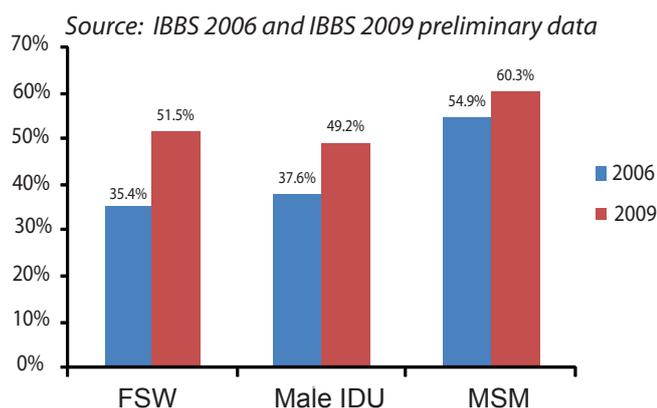




UNGASS 2010 FACTSHEET: PREVENTION

In 2008-2009, Viet Nam significantly scaled up its HIV prevention programs particularly harm reduction, voluntary counseling and testing and prevention of mother-to-child transmission activities. The improved HIV prevention knowledge among key populations at higher risk and the general population reflect this, as does the increase in access to services and the improvement of service quality.

Figure 1: Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS Indicator No. 14)

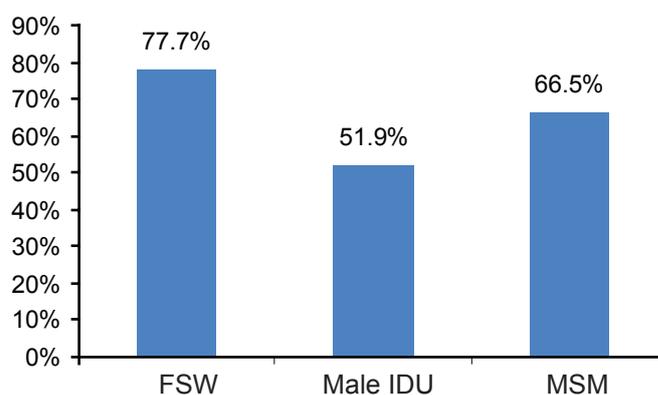


Harm reduction intervention programs

Viet Nam's policy and legislative environment supports the scaling up of comprehensive harm reduction interventions to reduce the HIV transmission associated with high-risk behaviors. These include the Needle and Syringe Program (NSP), Condom Use Program (CUP) and opioid substitution therapy (Methadone Maintenance Therapy, MMT)

- In 2008, 37 of 63 provinces carried out community outreach activities, 60 implemented NSP and 57 dispensed condoms free of charge¹.
- The number of needles/syringes distributed increased from 2 million in 2006 to 11 million in 2007, 22 million in 2008 and 24 million in 2009².

Figure 2: Condom use at last high-risk sex (UNGASS Indicators No. 18³, 19⁴, 21⁵).



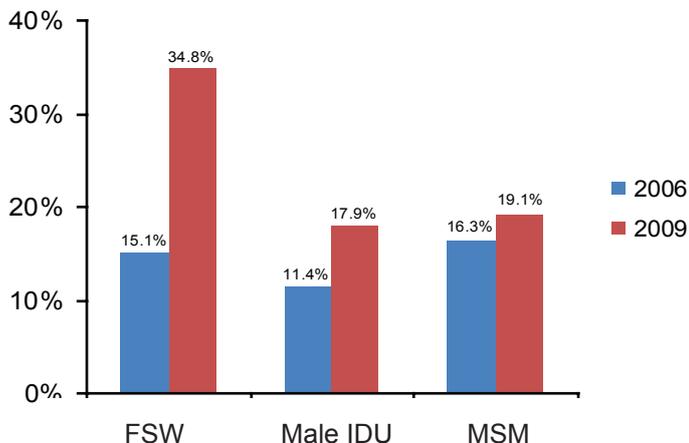
Source: IBBS 2009 preliminary data⁶

- By the end of 2009, the national pilot MMT Program in Ho Chi Minh City and Hai Phong had exceeded its initial target (1,500 people), providing services for 1,735 heroin-dependent clients in three districts in each city.
- After nine months of treatment, the adherence rate was 96.5% and clients reported positive behavior changes.

Voluntary HIV counseling and testing (VCT)

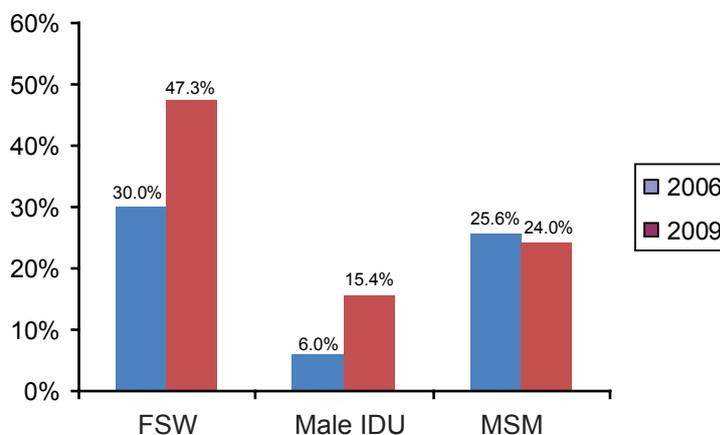
- The number of VCT sites increased from 157 in 2005 to 244 in 2008 and 256 in 2009⁷. The number of people tested for HIV increased from 200,469 in 2008 to 346,637 in 2009.

