for key populations at higher risk so that they will access and continue to access HIV care and treatment. Many IDUs and FSWs are in treatment and education centres, prisons and other social sponsored centres under the management of MOPS and MOLISA. Capacity to provide care, treatment and support in those closed settings needs to be developed rapidly and the linkage between the Centres and communities should be strengthened in order to continue treatment without interruption. Close coordination among MOH, MOPS and MOLISA and further efforts to address stigma and discrimination is vital to enhance utilisation of the services by key populations at higher risk. Opioid substitution therapy (e.g. Methadone Maintenance Treatment) is to be introduced in 2008. This is expected to enhance IDUs' ARV adherence rates. Integration with HIV prevention is necessary to maximize the synergy.
- Thirdly, quality improvement efforts will become increasingly important. Continued capacity building of health care workers and district coordinators for comprehensive care, treatment and support is essential. Patient monitoring and HIV drug resistance surveillance should be implemented in accordance with national protocols to address the different channels through which people obtain ARV treatment, including the PLHIV that are obtaining ARV drugs from government pharmacies or private practitioners at their own expense, or buy low-cost ARVs through self-help groups. Measures are needed to ensure the quality of ARV treatment provided outside of public services. The procurement and supply management of ARV drugs, currently supported by different donors through parallel systems, is another area that needs greater harmonisation.
- Fourthly, despite the efforts made in support of strengthening the civil society (CS) involvement in all areas of national AIDS response, at the moment, there is no legal framework for CS organisations (CSO) to officially register their activities. This limits financial supports to CSOs for provision of care services on a broad scale. However, the new HIV Law supports community mobilisation in the HIV response, this opens a new door to potential opportunities for CSOs to enhance care and support services.

IV. BEST PRACTICE

There are many noticeable examples of what could be considered as best practice for the reporting period 2006-2007. Those that Viet Nam wants to highlight are:

1. The leadership provided by the Party, National Assembly, Government and local authorities at all levels of the country AIDS response.
2. The promotion of the “Three Ones” principle and establishment of the National monitoring and evaluation framework.
3. A rapid expansion of harm reduction programmes for most-at-risk populations and ARV treatment coverage and access to treatment for people living with HIV.

1. The leadership provided by the Party, National Assembly, Government and local authorities at all levels of the AIDS response has included:

- The Party sector (Party Commission for Education and Communication, Party Commission for People Mobilization, The Ho Chi Minh Political Academy, and City/Provincial Party Organizations) has often directed both the overall system and local authorities at all levels to carry out Party Directive 54 of the Central Communist Party Secretariat. A series of workshops, trainings, seminars and forums on HIV Law implementation have been conducted and followed by the regular monitoring and supervisions to the lower levels.
- The people elected bodies and the Party agencies (Social Affairs Committee of the National Assembly, Party Commission for Education and Communication, City/Provincial People’s Councils) have had a strong involvement in the national AIDS response. The regular monitoring and supervision to oversee the participation of these organizations in the HIV response has been organized.
- A strong participation of the high profile state leadership, such as the President, Vice-President, the Chairperson of Social Affairs Committee of the National Assembly, the Deputy Prime Minister and the Health Minister.
- The People’s Committees at all levels. These have regularly directed the organization and implementation of the AIDS response and considered it as one of its priority tasks for local socio-economic development. The People’s Committee leaders at all levels have often appeared in important local events related to HIV activities.

2. Promotion of the “Three Ones” principle as the optimal architecture to ensure inclusive, participatory and effective national AIDS response.

- Being established under the Government Decision 432/QĐ-TTg, the Viet Nam Administration of HIV/AIDS Control (VAAC) has undertaken the role of a State management on HIV/AIDS and acts as a standing committee on HIV/AIDS for the National Committee for AIDS, Drugs and Prostitution Prevention and Control. The joint circular 11/TTLT-BNV-BYT between the Ministry of Home Affairs and the Ministry of Health and the Decision of the Health Minister 25/2005/QĐ-BYT provides detailed instructions on authority, tasks and functions that are mandatory for the system of AIDS response at provincial level to exist successfully.

- The National Strategy on HIV and AIDS response was approved by the Prime Minister in 2004 and the Programmes of Actions to implement the National Strategy were consequently developed and approved by the Ministry of Health in 2006 and 2007.
- As a result of broad a consultative process with inclusion of national and international partners, the National Monitoring and Evaluation Framework, using UNGASS indicators as the basis, and the Programme of Action on HIV Monitoring and Evaluation was developed and officially promoted in January 2007.

3. A rapid expansion of harm reduction programmes for most-at-risk populations and ARV treatment coverage and access to treatment for people living with HIV.

- One of the programmes prioritised by the Government in the overall national AIDS response is the Harm Reduction Programme for most-at-risk populations. To enhance its implementation, provinces and cities have differed in their initiatives and approaches. The changes in awareness and attitudes of local government leaders have been evident in increased efforts to expand harm reduction programme coverage. Many provinces and cities have established inter-sectoral commitments which created favourable legal corridors for programme implementation.
- In accordance with the Law on HIV and AIDS prevention and control, and with the Decree 108, favourable conditions were assured for the implementation of harm reduction programmes. At the National Conference on Harm Reduction, chaired by the Deputy Prime Minister, Mr. Truong Vinh Trong, representatives from MOPS, MOLISA, MOH and other local leaders discussed efforts made in this area. The Deputy Prime Minister explained the roadmap for implementation the National Programme of Action on Harm Reduction
- With technical and financial support from international organisations, provision of clean needles and syringes, and condoms has expanded rapidly. In the first ten months of 2007, in the thirty three (33) provinces participating in a project funded by DFID and WB, 65% FSW and 43% IDU had access to harm reduction programmes; and 15 millions condoms and 7.5 millions needles and syringes have been distributed.
- The government commitment for scaling up treatment was translated into the National Action Plan on HIV/AIDS Care and Treatment, approved in 2006. A series of national normative guidelines have been developed since, and serve as foundation for coordination of different initiatives, and for effective scale-up of treatment, for all in need.
- Coverage of the ARV treatment programme has been considerably scaled up, increasing the accessibility of ARV treatment for AIDS patients. By the end of 2007, there were approximately 14180 people on ARV treatment in all cities/provinces, which is a 5.7 fold increase compared to the end of 2005.

V. SUPPORT FROM COUNTRY DEVELOPMENT PARTNERS

The last few years have seen a significant expansion of bilateral and multilateral support to the National HIV response. Overall, international support has increased from about US\$7– 8 million a year in 2002-04, to around US\$50 million per year in 2006.

The international organizations that have supported technical assistance and funding for the national HIV response in Viet Nam are:

- Bilateral : The United States of America (USAID, CDC/PEPFAR), the United Kingdom Government (DFID), Norway (NORAD); Australia (AusAid); Germany (GTZ, KfW); France; Canada; Sweden (SIDA), Denmark (DANIDA) and Japan (JICA)
- United Nations Organisations: UNAIDS, UNDP, WHO, UNICEF, UNFPA, UNESCO, UNODC, ILO, IOM and UNV.
- Multilateral Organizations: The World Bank (WB), Asian Bank for Development (ADB) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).
- International Non-Government Organizations: Family Health International (FHI); the Ford Foundation; DKT; Population Service International (PSI); CARE, Future Group/HPI, Pact, MDM, World Vision and Save the Children Fund UK.

In line with the Ha Noi Core Statement, international development partners have committed to align with the government's strategies and to strengthen national systems. Under the lead of the Ministry of Planning and Investment (MPI) and MOH, and in order to further enhance management, UN agencies, donors and INGOs have developed a joint government of Viet Nam-Donor Coordination Action Plan (CAP) for the coordination and utilisation of resources on HIV. This is set within the framework of the 'Three Ones', and aligned with the principles of the Ha Noi Core Statement.

During the reporting period of 2006–2007, Viet Nam has continuously received strong support from the international community in the areas of prevention, treatment, care and support, as well as in the areas of: developing the National Programme of Actions to implement the National Strategy, promulgating legal documents and the Law on HIV , providing training and capacity building for staff working on HIV at different levels, and project staff working in international funded projects at the both central and local levels.

