

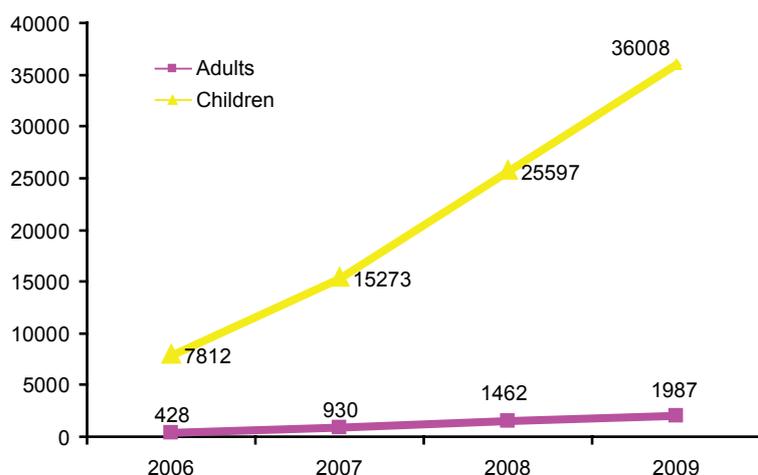


## UNGASS 2010 FACTSHEET: TREATMENT, CARE AND SUPPORT

In 2008-2009, there was a rapid expansion of the antiretroviral therapy (ART) program. People living with HIV consider ART scale up one of the national response's biggest achievements over the reporting period.<sup>1</sup>

- Adult ART coverage increased from an estimated 30% at the end of the 3rd quarter of 2007 to 45% in 2008 and 53.7% in 2009 (UNGASS Indicator No. 4).<sup>2</sup>

**Figure 1:** Number of adults and children on ART in Viet Nam from 2006 to 2009

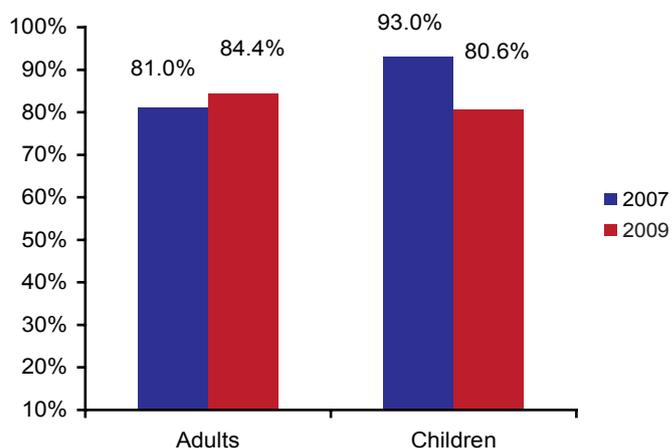


Source: Routine treatment program report. VAAC, 2009.

- There was a rapid scale-up and expansion of ART programs from 207 sites in 2008 to 288 sites in 2009, and included pediatric HIV services.
- There were 14 ART treatment sites at the national/central level, 125 sites at the provincial level and 149 sites at the district level.
- Spending on treatment and care increased substantially from 2007 to 2009 (from USD 26 million to USD 47 million) and was consistent with the increase in ART coverage during the same period.

- By 2009 there were fourteen 05/06 Centers providing ART under Global Fund Round 6 activities.
- Eighteen centers also received technical assistance to provide healthcare and counseling services to people living with HIV (PLHIV).<sup>3</sup>
- The quality of ART in Viet Nam also improved.

**Figure 2:** Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (UNGASS Indicator No. 24)



Source: VAAC Treatment Program report 2009

- During the reporting period, faith-based, mass and community organizations increased their provision of HIV care and support services.
- Civil society organizations provided an estimated 51-75% of community/home-based care services in 2008-2009 and implemented between 25-50% of services provided to orphans and vulnerable children.<sup>4</sup>

## CHALLENGES

- 05/06 Centers often lack both facility-based services and continuum-of-care to link drug users to community-based HIV treatment, care and support services.
- ART is not available in any prisons and only a few are providing TB treatment.
- The sustainability of the response and the targeted allocation of funds is a challenge that requires urgent attention.
- In 2008, 94% of treatment and care expenditures were covered by bilateral assistance. In contrast, the Government budget contributed only 1% of treatment and care expenditures.
- The estimated number of adults in need of ART treatment increased from 47,516 in 2007 to 67,047 in 2009.
- Should the new World Health Organization guidelines recommending the earlier initiation of treatment be implemented, there will be an increase in the number of people requiring ART.
- HIV treatment and care services rely on a large number of contract health workers. The majority of these positions are funded by project.
- The integration of HIV services into existing health service delivery systems such as sexually transmitted infections (STI), Tuberculosis and reproductive health is crucial to addressing this.
- Only 27.5% of people diagnosed with TB and estimated to be living with HIV received treatment for TB and HIV (UNGASS Indicator No. 6).<sup>5</sup>
- There is limited involvement of people living with HIV and other beneficiaries in the implementation of continuum of care. It is essential to strengthen local coordination mechanisms involving civil society.
- Migrants and mobile populations continue to experience difficulties accessing treatment and care as a result of their mobility, long work hours, the remote location of their work sites and their lack of official residency.

## Reference

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- <sup>1</sup> NCPI Part B (Annex 3). UNGASS, 2010.
- <sup>2</sup> Report of ARV Treatment Program. VAAC, 2009
- <sup>3</sup> Report on detoxification, rehabilitation and anti-prostitution in 2009 and key missions for 2010. MOLISA, 2010
- <sup>4</sup> NCPI Part B (Annex 3). UNGASS, 2010
- <sup>5</sup> D28 routine report, VAAC 2009