

HIV/AIDS: Reducing the Threat to Viet Nam's Economic Growth and Poverty Reduction

Statement of the Community of Concerned Partners

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Mid-Term CG Meeting 19 -21 June 2003, Sapa

Overview

Over the past two decades, Viet Nam has succeeded in promoting economic growth and reducing poverty. Now Viet Nam's achievements are under threat from the growing HIV/AIDS epidemic. If not rapidly contained, HIV/AIDS will spiral out of control with devastating socio-economic consequences.

HIV/AIDS is a development issue because the epidemic will be shaped by the course of social and economic progress in Viet Nam. HIV/AIDS presents a development challenge because in turn, it has the potential fundamentally to alter and possibly reverse this progress. The *Community of Concerned Partners* is united in its view that Viet Nam must urgently step up the fight against HIV/AIDS on all levels to contain this disease before it compromises the nation's future.

An emerging consensus exists in Viet Nam as to the priority concerns that must be addressed. (See the "Key Issues in Viet Nam's Fight Against HIV/AIDS"). And there are some hopeful signs, too. The *Community of Concerned Partners* is grateful for recent actions, including the Prime Minister's recent Directive on HIV/AIDS. We also note the generous support of an increasing number of donors.

But to meet fully its international commitments made under the framework of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), Viet Nam needs to forge an even broader national response to bring everyone into this fight. HIV/AIDS is now in every province in Viet Nam. Now the battle to prevent HIV and to provide care, treatment and support to those living with HIV/AIDS must also be taken to every province, and every community, in the country.

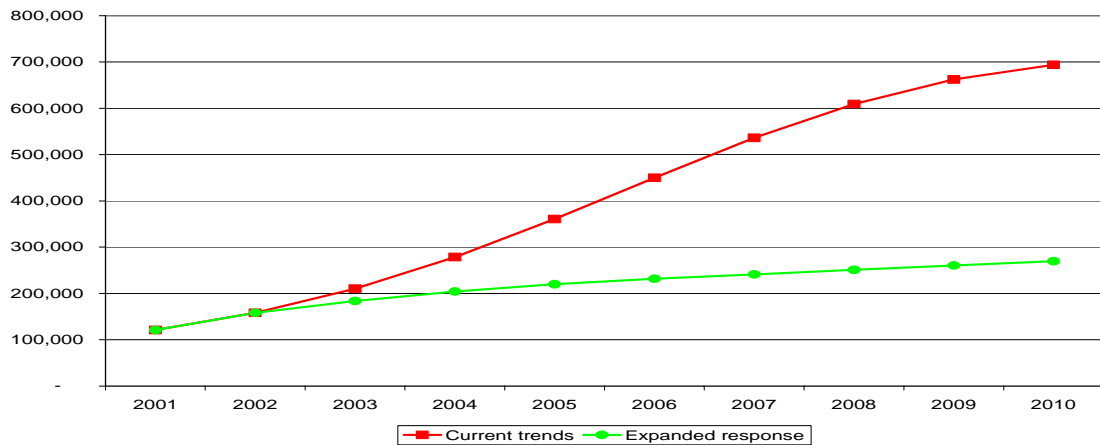
The *Community of Concerned Partners* regards immediate action as essential lest the virus takes a severe toll on human welfare throughout Viet Nam. A more concerted national response should focus on implementation and support interventions at the community level while drawing on best practices from Viet Nam and other countries. This broader response should ensure that non-health ministries and donors incorporate HIV/AIDS prevention into their existing sectoral work – starting now. This action will do much to protect Viet Nam's development and poverty reduction gains and ensure that the nation remains on the path to achieve the Millennium Development Goals.

Current Situation and the Need to Broaden the Response

The HIV/AIDS epidemic in Viet Nam is expanding, and moving into all communities. As of April 2003, Viet Nam had recorded 64,801. According to the Ministry of Health, the real rate of HIV infections, however, is at least in the range of 160,000, though many fear the figure to be far higher. Recent evidence suggests a rising rate of HIV infections among new military recruits, with 3.4% of Ho Chi Minh City conscripts in 2002 reported positive. So too, HIV surveillance at the end of 2002 reveals a rising rate of HIV infection among pregnant women visiting antenatal care clinics, with rates as high as 1.25% in Quang Ninh Province. Young men are already becoming infected with HIV, and passing on the infection to their wives and babies. These figures should raise the alarm for all of us – an expanded national response is needed now.