Viet Nam highly appreciates and respects all the support and contributions from the international community which has reinforced the national AIDS response and would encourage international partners to continue to implement the objectives of the “Hanoi Core Statement” on Aid Effectiveness, under the framework of the “Three Ones”.

VI. MAJOR CHALLENGES AND REMEDIAL ACTIONS

1. Efforts and Achievements to Resolve the Challenges and Difficulties Mentioned in the 2nd Country UNGASS Report (January 2006 reporting for the period of 2004 and 2005):

- The commitment of the Party sector, people elected bodies and local authorities at all levels to a better HIV response, has been strengthened since the previous reporting period covered in the 2nd Country UNGASS Report.
This is demonstrated by promulgation of the Law on HIV and AIDS and other related legal documents; formalization of a more adequate policy framework on AIDS response and the strong leadership of the Party agencies, people elected bodies and local authorities at all levels.
- An expansion of harm reduction programme coverage targeting high risk populations (IDU, FSW) in 33 sentinel provinces supported by WB, DFID and PEPFAR.
- An expansion of coverage and access to quality HIV care and support and AIDS treatment, including quality referral services, has been considerably improved in those cities and provinces with a high HIV prevalence. AIDS response funding from the Government has been significantly increased, along with the support from the international community.

2. The Main Challenges Encountered for the 2 year Period of 2006-2007 in Implementing the National Strategy and UNGASS Commitments.

- Despite availability of an adequate policy framework in support of the national response, the legal regulations related to HIV prevention have not been harmonized nor sufficiently implemented by the other sectors and local authorities at all levels. In particular HIV harm reduction interventions and the 100% condom promotion programme have not yet been widely implemented. Methadone substitution treatment has been piloted on a small scale only since the end of 2007.

The IBBS 2006 reports a limited coverage of the harm reduction programme with 88% to 97% of the IDUs not receiving free of charge needles and syringes for the last 6 months in Can Tho (88%), Quang Ninh (88%), Da Nang (97%), and Hanoi (97%). There are only 20% to 30% of the IDUs receiving HIV voluntary counselling and testing (VCT) services.

- Providing prevention, treatment, care and support interventions in closed settings remains a challenge. Closed settings include education centres, re-education centres, detention centres, prisons or other social sponsored centres under the management of Ministry of Public Security (MOPS) and Ministry of Labour, War-Invalids and Social Affairs (MOLISA). In such settings services for PLHIV are still under limited largely as a result of poor facilities and a lack of the trained staff to meet the requirements of the large number of people living with HIV in these centres.
- Human resource constraints are a major challenge. In all provinces, there is a need to build the capacity of existing staff working on HIV and increase the overall number of staff supporting the response. Due to the fact that all Provincial AIDS Centres are newly established, their programmatic and management capacity is still limited, which in turn affects HIV programme management and implementation as well as delivery of quality prevention, treatment and care services for those in need. Many HIV services are seriously fragmented and uncoordinated largely due to a project oriented approach.

- Despite the fact that harm reduction programmes and safer sex promotion are made available for key populations at higher risk, still Viet Nam has not finalized a specific AIDS response strategy nor a plan of action for targeting subgroups of the young population (e.g. most at risk adolescents, street children)
- Compared to the previous reporting period, there has been some improvement in the participation of the Civil Society Organizations in the area of prevention, treatment, care and support. However, additional efforts must be to promote civil society Organisations as equal partners in the national response and to encourage their involvement in all steps of design and implementation of HIV activities.
- Achieving Millennium Development Goal 6 on HIV and meeting Universal Access targets will require far greater investment in HIV prevention, treatment, care and support services. Central Government funding for HIV programming in 2007 has been increased, but there is a need to further increase domestic resources for the national response. Recurrent cost financing and overall technical and managerial sustainability will also become a major issue once Viet Nam becomes a middle-income country and some bilateral donors reduce, limit or phase out official development assistance.

3. The Required Response for Achieving the National Strategy Objectives and UNGASS Indicators

- Strongly and harmoniously enforce the legal documents related to the AIDS response and put them into practice by all sectors and at all levels. Special attention should be paid to implementation of harm reduction interventions; development of legal documents related to health insurance for people living with HIV and further promotion of the initiated activities for the reduction of stigma and discrimination.
- To further increase access to prevention, treatment, care and support for all in need, including the residents of the education centres, detentions, prisons and other social sponsored centres, and finalise the development of the remaining plan of actions.
- To strengthen the National HIV/STI surveillance system and promote better use of available data for policy development and evaluation of achieved results in the national response, particularly at a provincial level.
- To provide sufficient numbers of qualified staff and provide capacity building opportunities for staff at all levels, especially for newly founded provincial AIDS centres, and especially in the areas of development, provision, management and coordination of HIV efforts at local levels.
- To enhance participation of civil society organizations and PLHIV, and make financial support, both from international and national agencies more accessible. Civil society organizations and PLHIV need to be further involved in programme and policy development, implementation, and monitoring and evaluation of the HIV programmes, as well as in decision-making processes. This includes the greater involvement of PLHIV (GIPA) through the creation and strengthening of organizations of people living with HIV.
- To continue increasing HIV funding from the government and mobilize contributions from the local authorities, business companies, the private sector and the community. It is recommended that the Government increase the central Government budget from AIDS programmes to 16.6 million USD in 2008 and 18.8 million USD in 2009 in order to reach the overall objective of National Strategic Plan by the year of 2010.

VII. MONITORING AND EVALUATION ENVIRONMENT

1. Overview of the Current HIV/AIDS Monitoring and Evaluation System in Viet Nam

The national HIV surveillance system was established in 1987. The first HIV case was reported in Viet Nam in 1990. In addition to the established HIV case reporting system, in 1994 annual sentinel HIV surveillance began in 8 provinces, and expanded into 40 provinces by 2002 with samples collected from FSWs, IDUs, ANC attendees and national military recruits. In 2005-2006, with support from international partners, the MOH, through FHI, conducted the first community-based integrated HIV bio-behavioral surveillance (IBBS) in 7 provinces. IBBS will be repeated in 2008 and 2010 to obtain trends in HIV/STI risk behaviors and intervention exposure among IDUs, FSWs, and MSM.

Building on existing efforts, and in line with the adoption of the ‘Three Ones’ architecture by Viet Nam, in January 2007 the MOH approved the National HIV Monitoring and Evaluation System that aims to:

- Guide programme implementation and monitoring of the HIV epidemic in Viet Nam;
- Strengthen the evidence base for effective HIV policies;
- Promote the effective use of monitoring and evaluation for improving HIV programme development and quality reporting and performance at all levels;
- Ensure accountability for the use of resources;
- Incorporate the collection of data necessary to track progress against the UNGASS targets and MDGs;
- Guide the collection of strategic information from multiple sources;
- Help identify the gaps in currently available information, and take steps to fill them; and
- Encourage the effective use of data for advocacy purposes.

The Organizational structure of the HIV/ AIDS Monitoring and Evaluation System in Viet Nam is based on an existing four level HIV system:

- At Central Level: the National M & E Unit is located in the Ministry of Health (the HIV/AIDS/STI Surveillance Unit, Viet Nam Administration for AIDS Control, VAAC)
- At Regional Level: 4 regional M & E units are located in the Regional HIV and AIDS Steering Committees:
 - The Northern M & E Unit is located at the Northern HIV and AIDS Steering Committee (National Institute for Hygiene and Epidemiology- NIHE) and is responsible for the HIV epidemic monitoring and evaluation in 29 Northern cities/provinces.
 - The Central Regional M & E Unit is located at the Central HIV and AIDS Steering Committee (Pasteur Nha Trang) and is responsible for HIV epidemic monitoring and evaluation in 11 Central cities/provinces.
 - The Southern Regional M & E Unit is located at the Southern HIV and AIDS Steering Committee (Pasteur Ho Chi Minh City) and is responsible for the HIV epidemic monitoring and evaluation in 20 Southern cities/provinces.
 - The Tay Nguyen Central Highland M & E Unit is located at the Tay Nguyen Central Highland HIV and AIDS Steering Committee (Pasteur Tay Nguyen) and is responsible

for the HIV epidemic monitoring and evaluation in 4 Tay Nguyen Central Highland Central cities/provinces.

