

Viet Nam

Overview:

Health and HIV situation

It is estimated that there were 293,000 people living with HIV in Viet Nam in 2007.²¹⁰ The national HIV prevalence among the general population is estimated at 0.53%.²¹¹ Cumulative reported data has indicated that there were 132,628 HIV infection cases, 26,828 AIDS cases and 15,007 deaths due to AIDS as of 31 August 2007.²¹² Out of all reported HIV infection cases, 78.9% are in the 20-39 age group and 85.2% were among men.²¹³ There are concerns that HIV infections among young people are on the rise as well as HIV transmission through heterosexual contact.²¹⁴

Viet Nam currently experiences a concentrated epidemic with at-risk populations including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with (MSM).²¹⁵ The national HIV prevalence rate among IDUs has been estimated at 28.6%, and at 4.4% for FSWs.²¹⁶ In 2006, the HIV prevalence rate among MSM was 9.4% in Ha Noi and 5.3% in Ho Chi Minh City.²¹⁷

Studies show that IDUs have engaged in unprotected sex with different partners, including FSWs. Unprotected sex between IDUs and FSWs reached 55% in An Giang and 54.8% in Ho Chi Minh City.²¹⁸ The rate of condom use between street FSWs and their clients was low at 37%, and condom use among MSM remains also low.²¹⁹ There are concerns on the high rate of FSWs injecting drugs.

The Ministry of Health of Viet Nam has estimated that 72,970 people living with HIV will need to receive ARV treatment by 2010.²²⁰

National HIV programme and response

The first national strategy for Viet Nam's

response to HIV/AIDS, the *National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a Vision to 2020*, sets clear strategies and ambitious goals to control the spread of HIV. It uses a comprehensive set of prevention, care and treatment interventions, harm reduction programmes, and provisions for access to ARV treatment for people living with HIV/AIDS (PLWHA). High risk groups, such as injecting drug users and sex workers are the National Strategy's main targets.

The National Strategy's goals include: integrating HIV/AIDS prevention and control into local social economic development plans across the country; reaching out to people with HIV prevention activities in rural, urban and mountainous areas; implementing a comprehensive intervention programme to control HIV transmission from high-risk groups to the general population. It also ensures care and appropriate treatment for PLWHA so that 90% of HIV/AIDS adults, 100% HIV infected mothers, and 100% of HIV/AIDS infected or affected children receive appropriate care, treatment and counselling services. The strategy also aims to provide 70% of AIDS patients with ARV treatment and to improve the surveillance, monitoring and evaluation systems for HIV/AIDS prevention and control.²²¹

In addition, the condom promotion programme has been implemented in 314 out of 639 districts, in 58 provinces and cities and in Centres for Treatment, Education and Social Support for IDUs and sex workers.²²² In 2006, 228 sites provided VCT compared to 157 in 2005.²²³

However, major challenges remain in the national response to the epidemic. Legal regulations on HIV prevention

need to be harmonized and implemented by key sectors at all levels.²²⁴

In addition, human resources and programme management capacities remain to be strengthened and civil society organizations more involved in the national response to HIV.²²⁵

On HIV and mobility, the National Strategy aims to collaborate with neighbouring countries on HIV prevention and control²²⁶ and to expand intervention measures to mobile populations.²²⁷ In 2007, the Government Decision on *Cross-Border HIV/AIDS Prevention and Control* was approved and, like the other nine ASEAN Member Countries, Viet Nam signed the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers.

Viet Nam's Labor Law stipulates that Vietnamese employment agents should provide migrant workers with orientation prior to their departure. Mandatory tests including HIV testing are required as requested by receiving countries. No pre- or post-test counseling is ensured and breach of confidentiality of results remains an issue. Currently, there are 70 government-mandated hospitals that provide health testing and issue health certificates for migrants.²²⁸

Article 16 of the new Law on HIV/AIDS Prevention and Control, passed in 2006, addresses HIV prevention among migrants, spelling out government and private sector agencies responsible for HIV/AIDS prevention and propaganda work. These include People's Committees, accommodation and service establishment owners, medical quarantine offices, and employment agencies sending Vietnamese workers abroad.

Vietnamese migrant workers have almost no access to health information in destination countries, mainly due to language barriers and lack of infor-

mation. Migrants returning with HIV or TB face discrimination. No medical, social and financial services are in place to help them reintegrate. The issue of referral services for migrants who test HIV positive abroad still remains to be addressed.