The graph below depicts future projections of the epidemic in Viet Nam, based on estimates determined by country representatives using the GOALS model (Regional GOALS Workshop, Bangkok, Thailand, December 2002). The “current trends” line assumes no significant expansion of current response efforts, whereas the “expanded response” assumes nearly full coverage of all prevention interventions. According to this estimate, an expanded response could avert more than 400,000 HIV infections in Viet Nam by 2010.

Number of People Living with HIV/AIDS



The Impact on HIV/AIDS on Development in Viet Nam

The *Community of Concerned Partners* is convinced that the response to the HIV epidemic must be broadened from a public health response to a response shaped by Viet Nam’s economic growth and poverty reduction goals. Donors and government officials from all sectors need to recognize that HIV is already having a negative effect upon their economic and social agendas. And this threat will grow unless they incorporate HIV policies and programs into their main agendas and activities.

This is the lesson of the HIV epidemic, in Viet Nam, and in neighboring countries. Although the health sector has provided good leadership, as the epidemic grows and expands, so must our response. In Asia, Thailand and Cambodia have shown that large-scale prevention programmes can reverse the growth of the epidemic. And both Thailand and Cambodia have succeeded by engaging the whole society in this battle, and ensuring that HIV will not threaten their national goals and development. In the

history of Viet Nam too, this lesson has been learnt many times – a threat to the whole nation must have a national response.

Box 1: Putting HIV/AIDS at the Center of Development

An important model, developed by JBIC in Cambodia, Laos and Thailand, requires the inclusion of HIV prevention activities within major infrastructure construction contracts funded as part of a JBIC loan. Such a requirement recognises that mobile populations such as construction workers are particularly vulnerable to HIV/AIDS infection. HIV/AIDS prevention activities need to be incorporated into all sectors of economic activity and development

The Farmer's Union collaborates with the National Committee for Population, Families and Children in 8 provinces on a national project to promote gender equality and male responsibility. Using existing staff and settings -- credit and savings groups, agricultural extension services, and rural mass media – Farmer's Union staff educate farm families in gender equality and increasing men's responsibility for women's and family health. In recent years, prevention, care and treatment for HIV/AIDS have become key topics.

Priority Actions Required

Viet Nam is embarking on developing its new National HIV/AIDS Strategy. This offers the best chance to engage all stakeholders – from government to the private sector, from adolescents to adults, mass organizations and civil society as well as people affected or infected by HIV/AIDS – into the fight.

Viet Nam has good experience in the formulation of national strategies, including such recent examples as the Safe Motherhood and Population Strategies. But the central point remains that a broad, participatory approach that learns from international experience will result in a National Strategy more likely to be effective. Against this background the *Community of Concerned Partners* urges special attention to the following critical concerns:

1. Mobilize leadership at all levels.

Viet Nam needs to hear from leaders in all sectors and listen to their ideas on how best to incorporate HIV/AIDS in a truly multi-sectoral fashion. As demonstrated by the Prime Minister, everyone, at all levels, must be involved. HIV/AIDS is not simply a health issue, it requires that all leaders in the Party and Government, senior officials and others at central and locals levels know and understand the potential impact of HIV/AIDS and the steps needed to prevent its spread and care and treat those infected.

2. Scale-up interventions already shown to be effective in Viet Nam

We have evidence of what works in Viet Nam, and these efforts are ready for scale-up for wider impact. These approaches include workplace peer education models, behavior change communication through peer education and mass media, harm reduction interventions, education and services for young people, and condom promotion and distribution. These interventions urgently need to be adopted by more government agencies and donors, for incorporation into ongoing programs in health and non-health settings and infrastructures.

Box 2: Success abounds...but will it be replicated?