HIV/AIDS M & E Units are located in the HIV/AIDS/STI Surveillance Department of the Provincial AIDS Centres and report to the central government. Every District Preventive Medicine Centre has at least one to two staff working on HIV M & E.

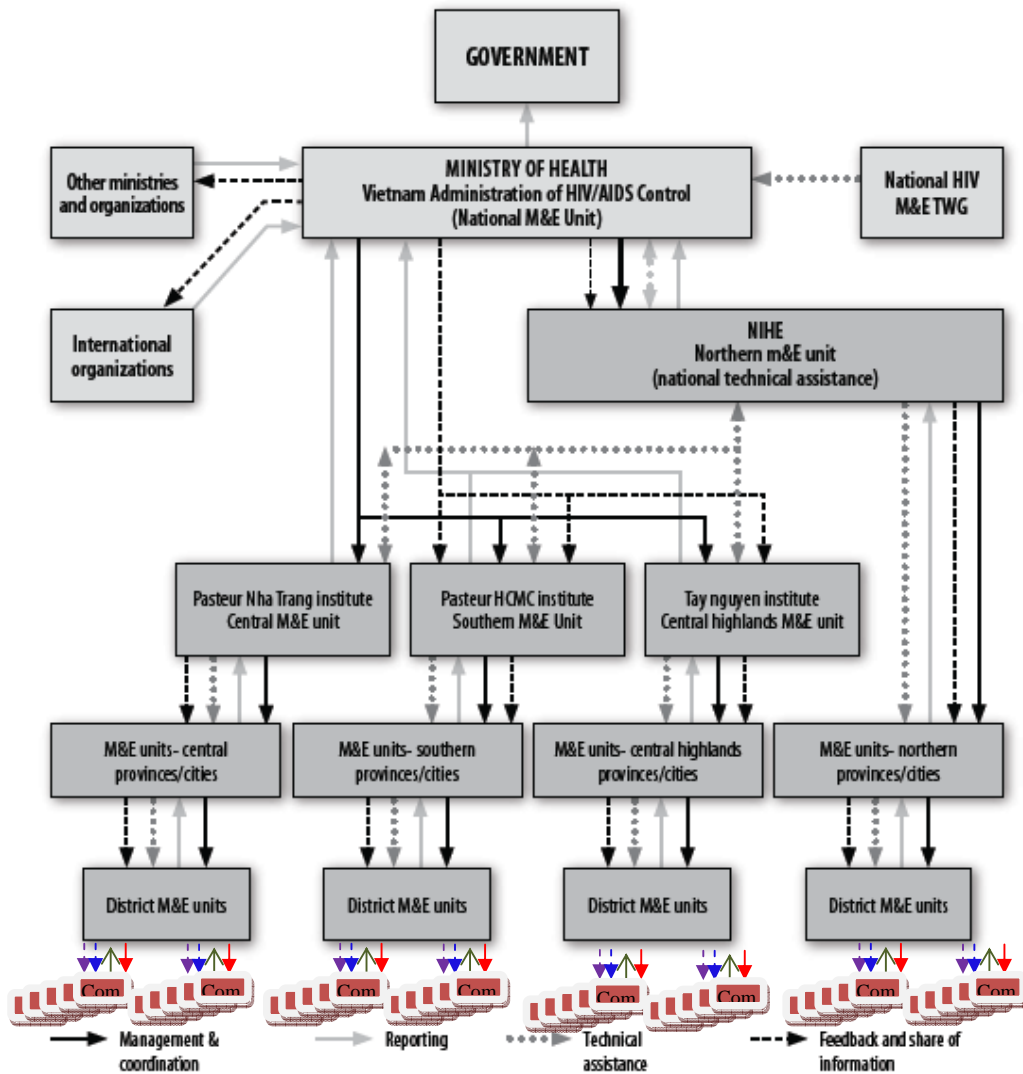
In addition to the M&E Unit in VAAC responsible for the day to day technical assistance for planning and implementation of the national M&E system, a National HIV M&E Technical Working Group consists of members from different national and international partners (representatives of universities, experts from national institutions, UNAIDS, WHO, UNICEF, CDC, USAID, FHI and others) and also provides inputs and advice for better implementation of the M&E Framework.

2. The Main Challenges of the M & E Programme

There are 4 main challenges encountered by the National M&E Programme in Viet Nam:

- The lack of a sufficient number of trained staff at all levels
- The lack of quality assurance systems for collection (especially at the community level) and analysis of data on HIV prevention, treatment, care and support for key populations at higher risk.
- The lack of sufficient and adequate use of M & E, which results in poor programme development, resource coordination and allocation. The data from HIV sentinel surveillance is currently that most often utilised. The IBBS data is mainly used at the Central level and by international organizations.
- The lack of sufficient financial support, especially for M & E activities at the provincial level (Provincial AIDS Centres M&E facilities are not equipped, and 12 cities/provinces out of 64 do not have the necessary laboratory equipments for HIV tests confirmation).

Figure 5: National M&E structure in Viet Nam



3. Remedial Actions

The actions needed to overcome the current challenges are clearly stated in the “National Programme of Action on HIV/AIDS Monitoring and Evaluation”³⁰. The priorities are:

- Consolidation of the HIV/AIDS M & E system and development of M & E Units at all levels.
- Development of National Guidelines on Technical Procedures for implementation of HIV/AIDS M & E programme;

³⁰ It is promulgated by the Health Minister’s Decision 08/2007/QĐ-BYT on 19th January 2007

- Finalisation of the system for data collection, reporting and HIV surveillance, management and implementation of the HIV/AIDS M & E programme;
- Improvement of the quality and coverage of the routine reporting systems at district, provincial, regional and national levels and the creation of a national M&E database;
- Development of a system for better use of data and raise awareness among all partners at national and local levels on how to use available data for programme planning, resource mobilisation and allocation;
- Provision of technical capacity building for staff working on M&E at all levels, especially in the areas of data collection, data analysis, data use and production of strategic information;
- Provision of necessary equipment and infrastructure;
- Promotion of international cooperation for improvement of the HIV/AIDS M & E programme; and
- Increase in available resources through allocation of at least 10% of the total budget of the HIV Programmes (including external funds) for M & E activities.

4. The Necessary Technical Support for the M & E Programme

The technical and financial support needed for overcoming the listed above challenges, has been specifically indicated in the “National Programme of Action on HIV/AIDS Monitoring and Evaluation” as follows:

- Provision of technical assistance for the development of National Guidelines on Technical Procedures for implementation of HIV/AIDS M & E programming;
- Technical and financial support for provision of basic equipment and infrastructure;
- Support for comprehensive technical training for staff working on M &E both at national and provincial levels;
- Support for design and organisation of specific HIV studies, including vaccine trials, resistance to ARV; effectiveness of ARV treatment, and national surveys, using the National M&E Indicators’ framework by the year of 2010.

annex

**CONSULTATION/PREPARATION PROCESS FOR THE NATIONAL REPORT ON
MONITORING THE FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS**

1. Which institutions/entities were responsible in filling out the indicators forms?

- | | |
|----------------------|-----|
| a) NAC or equivalent | Yes |
| b) NAP | No |
| c) Others | No |

2. With input from:

Ministries:

- | | |
|-------------------------------------|-----|
| Ministry of Education & Training | Yes |
| Ministry of Health | Yes |
| MOLISA | Yes |
| Ministry of Foreign Affairs | Yes |
| Ministry of Public Security | Yes |
| Ministry of Justice | Yes |
| Ministry of National Defence | Yes |
| Ministry of Planning and Investment | Yes |

Other institutions

- | | |
|--|-----|
| Central Women Union | Yes |
| Youth Union | Yes |
| Labor Union | Yes |
| Vietnam Red Cross | Yes |
| The Party's Central Commission of Ideology | Yes |
| Civil Society Organizations | Yes |
| People living with HIV | Yes |
| Private Sectors | Yes |
| UN Agencies | Yes |
| Bilateral and multilateral donors | Yes |
| International NGOs | Yes |

