

**ACHIEVEMENTS AND  
SHORTCOMINGS OF NATIONAL  
AIDS PROGRAM**

## **ACHIEVEMENTS OF NATIONAL AIDS PROGRAM**

### **1. Organization HIV/AIDS prevention system**

- 1.1. In 1987, the AIDS Prevention Committee was established under the management of National Institute Hygiene and Epidemiology.
- 1.2. In 1990, the National AIDS Committee – Ministry of Health, was established and the Epidemic Preventive Department/MoH acted as a standing bureau.
- 1.3. In 1994, the National AIDS Committee was separated from MoH and put under supervision of the Deputy Prime Minister; MoH acted as the standing agency.
- 1.4. In 2000, the Government established the National Committee on AIDS, Drug and Prostitution Prevention and Control, chaired by the Deputy Prime Minister.
- 1.5. In 2003, the National AIDS Standing Bureau was merged with the Preventive Medicine Department to become the Preventive Medicine and HIV/AIDS Prevention General Department/MoH.



## **2. Guidance:**

- 2.1. On 11 March 1995, the Party's Central Committee issued a Directive on leading HIV/AIDS prevention and control.**
- 2.2. In May 1995, the Standing Committee of the IX National Assembly adopted an ordinance on HIV/AIDS prevention and control. In June 1996, the Government issued Decree No. 34/CP-ND.**
- 2.3. The Prime Minister recently signed Directive in Feb.2003 on strengthening HIV/AIDS prevention and control.**
- 2.4. 29 legal documents on the management, guidance of HIV/AIDS prevention and control have been issued.**



### **3. Information, Education, Communications activities:**

- Communication activities have been implemented through many avenues, are diverse and rich in content, and were successful in improving people's knowledge and understanding of HIV/AIDS prevention (According to the summary evaluation report in 2002, AIDS prevention communications have reached 28.7 million people)

### **4. Collaboration between Ministries, sectors, departments and organizations in HIV/AIDS prevention and control:**

- Ministries, sectors and mass organizations have actively participated in IEC/BCC programs in HIV/AIDS prevention. These activities have been tailored to the context of each sector.



## **5. Technical activities have been implemented in all sectors**

**5.1. HIV/AIDS surveillance: conducted in 61/61 provinces**

**5.2. Safe blood transfusion: 100% blood units screened**

**5.3. HIV/AIDS treatment: the treatment system was established and has come into operation**

**5.4. Mother-to-child prevention: provided prophylaxis treatment for 84.1% of HIV-infected reported pregnant women**

**5.5. STI prevention: provide medical check-up and treatment for more than 140,000 cases/ year.**

**5.6. Community-based management of AIDS patients: manage and provide counseling services for more than 75% of all cases.**

**5.7. International cooperation**

## MAJOR SHORTCOMINGS

### **1. Objectively:**

- 1.1. The biological basis of HIV infection: it is caused by a virus with many special biological characteristics (*variety in transmission routes, incubation period can be up to 15 years*);
- 1.2. Drug use and prostitution (*the most popular and shortest way leading to HIV/AIDS*) have been controlled but tend to expand and develop;
- 1.3. The nature of population movement and the more complicated migration situation;



## **2. Subjectively reasons and shortcomings:**

- 2.1. HIV/AIDS interventions have not strong enough and facing with difficulties and obstacles;**
- 2.2. Investment for AIDS program is limited and cannot meet the spread of the epidemic;**
- 2.3. A number of HIV/AIDS interventions such as condom promotion, exchange of syringes and needles are still maintained at pilot phases.**
- 2.4. Understanding and knowledge related to HIV/AIDS of officials and the mass population are limited and inadequate.**