Figure 3: Percentage of most at risk populations that have received an HIV test in the last 12 months and who know the results (UNGASS Indicator No.8).



Source: IBBS 2006 and IBBS 2009 preliminary data

Figure 5: Percentage of most-at-risk populations reached with HIV prevention programs - received a condom/needle and syringe in the previous 12 months and know where to go for a HIV test (UNGASS Indicator No. 9)

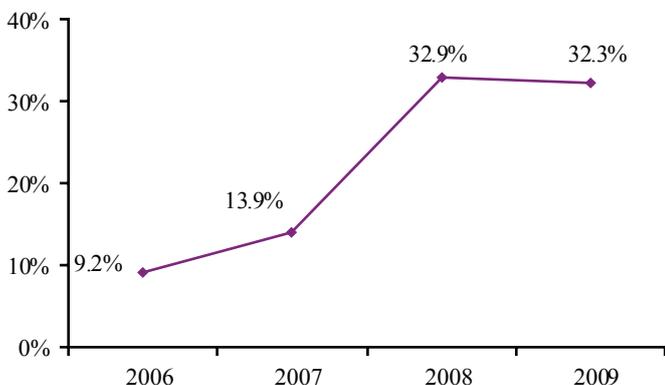


Source: IBBS 2006 and IBBS 2009 preliminary data

Prevention of mother to child transmission of HIV (PMTCT)

- The number of pregnant women who received HIV pre-test counseling effectively doubled, going from 351,625 in 2008 to 762,323 in 2009.
- The number of pregnant women tested for HIV and who know their results almost doubled, increasing from 249,278 in 2008 to 480,814 in 2009.⁸
- However, the majority of pregnant women received antenatal care at commune health stations where HIV testing was not available, thus only a quarter received an HIV test.

Figure 4: Percentage of HIV- positive pregnant women who receive ARV medicines to reduce the risk of mother-to-child transmission (UNGASS Indicator No. 5).



Source: D28 Routine reports. VAAC, 2009

Challenges

There are a number of remaining gaps in the national response which Viet Nam has identified and is starting to address:

- There has been progress in scaling up prevention services but sustained efforts are needed to ensure key populations at higher risk have sufficient access.
- Inconsistencies remain between public health measures to control drug use and sex work and public health messages to reach the populations engaged in these activities.
- HIV prevention services in prisons are almost non-existent and still very limited in 05/06 Centers.
- There is a need for HIV prevention services for the primary sexual partners of PLHIV and IDUs.^{10,11}
- Stigma and discrimination remains a significant barrier to accessing HIV prevention services.
- The sustainability of the response and the targeted allocation of resources is a challenge that requires urgent attention.
- In 2008, prevention accounted for 36% of AIDS spending. Of this, only 11% as funded by domestic resources.

Remedial Action

- The development of the next phase of the National HIV Strategy will provide an opportunity for Viet Nam to scale up efforts to ensure Universal Access to HIV prevention services for all in need and strengthen the national monitoring and evaluation system to ensure the provision and use of good quality data.
- Strengthen political commitment on HIV in order to improve the implementation of the current legal framework to tackle HIV-related stigma and discrimination and enhance the participation of civil society in the national response.
- Increase domestic funding and promote the targeted allocation of funds at both the national and provincial level to address the drivers of the epidemic: unsafe drug injection and unsafe sex work, and ensure the sustainability of the response.

Reference

- ¹ Report on HIV/AIDS Prevention and Control Programs in 2008. VAAC, 2009.
- ² Report on HIV/AIDS Prevention and Control Programs in 2009. VAAC, November 2009
- ³ Percentage of female and male sex workers reporting the use of a condom with their most recent client
- ⁴ Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
- ⁵ Percentage of injecting drug users who report the use of a condom at last sexual intercourse
- ⁶ The IBBS was conducted in 10 provinces for FSW and IDU, and 4 provinces for MSM), therefore the aggregated results do not always reflect the overall national situation.
- ⁷ Report on progress of MMT pilot program 2009. MOH, 2010
- ⁸ Report on HIV/AIDS Prevention and Control Programs in 2009. VAAC, November 2009
- ⁹ D28 Routine reports. VAAC, 2008-2009
- ¹⁰ Modeling indicates that service coverage has to reach at least 80% to achieve the level of behavior change needed to reverse HIV epidemics (Commission on AIDS in Asia).
- ¹¹ Female sexual partners of injection drug users in Viet Nam: an at-risk population in urgent need of HIV prevention services. Hammett T, Van N, Kling R, Binh K, Oanh K, 2010
- ¹² Sexual and Reproductive Health Needs of PLHIV in Viet Nam A SNAPSHOT (Workshop on linkage between Reproductive Health and HIV services. Hoa Binh, 18-19 November). Khuat Thi Hai Oanh, 2009