3. Was the report discussed in large forum? Yes

4. Are the survey stored centrally? Yes

5. Is the data available for public consultation? Yes

6. Name of National AIDS Committee Officer in charge of submitting report and reflecting questions relating to the report (If yes):

Name: Duong Quoc Trong,
Title: Director General of Administration of HIV/AIDS Control
Date: 31/1/2008

Signature:



Address: 135/3 Nui Truc, Ba Dinh, Hanoi, Vietnam
Email: duongquoctrongbyt@hn.vnn.vn
Tel: (84-4) 736.7127

NATIONAL COMPOSITE POLICY INDEX

Country: The Socialist Republic of Vietnam

Name of the National AIDS Committee Officer in Charge: Nguyen Quoc Trieu

Signature:



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E-mail: aidsmoh@vaac.gov.vn

Date to send report: 31/01/2008

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

PART A

I. Strategy Plan

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes <input checked="" type="checkbox"/>	Period covered: 2004-2010	N/A	No
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IF NO or N/A, briefly explain:

IF YES, complete questions 1.1 through 1.10; otherwise, go to question 2.

1.1. How long has the country had a multisectoral strategy/action framework?
Number of years: 04

1.2. Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Sectors included	Strategy/Action framework		Earmarked budget	
Health	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Education	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Labour	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Transportation	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Military	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Police	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Women	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Young people	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No
Other*: <i>[write in]Justice, Agriculture and Rural development, Vietnam Father Frontland, Labour Union, Red Cross Association, Farmer Association, Functional Departmentst of Communist Party, Social issues Committee of National Assembly...</i>	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No

IF NO *earmarked budget*, how is the money allocated?

1.3. Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

<p>Target populations</p> <p>a. Women and girls</p> <p>b. Young women/young men</p> <p>c. Specific vulnerable sub- populations¹⁵</p> <p>d. Orphans and other vulnerable children</p>	<p>a. Yes <input checked="" type="checkbox"/> No</p> <p>b. Yes <input checked="" type="checkbox"/> No</p> <p>c. Yes <input checked="" type="checkbox"/> No</p> <p>d. Yes <input checked="" type="checkbox"/> No</p>
<p>Settings</p> <p>e. Workplace</p> <p>f. Schools</p> <p>g. Prisons</p>	<p>e. Yes <input checked="" type="checkbox"/> No</p> <p>f. Yes <input checked="" type="checkbox"/> No</p> <p>g. Yes <input checked="" type="checkbox"/> No</p>
<p>Cross-cutting issues</p> <p>h. HIV, AIDS and poverty</p> <p>i. Human rights protection</p> <p>j. PLHIV involvement</p> <p>k. Addressing stigma and discrimination</p> <p>l. Gender empowerment and/or gender equality</p>	<p>h. Yes <input checked="" type="checkbox"/> No</p> <p>i. Yes <input checked="" type="checkbox"/> No</p> <p>j. Yes <input checked="" type="checkbox"/> No</p> <p>k. Yes <input checked="" type="checkbox"/> No</p> <p>l. Yes <input checked="" type="checkbox"/> No</p>

1.4. Were target populations identified through a process of a needs assessment or needs analysis?

Yes No

IF YES, when was this needs assessment /analysis conducted? Year:
: 2001-2003

IF NO, how were target populations identified?

1.5. What are the target populations in the country? *[write in]*

- Injecting Drug Users (IDU)
- Female Sex Workers (FSW)
- Men who have sex with men (MSM)

- Migrant workers/mobile population
- People living with HIV
- STIs' patients
- Pregnant women
- Young people

1.6. Does the multisectoral strategy/action framework include an operational plan?

Yes <input checked="" type="checkbox"/>	No
---	----

1.7. Does the multisectoral strategy/action framework or operational plan include:

- a. Formal programme goals?
- b. Clear targets and/or milestones?
- c. Detailed budget of costs per programmatic area?
- d. Indications of funding sources?
- e. Monitoring and Evaluation framework?

Yes <input checked="" type="checkbox"/>	No
Yes <input checked="" type="checkbox"/>	No
Yes <input checked="" type="checkbox"/>	No
Yes <input checked="" type="checkbox"/>	No
Yes <input checked="" type="checkbox"/>	No

1.8. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy/action framework?

Active involvement	Moderate involvement <input checked="" type="checkbox"/>	No involvement
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IF active involvement, briefly explain how this was done:

IF NO or MODERATE involvement, briefly explain:

Civil Society organisations mainly founded and operate in urban areas, with small scale activities. Hence only in certain areas (harm reduction, M&E) civil society participated, but not through out the process of the framework development.

1.9. Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes <input checked="" type="checkbox"/>	No
---	----

1.10. Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners <input checked="" type="checkbox"/>	Yes, some partners	NO
---	--------------------	----

2. Has the country integrated HIV and AIDS into its general development plans such as: a) National Development Plans, b) Common Country Assessments/ United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, d) Sector Wide Approach?

Yes <input checked="" type="checkbox"/>	NO	N/A
---	----	-----

2.1. IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plan
- b) United Nation Development Assistance Framework
- c) Poverty Reduction Strategy
- d) Sector Wide Approach
- e) Other: Drug and Prostitution control and Children Protection

2.2. IF YES, which policy areas below are included in these development plans?

Policy Area	Development Plans				
	a)	b)	c)	d)	e)
HIV Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Treatment for opportunistic infections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Antiretroviral therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Care and support (including social security or other schemes)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
AIDS impact alleviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Reduction of gender inequalities as they relate To HIV prevention/treatment, care and/or support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Reduction of income inequalities as they relate To HIV prevention/ treatment, care and /or support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Reduction of stigma and discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Women's economic empowerment (e.g. access to credit, access to land, training)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Other: <i>[write in]</i>					

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

3.1. IF YES, to what extent has it informed resource allocation decisions (from low to high)?

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes <input checked="" type="checkbox"/>	No
---	----

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication	Yes <input checked="" type="checkbox"/>	No
Condom provision	Yes <input checked="" type="checkbox"/>	No
HIV testing and counselling*	Yes <input checked="" type="checkbox"/>	No
STI services	Yes <input checked="" type="checkbox"/>	No
Treatment	Yes <input checked="" type="checkbox"/>	No
Care and support	Yes <input checked="" type="checkbox"/>	No
Others: <i>[write in]</i>	Yes	No

* What is the approach taken to HIV testing and counselling? Is HIV testing voluntary or mandatory (e.g. at enrolment)? Briefly explain:

- The VCT services help the high risk populations realise the risks and benefits of the HIV tests
- Counselling and testing is voluntary, especially for most- at-risk populations. Moverover, according to the laws on HIV and AIDS prevention and control, there are listed occupations that require HIV testing in its recruitment process, e.g. the police, army

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006 ?

Yes No

5.1. Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes No

5.2. Have the estimates of the size of the main target population sub-groups been updated?

Yes No

5.3. Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy

Estimates and projected needs Estimates only NO

5.4. Is HIV and AIDS programme coverage being monitored?

Yes No

(a) *IF YES*, is coverage monitored by sex (male, female)?

Yes No

(b) *IF YES*, is coverage monitored by population sub-groups?

Yes No

IF YES, which population sub-group?

- Injecting drug Users (IDU)
- Female sex Workers (FSW)

- Men who have sex with men (MSM)
- STIs' patients
- Pregnant women
- Army recruits

(c) *IF YES*, is coverage monitored by geographical area?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

IF YES, at which level (provincial, district levels)?

- Province/Cities directly under central level
- Some of district/towns of identified provinces.

5.5. Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
---	-----------------------------

Overall, how would you rate *strategy planning efforts* in the HIV and AIDS programmes in 2007 and in 2005 ?