Migration patterns

Viet Nam is a major sending country of migrant workers to South-East and East Asia with Malaysia and Taiwan the top destination countries. The Ministry of Labour, War Invalids and Social Affairs (MOLISA) estimates that 400,000 Vietnamese workers were abroad by mid 2006.²²⁹ There were 37,941 recorded migrant workers in Malaysia in 2006 compared to 24,605 in 2005, and 22,784 migrants employed in Taiwan in 2005 compared to 14,127 in 2006.²³⁰ To a lesser extent, Vietnamese migrant workers are employed in the Republic of Korea, Japan and in the Gulf countries.

Estimates from MOLISA refer to officially deployed migrant workers; however many have moved to bordering Cambodia, Lao PDR and China without going through official channels. Although there is lack of reliable data on the number of Vietnamese workers in Cambodia, it is estimated that at least there are 150,000 of them there. As in the Philippines, migration in Viet Nam is

considered a socioeconomic strategy to alleviate poverty. Recent estimates show that remittances from Vietnamese migrant workers amounted to USD 6.82 billion in 2006 and are expected to exceed USD 7.5 billion in 2008.²³¹

Viet Nam has become a source and destination country for trafficked men, women and children.²³² Women and children are trafficked to Cambodia, China, Thailand, Hong Kong, Macau, Malaysia, Taiwan, the United Kingdom and the Czech Republic for sexual exploitation.²³³ Vietnamese women and children may also be trafficked to Taiwan, China and the Republic of Korea.²³⁴ Although substantive information on its scope and health risks is lacking, the migration phenomenon of Vietnamese brides to the Republic of Korea and Taiwan raises trafficking, abuse and HIV vulnerability concerns.

Thousands of Vietnamese refugees are abroad and internal displacement remains an issue. UNHCR estimates that there were 374,000 Vietnamese refugees as of January 2007, one of the highest recorded worldwide.²³⁵

HIV response for migrant populations: Gaps and opportunities

HIV and mobility issues have been recognized in Viet Nam, but provisions

on pre-departure HIV prevention, care, treatment, support, counseling and VCT services for migrants and mobile populations are lacking. Migrants and mobile populations have been included in the National Strategy, but specific HIV interventions among this group remain to be developed. Greater national efforts to mainstream HIV/AIDS interventions among migrants and mobile populations are needed.

Quality pre-departure HIV information and prevention, counseling, and referral services remain to be put in place. Referral services for migrants, and provision of HIV prevention, care and treatment, are also needed for returning migrants.

As in the majority of ASEAN countries, expanding comprehensive gender-based data collection and surveillance systems on HIV infection rates and risk behaviours in migrants and mobile populations is an important precondition to strategically target this vulnerable group with effective HIV/AIDS programmes.

²¹⁰ UNGASS, *The Third Country Report on Following up the Implementation to the Declaration of Commitment on HIV/AIDS, Reporting period: January 2006-December 2007*, 2007 p. 6

²¹¹ Idem

²¹² Idem

²¹³ Idem

²¹⁴ Idem

²¹⁵ Idem

²¹⁶ Idem, p. 7

²¹⁷ Idem

²¹⁸ Idem

²¹⁹ Idem

²²⁰ Idem, p. 20

²²¹ Ministry of Health, *National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a Vision to 2020*, Viet Nam, p. 2-3

²²² UNGASS, p. 16

²²³ Idem, p. 18

²²⁴ Idem, p. 25

²²⁵ Idem

²²⁶ Ministry of Health, p. 71

²²⁷ Idem, p. 33

²²⁸ CARAM Asia, *State of Health of Migrants 2007, 2007*, p. 101

²²⁹ *Asian Migrant Yearbook 2004*, Asian Migrant Centre and Migrant Forum in Asia, p. 303

²³⁰ CARAM Asia, *State of Health of Migrants 2007, 2007*, p. 100

²³¹ Ministry of Foreign Affairs, Viet Nam, *Overseas Remittances Expected to Reach US\$7.5 Billion this Year*, New York Times, 2008

²³² US Department of State, *Trafficking in Persons Report 2007, 2007*, p. 207

²³³ Idem

²³⁴ Idem, p. 208

²³⁵ UNHCR, Viet Nam, *Key Indicators*