HIV prevention can work. It requires a variety of interventions, focusing on the specifics of the target audience. In cities and provinces around the nation, pilot projects have tested appropriate approaches. There are many examples of success. What remains to happen is for the successful models to be scaled up and applied around the nation.

Sectors such as tourism and large economic development and infrastructure projects need sustained and special attention. Workplace prevention programs can succeed even for mobile populations like construction workers, as shown by ongoing interventions in Ho Chi Minh City. Peer education models for HIV prevention among construction workers, mostly young migrants who live at construction sites, have been tested. Both models improved knowledge and reported practice, and were sustainable in terms of cost and employer acceptance.

In other pilots the target audiences are Injecting Drug Users and sex workers who have learned about harm reduction and HIV prevention through peer education.

3. Eliminate Stigma and Discrimination against People Living with HIV/AIDS

We know that the problems of stigma and discrimination against people living with HIV/AIDS are growing. The problems of stigma and discrimination have been recognized in the Prime Minister's recent Directive on HIV/AIDS and now need to be incorporated in the National Strategic Plan.

Urgent action is needed to re-consider the "social evils" approach that contributes to stigma and discrimination and pushes vulnerable populations further "underground" where they do not have access to prevention, and cannot obtain treatment, care or support. Leadership is going to be especially critical in taking action on this problem.

Box 3: The Role of Media in Getting the Right Messages Out

Data available from USAID-funded research reveal that HIV-related stigma stems from fear of casual transmission and the linkages made in people's minds between HIV, injection drug use (and sex work) and 'social evils'. Clearly the media plays a central role in perpetuating stigma through conveying negative, inaccurate and incomplete messages about HIV itself, its modes of transmission (and risks to the public), and about the nature of the lives of people living with HIV/AIDS.

Prevention, care, treatment and support form a continuum of mutually reinforcing interventions. The health care sector needs to reinforce its important role in HIV programmes, and to strengthen its organizational capability to deal with HIV. This requires increasing capacity, including building clinical and nursing skills, and ensuring safety of health providers and those receiving such services. As HIV/AIDS care becomes more effective, stigma and discrimination will diminish in health facilities, families, and communities.

Box 4: Invest now in care and treatment

Investment now in HIV care and treatment will return dividends in the future. For example, Brazil, has guaranteed universal, free access to antiretroviral (ARV) medications since 1996. As a result, hospital admissions have dropped 80% from 1996 to 2000, and in the last six years, AIDS mortality rates have fallen by 50%. ARV therapy has saved Brazil an estimated USD \$1.1 billion in the 1996-2001 period, in health care costs, lost-work days, and other costs.

Conclusions

HIV/AIDS is a growing threat to Viet Nam – and specifically to the economic development and prosperity of the country. This makes it a problem of all of us. It is not a problem that can be solved by the government alone, the donors alone – nor by the health sector alone.

But it is a problem that together we can tackle. Viet Nam's own experience shows how to tackle a national crisis such as HIV/AIDS – by forging a national response, by ensuring that all participate in this response, and by demanding that leadership be shown by all levels.

So far, the major response to HIV has been by the health sector. This is fine if HIV were largely a health problem. But, this is not the case – so, our response cannot be so limited. We must expand the HIV response – and treat HIV as a development challenge. This means that agriculture, education, and infrastructure projects all include appropriate HIV components.

HIV/AIDS is a crisis in Viet Nam. But it is not yet a disaster – because we know what to do. An expanded national response and an active, vigorous partnership among the government, development partners, local leaders and communities can stop this crisis from becoming a disaster for Viet Nam.

The Community of Concerned Partners

The Community of Concerned Partners is a coalition of stakeholders in Viet Nam concerned with the growing threat HIV/AIDS poses to the people of Viet Nam and to the nation's development. It consists of Government agencies and mass organizations, local and international Non-Governmental Organizations (NGOs), foundations, bilateral and multilateral donors, United Nations agencies, people living with HIV/AIDS and other interested parties.

The goal of the Community of Concerned Partners is to engage with the Government and people of Viet Nam to support swift and decisive action to halt the spread of the HIV epidemic and to promote care and support for those living with HIV/AIDS.