2007	Poor	0	1	2	3	4	5	6	7	8	9 <input checked="" type="checkbox"/>	10	Good
2005	Poor	0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9	10	Good

Comments on progress made since 2005:

- AIDS response system has been set up and consolidated from the central to local levels; the health care system has been improved
- An increasing number of people accessing the HIV prevention and ARV treatment services
- An International cooperation has been strengthened

II. Political support

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Prime Minister	Yes <input checked="" type="checkbox"/>	No
Other high officials	Yes <input checked="" type="checkbox"/>	No
Other officials at provincial/district levels	Yes <input checked="" type="checkbox"/>	No

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes <input checked="" type="checkbox"/>	No
---	----

IF NO, briefly explain:

2.1. IF YES, when was it created? Year:

- 1994: National Committee for HIV/AIDS response
- Nãm 2000: National Committee for AIDS control, drug and prostitution control

2.2. IF YES, who is the Chair: Deputy Prime Minister

2.3. IF YES, does it:

have terms of reference?	Yes <input checked="" type="checkbox"/>	No
have active Government leadership and participation?	Yes <input checked="" type="checkbox"/>	No
have a defined membership?	Yes <input checked="" type="checkbox"/>	No
include civil society representatives?	Yes <input checked="" type="checkbox"/>	No
IF YES, what percentage? [write in]	15%	
include people living with HIV?	Yes	No <input checked="" type="checkbox"/>
include the private sector?	Yes	No <input checked="" type="checkbox"/>
have an action plan?	Yes <input checked="" type="checkbox"/>	No
have a functional Secretariat?	Yes <input checked="" type="checkbox"/>	No
meet at least quarterly?	Yes <input checked="" type="checkbox"/>	No
review actions on policy decisions regularly?	Yes <input checked="" type="checkbox"/>	No
actively promote policy decisions?	Yes <input checked="" type="checkbox"/>	No
provide opportunity for civil society to influence decision-making?	Yes <input checked="" type="checkbox"/>	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes <input checked="" type="checkbox"/>	No

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes <input checked="" type="checkbox"/>	No
---	----

3.1.If Yes, does it include :

Terms of reference	Yes <input checked="" type="checkbox"/>	No
Defined membership	Yes <input checked="" type="checkbox"/>	No
Action plan	Yes <input checked="" type="checkbox"/>	No
Functional Secretariat	Yes <input checked="" type="checkbox"/>	No
Regular meetings	Yes <input checked="" type="checkbox"/>	No
	Frequency of meetings	

IF YES, what are the main achievements?

- Provision of consultative advice to the related policy development agencies on AIDS response (the HIV Law, the Party Directive 54/CT-TW, and the National Strategy)
- Acting as an advisory agency for the Government to lead and coordinate the national AIDS response.
- An increasingly effective management and coordination of AIDS response
- An improvement of capacities of the organizational structure, human resource and facilities for AIDS response
- Reduction of stigma and discrimination related to HIV

IF YES,What are the main challenges for the work of this body?

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year? < 25%

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services	Yes <input checked="" type="checkbox"/>	No
Technical guidance/materials	Yes <input checked="" type="checkbox"/>	No
Drugs/supplies procurement and distribution	Yes <input checked="" type="checkbox"/>	No
Coordination with other implementing partners	Yes <input checked="" type="checkbox"/>	No
Capacity-building	Yes <input checked="" type="checkbox"/>	No
Other: <i>[write in]</i>		

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes No

6.1. *IF YES*, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes No

6.2. IF YES, which policies and legislation were amended and when?

Policy/law	Year
List of careers that PLWHA cannot be worked	2006

Overall, how would you rate <i>strategy planning efforts</i> in the HIV and AIDS programmes											
2007	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10 <input checked="" type="checkbox"/>
2005	Poor										Good
0		1	2	3	4	5	6	7	8	9 <input checked="" type="checkbox"/>	10
<p><i>Comments on progress made since 2005:</i></p> <ul style="list-style-type: none"> - A finalization of the legal documents related to AIDS response - Consolidation and strengthening of the AIDS response system - Strengthening of the international cooperation 											

III. Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes <input checked="" type="checkbox"/>	NO	N/A
---	----	-----

1.1. *IF YES*, what key messages are explicitly promoted?

Be sexually abstinent	<input checked="" type="checkbox"/>
Delay sexual debut	
Be faithful	<input checked="" type="checkbox"/>
Reduce the number of sexual partners	<input checked="" type="checkbox"/>
Use condoms consistently	<input checked="" type="checkbox"/>
Engage in safe(r) sex	<input checked="" type="checkbox"/>
Avoid commercial sex	<input checked="" type="checkbox"/>
Abstain from injecting drugs	<input checked="" type="checkbox"/>
Use clean needles and syringes	<input checked="" type="checkbox"/>
Fight against violence against women	<input checked="" type="checkbox"/>
Greater acceptance and involvement of people living with HIV	<input checked="" type="checkbox"/>
Greater involvement of men in reproductive health programmes	<input checked="" type="checkbox"/>
Other: <i>[write in]</i>	

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the mass media?

Yes <input checked="" type="checkbox"/>	No
---	----

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes <input checked="" type="checkbox"/>	NO
---	----

2.1. Is HIV education part of the curriculum in?

Secondary schools?	Yes <input checked="" type="checkbox"/>	No
Upper-secondary schools?	Yes <input checked="" type="checkbox"/>	No
Teacher training?	Yes <input checked="" type="checkbox"/>	No

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes <input checked="" type="checkbox"/>	No
---	----

2.3. Does the country have an HIV education strategy for out-of-school young people?

Yes <input checked="" type="checkbox"/>	No
---	----

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for vulnerable sub-populations?

Yes <input checked="" type="checkbox"/>	No
---	----

IF No, briefly explain:

3.1. IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

	IDU	MSM	FSW	Clients of Sex workers	Prison inmates	Other sub-population
Targeted information on risk reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Stigma & discrimination reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Condom promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
HIV testing & counselling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Reproductive health, including STI prevention & treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Risk reduction (e.g. income generation)			<input checked="" type="checkbox"/>			
Drug substitution therapy	<input checked="" type="checkbox"/>					
Needle & syringe exchange	<input checked="" type="checkbox"/>					

Overall, how would you rate <i>policy efforts</i> in support of HIV prevention in 2007 and in 2005 ?												
2007		Poor									Good	
		0	1	2	3	4	5	6	7	8	9 <input checked="" type="checkbox"/>	10
2005		Poor									Good	
		0	1	2	3	4	5	6	7 <input checked="" type="checkbox"/>	8	9	10
<i>Comments on progress made since 2005:</i>												

4. Has the country identified the districts/provinces (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes No

IF NO, how are HIV prevention programmes being scaled-up??

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts/provinces in need?

HIV prevention programmes	The activity is available in		
	<i>all</i> districts/provinces in need	<i>all</i> districts/provinces in need	<i>all</i> districts/provinces in need
Blood safety	<input checked="" type="checkbox"/>		
Universal precautions in health care settings	<input checked="" type="checkbox"/>		
Prevention of mother-to-child transmission of HIV		<input checked="" type="checkbox"/>	
IEC on risk reduction	<input checked="" type="checkbox"/>		
IEC on stigma and discrimination reduction	<input checked="" type="checkbox"/>		
Condom promotion		<input checked="" type="checkbox"/>	
HIV testing & counselling	<input checked="" type="checkbox"/>		
Harm reduction for injecting drug users		<input checked="" type="checkbox"/>	
Intervention programmes for other high risk groups		<input checked="" type="checkbox"/>	
Reproductive health services including STIs prevention and treatment	<input checked="" type="checkbox"/>		
School-based AIDS education for young people		<input checked="" type="checkbox"/>	
Programmes for out-of-school young people			<input checked="" type="checkbox"/>
HIV prevention in the workplace			<input checked="" type="checkbox"/>
Other <i>[write in]</i>			

Overall, how would you rate the efforts in the implementation of HIV prevention programmes ?											
2007	Poor										Good
		0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9 10
2005	Poor										Good
		0	1	2	3	4	5	6	7 <input checked="" type="checkbox"/>	8	9 10
<i>Comments on progress made since 2005:</i>											

IV. Treatment, Care and Support

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes NO

1.1. *IF YES*, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes No

2. Has the country identified the districts/provinces (or equivalent geographical/ decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes No N/A

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts/provinces in need?

HIV treatment, care and support services	The service is available in		
	<i>all</i> districts/provinces in need	<i>most</i> districts/provinces in need	<i>some</i> districts/provinces in need
Antiretroviral therapy	<input checked="" type="checkbox"/>		
Nutritional care			<input checked="" type="checkbox"/>
Paediatric AIDS treatment	<input checked="" type="checkbox"/>		
Sexually transmitted infection management		<input checked="" type="checkbox"/>	
Psychosocial support for people living with HIV and their families		<input checked="" type="checkbox"/>	
Home-based care		<input checked="" type="checkbox"/>	
Palliative care and treatment of common HIV-related infections		<input checked="" type="checkbox"/>	
HIV testing and counselling for TB patients	<input checked="" type="checkbox"/>		
TB screening for HIV-infected people		<input checked="" type="checkbox"/>	
TB preventive therapy for HIV-infected people		<input checked="" type="checkbox"/>	
TB infection control in HIV treatment and care facilities		<input checked="" type="checkbox"/>	
Cotrimoxazole prophylaxis in HIV-infected people			<input checked="" type="checkbox"/>
Post-exposure prophylaxis (e.g. occupational exposures to HIV,	<input checked="" type="checkbox"/>		

rape)			
HIV treatment services in the workplace or treatment referral systems through the workplace			<input checked="" type="checkbox"/>
HIV care and support in the workplace (including alternative working arrangements)			<input checked="" type="checkbox"/>
Other programmes: <i>[write in]</i>			

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes <input checked="" type="checkbox"/>	No
---	----

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes <input checked="" type="checkbox"/>	No
---	----

4.1. *IF YES*, for which commodities?: *[write in]*

- ARV medicines

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

5.1. *IF YES*, is there an operational definition for OVC in the country?

Yes <input checked="" type="checkbox"/>	No
---	----

5.2. *IF YES*, does the country have a national action plan specifically for OVC?

Yes <input checked="" type="checkbox"/>	No
---	----

5.3. *IF YES*, does the country have an estimate of OVC being reached by existing interventions?

Yes	No <input checked="" type="checkbox"/>
-----	--

IF YES, what percentage of OVC is being reached?

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?												
2007	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
										<input checked="" type="checkbox"/>		
2005	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
										<input checked="" type="checkbox"/>		
<i>Comments on progress made since 2005:</i>												

V. Monitoring and Evaluation

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes <input checked="" type="checkbox"/>	Year covered:	In progress	No
---	---------------	-------------	----

1.1. *IF YES*, was the M&E plan endorsed by key partners in M&E?

Yes <input checked="" type="checkbox"/>	No
---	----

1.2. *IF YES*, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes <input checked="" type="checkbox"/>	No
---	----

1.3. *IF YES*, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners	Yes, most partners <input checked="" type="checkbox"/>	Yes, but only some partners	No
-------------------	--	-----------------------------	----

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy	Yes <input checked="" type="checkbox"/>	No
behavioural surveillance	Yes <input checked="" type="checkbox"/>	No
HIV surveillance	Yes <input checked="" type="checkbox"/>	No
a well-defined standardized set of indicators	Yes <input checked="" type="checkbox"/>	No
guidelines on tools for data collection	Yes <input checked="" type="checkbox"/>	No
a strategy for assessing quality and accuracy of data	Yes <input checked="" type="checkbox"/>	No
a data dissemination and use strategy	Yes <input checked="" type="checkbox"/>	No

3. Is there a budget for the M&E plan?

Yes <input checked="" type="checkbox"/>	Year covered: 2007	In progress	No
---	--------------------	-------------	----

However the budget doesn't meet the demand

3.1. *IF YES*, has funding been secured?

Yes <input checked="" type="checkbox"/>	No
---	----

4. Is there a functional M&E Unit or Department?

Yes <input checked="" type="checkbox"/>	In progress	No
---	-------------	----

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

--

4.1. *IF YES*, is the M&E Unit/Department based

In the National AIDS Committee (or equivalent)	Yes	No
In the Ministry of Health	Yes <input checked="" type="checkbox"/>	No
Elsewhere		

4.2. IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

Number of permanent staff:		
Position: Manager	Full time: 2 Part time:	Since when 2005
Position: Technical	Full time: 3 Part time:	Since when 2005
Position:	Full time: Part time:	Since when?
Position:	Full time: Part time:	Since when?

Number of temporary staff:	3 (full time)
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4.3. IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes <input checked="" type="checkbox"/>	No
---	----

IF YES, does this mechanism work? What are the major challenges?

The M & E system has been well functioned. However, it remains main challenges in insufficient technical staff, shortage of resources, facilities, equipment and budget as well

4.4. IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

Low						High
0	1	2	3	4 <input checked="" type="checkbox"/>	5	

5. Is there a M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No	Yes, but meets irregularly	Yes, meets regularly <input checked="" type="checkbox"/>
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IF YES, Date last meeting: *[write in]*: Dec 5, 2007

5.1. Does it include representation from civil society, including people living with HIV?

Yes	No <input checked="" type="checkbox"/>
-----	--

If Yes describe the role of civil society representatives and people living with HIV in the working group:

6. Does the M&E Unit/Department manage a central national database?

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

6.1. *IF YES*, what type is it? *[write in]*

- HIV case reporting and sentinel surveillance data are managed by info 2.1 program
- Monitoring are managed by excel and updated on quarterly basis.

6.2. *IF YES*, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes <input checked="" type="checkbox"/>	No
---	----

6.3. Is there a functional Health Information System?

National level	Yes <input checked="" type="checkbox"/>	No
Sub-National level IF YES, at what level(s)? (write in)	Yes <input checked="" type="checkbox"/>	No

6.4. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes <input checked="" type="checkbox"/>	No
---	----

7. To what extent is M&E data used in planning and implementation?

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

What are examples of data use?

- Mapping data on IDU and FSW are used for condom, needle and syringe supplies and plan for recruiting peer educators.
- The IBBS data is used for planning and implementing the harm reduction program in the PEPFAR supported provinces

What are main challenges of data use?

- Low quality of monitoring data that make application difficult

8. In the last year, was training in M&E conducted

At national level?	Yes <input checked="" type="checkbox"/>	No
IF YES, number of individuals trained (write in): 30		
At sub-national level?	Yes <input checked="" type="checkbox"/>	No
IF YES, number of individuals trained (write in): 515		
Including civil society?	Yes	No <input checked="" type="checkbox"/>
IF YES, number of individuals trained (write in):		

Overall, how would you rate the <i>M&E efforts</i> of the AIDS programme?												
2007	Poor											Good
		0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9	10
2005	Poor											Good
		0	1	2	3	4	5	6	7 <input checked="" type="checkbox"/>	8	9	10
<i>Comments on progress made since 2005:</i>												

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

PART B

I. Human rights

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes No

1.1. *IF YES, specify: [write in]*

- The Law on HIV/AIDS Prevention and Control
- The Decree 45/2005/ND-CP regulating penalty for administrative violations in health care sector
- The Decree 108/2007/ND-CP detailing the implementation of a number of articles of the Law on HIV/AIDS Prevention & Control

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations from getting HIV, AIDS?

Yes No

2.1. *IF YES, for which sub-populations?*

Women	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Young people	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IDU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
MSM	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sex Workers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Prison inmates	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Migrants/mobile populations	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other(write in): Children <input checked="" type="checkbox"/>		

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

- At national level, the Social Affairs Committee under the National Assembly is responsible for oversight the implementation of the laws.
- At provincial level, this responsibility is under the Social and Cultural Sub-committee, under the Provincial People's Council supervise the implementation of the laws. Legislation system (People's Procuracy and Court) undertakes the role of supervision and enforcement of implementation of the law and other legislation instructions. However, there is not a specific mechanism in place to enforce the implementation of the Laws and other legal regulations related to protection of the most- at- risk populations

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

- The Government Decree 108/2007/ND-CP regulates a number of articles of the Law on HIV/AIDS Prevention and Control
The Circular 29/2007/QD-TTg issued by Ministry of Labour, War-Invalids and Social Affairs (MOLISA)

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes <input checked="" type="checkbox"/>	NO
---	----

3.1. *IF YES*, for which sub-populations?

Women	Yes	No
Young people	Yes	No
IDU	Yes <input checked="" type="checkbox"/>	No
MSM	Yes	No
Sex Workers	Yes <input checked="" type="checkbox"/>	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No
Other (write in)		

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

Although the Law on HIV has been in effect, there are other laws which had been passed before, which contain certain articles that are contradictory with the new law:

- Article 3, 2000 Law on Prevention and Control of Drug abuse: *“instigating, forcing, involving, inducing, hosting, assisting the illegal use of drug”, or “storage, trafficking, buying and selling the instruments to be used in the process of production, illegal use of drugs.*

Activities like distribution of needles and syringes, condoms can be regarded as breaking the laws. This creates difficulties for IDUs to access clean needles and syringes, for fear of being arrested, since the needle and syringe distribution for IDUs appears to be illegal. Some IDUs on ARV treatment also did not disclose their drug use status so the services providers were unable to support for treatment adherences and provide HIV prevention counseling. It might also hinder the use of methadone for treatment of drug addiction.

- The 2003 Ordinance on prevention and control of commercial sex work: *“availing oneself of business service to carry out commercial sex work” or ‘lending a hand to commercial sex work”*

Carrying condoms can possibly be regarded as evidence of commercial sex work. This creates difficulties in accessing to and providing HIV information and services for commercial sex workers.

- In addition, migrants are often not registered under the household registration system and therefore, have less access to services.
- In addition, access to certain HIV prevention, treatment and care services (including pre and post-test counselling and harm reduction interventions such as condoms, syringes and opiate substitution therapy) is prohibited in some mandatory detention and rehabilitation settings.
- The HIV Law gives priority for receiving ARV treatment to people who are actively participating in the AIDS response. In certain instances this makes it harder for people that are not actively involved to access ARV treatment.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes <input checked="" type="checkbox"/>	No
---	----

- The Law on HIV/AIDS Prevention and Control

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes <input checked="" type="checkbox"/>	No
---	----

IF YES, briefly describe this mechanism

The legal aid offices were established in Ho Chi Minh City and Hai Phong to support legal related needs and PLHIV rights.

6. Has the Government, through political and financial support, involved most- at-risk populations in governmental HIV-policy design and programme implementation?

Yes <input checked="" type="checkbox"/>	No
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IF YES, describe some examples

- There is financial support to most-at-risk populations, but only on a limited scale. Examples include Innovation Day during the World AIDS Day campaign, where small funds have been given to projects managed and implemented by PLHIV, or former IDUs.
- In some provinces, the Provincial AIDS Center supported the establishment of ,and provided seed funding to, self-help groups. However, almost all of the self-help groups and other most-at risk groups (i.e. MSM) have not received budget from the National HIV and AIDS Programme.
- Key populations at higher risk have participated in implementing a number of programs and projects, but not fully taken part in designing the programs. The National Strategy and Law on HIV/AIDS Prevention and Control encourages the participation from social organizations, community and people living with HIV .
- At policy design level, there are two PLHIV serving as members of the CCM and the sub-CCM of the GFATM on HIV. The consultations on the Law on HIV/AIDS Prevention and Control and the Programs of Action on Monitoring & Evaluation and Harm Reduction have included PLHIV and key populations at higher risk.

7. Does the country have a policy of free services for the following:

HIV prevention services	Yes <input checked="" type="checkbox"/>	No
Anti-retroviral treatment	Yes <input checked="" type="checkbox"/>	No
HIV-related care and support interventions	Yes <input checked="" type="checkbox"/>	No

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

- The Law on HIV stipulates that “*people who have been exposed to or infected with HIV due to occupational accidents, people who have been infected with HIV due to risks of medical techniques, HIV infected pregnant women and HIV infected under-six children shall be provided ARV free-of-charge by the State*”.
- In the National Strategy on HIV prevention and control, free services are not mentioned regarding prevention and care and support. However, with the increasing involvement of donor funded activities, free services in all 3 major areas are provided in provinces covered by these projects. Actions are taken to improve services:
 - +) Implementation level: Under the umbrella of the Three Ones, Provincial AIDS Committees are strengthening provincial coordination to increase access to prevention, treatment, care and support.
 - +) ARV: Scale up access to ARV treatment through PEPFAR, Global Fund and Ester;
 - +) Care & Support: Through Viet Nam Women’s Union Empathy Club, Self-help groups
- Increase National Budget for HIV and AIDs prevention and control, especially for HIV preventive services, ARV treatment, and HIV related care and supports.
- Mobilise international supports.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes <input checked="" type="checkbox"/>	NO
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9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes <input checked="" type="checkbox"/>	No
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9.1. Are there differences in approaches for different most-at-risk populations?

Yes <input checked="" type="checkbox"/>	NO
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IF YES, briefly explain the differences:

It is mentioned in the law on HIV that harm reduction interventions carried out among most at risk populations should be suitable to their social-economic conditions. Different approaches are used for different target groups: IDUs, CSWs, mobile population, MSM. Examples include peer education, drop-in centres, outreach activities, mobile clinics, etc.

- The IDU groups are distributing needles and syringes, and FSWs groups are providing condoms
- As same sex relationships are not considered illegal, outreach services to MSM are, to some extent, easier than reaching IDU and FSW populations. There is no threat of being arrested, therefore, several self help groups of MSM have been established to exchange information and link with the other groups and service providers.

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes <input checked="" type="checkbox"/>	No
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11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes <input checked="" type="checkbox"/>	No
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11.1. *IF YES*, does the ethical review committee include representatives of civil society and people living with HIV?

Yes	No <input checked="" type="checkbox"/>
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IF YES, describe the effectiveness of this review committee

- The issuance of the Ministry of Health Decision 3353/QĐ-BYT on 13 September 2005 signed by the Health Minister on establishment of ethical review committee in clinical testing in human beings
- The Research Institutes, Universities and some local facilities have Committees on ethical review for medical research.
- However, none of the Committees include People living with HIV.

12. Does the country have the following human rights monitoring and enforcement mechanisms?

Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watch-dogs, and ombudspersons which consider HIV-related issues within their work	Yes <input checked="" type="checkbox"/>	No
Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment	Yes	No <input checked="" type="checkbox"/>
Performance indicators or benchmarks for a) compliance with human rights standards in the context of HIV efforts	Yes	No <input checked="" type="checkbox"/>
b) reduction of HIV-related stigma and discrimination	Yes <input checked="" type="checkbox"/>	No

IF YES, on any of the above questions, describe some examples:

- The National HIV M & E Framework includes an indicator to measure attitudes to HIV and stigma and discrimination.
- The Human Rights Research Centre of Ho Chi Minh Political Academy often participates in studies, assessments, workshops, seminars and forums on HIV/AIDS

13. Have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes <input checked="" type="checkbox"/>	No
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14. Are the following legal support services available in the country?

- Legal aid systems for HIV and AIDS casework	Yes <input checked="" type="checkbox"/>	No
- Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV	Yes <input checked="" type="checkbox"/>	No
Programmes to educate, raise awareness among people living with HIV concerning their rights - Legal support offices - Legal counselling hotline	Yes <input checked="" type="checkbox"/>	No

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes <input checked="" type="checkbox"/>	No
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IF YES, what types of programmes?

Media	Yes <input checked="" type="checkbox"/>	No
School education	Yes <input checked="" type="checkbox"/>	No
Personalities regularly speaking out	Yes <input checked="" type="checkbox"/>	No
Other (write in): HIV programme at workplace <input checked="" type="checkbox"/>		

Overall, how would you rate the <i>policies, laws and regulations</i> in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005 ?											
2007	Poor										Good
	0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9	10
2005	Poor										Good
	0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9	10
<i>Comments on progress made since 2005:</i>											
<i>Comments on progress made since 2005:</i>											
Progress has been made with the promulgation of the new Law on HIV/AIDS (2006) and the accompanying decree 108 (2007). These address stigma and discrimination towards PLHIV and clearly stipulate the rights and responsibilities of PLHIV. It also contains more comprehensive provisions prohibiting specific types of discriminatory behaviour in the health, employment and education sectors. The Law is an important step forward for Viet Nam and the Decree with guidelines for implementing this Law is a critical document. In particular the expanded scope for harm reduction activities is a major improvement.											
There is a concern that the following issues are not addressed in the Decree:											
1. Issues relating to confidentiality of HIV test results, particularly in closed settings.											
2. The protection against discrimination in the employment sector specifically allows for mandatory testing of recruits in certain occupations, hence the protection in this sector is not universal.											

Another positive development is the promulgation of Decree 67 on support policies for social protection beneficiaries which provide subsidies to families of children living with HIV (in 2007)

Overall, how would you rate the *effort to enforce* the existing policies, laws and regulations in 2007 and in 2005 ?

2007	Poor											Good	
		0	1	2	3	4	5	6	7	8	9	10	
									<input checked="" type="checkbox"/>				
2005	Poor												Good
		0	1	2	3	4	5	6	7	8	9	10	
								<input checked="" type="checkbox"/>					

Comments on progress made since 2005:

After the issuance of the HIV laws, the dissemination and advocacy for this laws and other related legal documents have been carried on. This leads to changes of awareness among policy makers, law enforcement staff and general population.

Despite improvements in laws and policies, there is a concern that decree 108 does not contain comprehensive guidance on the implementation of the Law. In particular, there is a concern that there are no remedies and penalties that are to flow from a breach of provisions of the Law. Without legal remedies for the violation of rights, and easily accessible avenues through which to pursue these, the Law will not have the desired impact.

II. Civil society participation

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts?)

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?

Low						High
0	1	2 <input checked="" type="checkbox"/>	3	4	5	

b. in the national budget?

Low						High
0	1	2 <input checked="" type="checkbox"/>	3	4	5	

4. Has the country included civil society in National review of the National Strategy Plan?

Yes	No <input checked="" type="checkbox"/>
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IF YES, when was the Review conducted? Year: [write in]

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

Low						High
0	1	2	3	4 <input checked="" type="checkbox"/>	5	

- | |
|---|
| <p>List of the organizations having participation from civil society organizations:</p> <ul style="list-style-type: none"> - The self-help groups of people living with HIV (at present there are over 75 groups nationwide) - The MSM self-help groups (in Hanoi, Hai Phong, Nha Trang, Ho Chi Minh City and Can Tho) - The Religious based Groups and organizations (Buddhism, and Catholic groups) - The community voluntary groups (the Empathy Clubs, The Clubs of Mothers and Wives, the Clubs of Young Women, Child Sponsored Association, Parents of Children living with HIV groups...) - The non-governmental organizations (many of the NGOs working on the AIDS response) - The Mass-organizations, such as Women Union, Youth Union, , and the Fatherland Front.... - GFATM's CCM - Research institutions - Lawyers Association |
|---|

6. To what extent is civil society able to access?

a. adequate financial support to implement its HIV, AIDS activities?

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

b. adequate technical support to implement its HIV, AIDS activities?

Low						High
0	1	2	3 <input checked="" type="checkbox"/>	4	5	

Overall, how would you rate the efforts to increase <i>civil society participation</i> in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	6	7	8 <input checked="" type="checkbox"/>	9	10
2005	Poor										Good
	0	1	2	3	4	5	6	7 <input checked="" type="checkbox"/>	8	9	10
<p>The role of civil society has been recognized by the state in various national strategies and plans, including the National HIV/AIDS Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a vision to 2020 and the Social Economic Development Plan for 2006-2010(SEDPP). The new Law on HIV/AIDS Prevention and Control also recognizes and encourages the supportive activities of civil society organizations.</p> <p>Participation of civil society in policy development and in planning and review of program implementation is still limited. However, there is increasing awareness of the role civil society can play (esp. PLHIV and LNGOs) and subsequent space for their participation in the response to HIV.</p> <p>The work of national and international NGOs has been widely acknowledged. Some NGOs have collaborated with the Party, the National Assembly and Government agencies/ organisations to work on different interventions and policy advocacy for HIV prevention.</p>											

III. Prevention

1. Has the country identified the districts/provinces (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes No

IF NO, how are HIV prevention programmes being scaled-up?:

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts/provinces in need?

HIV prevention programmes	Activities are in:		
	All districts/provinces	Most of districts/provinces	Some of districts/provinces
Blood safety	<input checked="" type="checkbox"/>		
Universal precautions in health care settings	<input checked="" type="checkbox"/>		
Prevention of mother-to-child transmission of HIV		<input checked="" type="checkbox"/>	
IEC on risk reduction	<input checked="" type="checkbox"/>		
IEC on stigma and discrimination reduction	<input checked="" type="checkbox"/>		
Condom promotion	<input checked="" type="checkbox"/>		
HIV testing & counselling	<input checked="" type="checkbox"/>		
Harm reduction for injecting drug users		<input checked="" type="checkbox"/>	
Risk reduction for men who have sex with men			<input checked="" type="checkbox"/>
Risk reduction for sex workers		<input checked="" type="checkbox"/>	
Programmes for other most-at-risk populations		<input checked="" type="checkbox"/>	
Reproductive health services including STI prevention & treatment		<input checked="" type="checkbox"/>	
School-based AIDS education for young people	<input checked="" type="checkbox"/>		
Programmes for out-of-school young people			<input checked="" type="checkbox"/>
HIV prevention in the workplace		<input checked="" type="checkbox"/>	
Other Programme: For older people			

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2007 and in 2005 ?

2007	Poor											Good	
		0	1	2	3	4	5	6	7	8	9	10	
										<input checked="" type="checkbox"/>			
2005	Poor												Good
		0	1	2	3	4	5	6	7	8	9	10	
									<input checked="" type="checkbox"/>				

Comments on progress made since 2005:

In comparison with 2005, HIV prevention services have been scaled up and improved in 2007. In particular, the work of community outreach and distributions of needle and syringe among IDU population and condoms for FSWs has gone beyond the piloted scale and started expanding.

With technical and financial assistance, Viet Nam possesses the ability to further scale up comprehensive interventions in a targeted and effective manner. Significant donor funding has been made available to implement effective HIV services (although continued effort is needed to fill the still large gap of funding).

Harm reduction services targeting key populations at higher risk (IDUs, FSWs and MSM) have, until recently, faced legal impediments which resulted in limitations both to delivering services and expanding coverage. The approval of the HIV Law and the associated Decree No.108 in 2007 provides a legal framework for delivering an effective and comprehensive package of harm reduction services for IDUs, FSWs and MSM. As a result, a comprehensive range of HIV services including needle and syringe programs and methadone maintenance therapy can now be implemented and expanded

HIV prevention through IEC and BCC for the general population is carried out on a widespread basis through mass media, IEC materials and BCC interventions, and through individual programmes and projects. National IEC/BCC has resulted in high awareness of HIV but little change in risk behaviours.

The National Programme of Action for Prevention of mother-to-child-transmission of HIV (PMTCT) was approved in 2006. PMTCT operational guidelines and a scaling up plan are being formulated at present.

Voluntary HIV counselling and testing (VCT) is a priority activity in the National HIV Strategy. MOH, in partnership with PEPFAR, Global Fund, MSI and the World Bank, has established some VCT capability in 50 of Viet Nam's 64 provinces, giving priority to high-prevalence regions. National Guidelines on VCT have been developed.

In April 2007, MOET launched the "action programme on reproductive health and HIV prevention education for secondary school students (2007-2010)". This programme builds on a policy framework that addresses gender sensitive HIV education for young people.

However, human resource constraints must be addressed, in addition to issues concerning stigma and discrimination in the health care and community settings. Other challenges include:

- Most of the national programs of action have not been well costed and practical normative guidance are yet to be available in many technical areas
- Many HIV services are fragmented and uncoordinated largely due to project oriented nature of the national program
- Current HIV/STI surveillance system needs to be strengthened and data collected need to be better used for planning and monitoring the results of the response, particularly at provincial level