

March 17, 2004

**DECISION No. 36/2004/QD-TTg OF MARCH 17, 2004 APPROVING THE NATIONAL STRATEGY ON HIV/AIDS PREVENTION AND CONTROL IN VIETNAM TILL 2010 WITH A VISION TO 2020**

**THE PRIME MINISTER**

Pursuant to the December 25, 2001 Law on

*Organization of the Government,,*

Pursuant to *the June 30, 1989 Law on Protection of People'Health;*

Pursuant to *the May 31, 1995 Ordinance on HIV/AIDS Prevention and Control;*

Pursuant to *the Government's Decree No. 86/2002/ND-CP of November 5, 2002 defining the functions, tasks, powers and organiza tional structures of ministries and ministerial-level agencies;*

*At the proposal of the Minister of Health,*

**DECIDES:**

*Article 1.- To approve the National Strategy on HIV/AIDS Prevention and Control till 2010 with a vision to 2020 (enclosed herewith), with the following principal contents:*

**1. Viewpoints:**

*a/ HIV/AIDS is a dangerous epidemic, threatening people's health and life and the future generations of the nation. HIV/AIDS directly affects the country's economic and cultural development, social order and safety. Therefore, HIV/AIDS prevention and control must be considered a pivotal, urgent and long-term task that requires multisectoral coordination and intensified mobilization of the participation of the whole society;*

*b/ Investment in HIV/AIDS prevention and control means investment contributing to generating a sustainable development of the country, which would bring about both direct and indirect economic and social benefits. The State ensures the mobilization of all resources for HIWAIDS prevention and control from now to 2010 and after 2010 suitable to the country's social-economic development capability and conditions in each period.*

*c/ To fight stigma and discrimination against HIV/ A] DS-infected people, to increase the responsibilities of families and the society towards HIV/AIDS-infected people and the responsibilities of HIV/AIDS-infected people towards their families and the society;*

*d/ Vietnam commits to implement international agreements on HIV/AIDS prevention and control, which it has signed or acceded to. To ensure that the system of national laws on HIV/AIDS prevention and control conform to the principles of international laws;*

*e/ To promote the multilateral and bilateral cooperation and expand relations of cooperation with neighboring countries, other countries in the region and in the world on HIV/AIDS prevention and control;*

*f/ The priority activities of HIV/AIDS prevention and control in the coming time shall be:*

*- Intensifying behavioral change information, education and communication and collaborating with other related programs to prevent and reduce HIV/ AIDS transmission;*

*- Stepping up harm reduction intervention measures,*

*- Promoting counseling, care and treatment for HIV/AIDS-infected people;*

- Strengthening the program management, monitoring, supervision and evaluation capabilities.

## **2. Objectives of the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010:**

### *a/ Overall objective:*

*To control the HIV/AIDS prevalence rate among the general population to below 0.3% by 2010 and with no further increase after 2010; to reduce the adverse impacts of HIV/AIDS on social-economic development.*

### *b/ Specific objectives:*

*- 100% of units and localities across the country shall incorporate HIV/AIDS prevention and control activities as one of priority objectives into their socioeconomic development programs;*

*- To raise people's knowledge about prevention of HIV/AIDS transmission; 100% of people living in urban areas and 80% of people living in rural and mountainous areas shall be able to correctly understand and identify ways of preventing HIV/AIDS transmission;*

*- To control HIV/AIDS transmission from high-risk groups to the community through implementing comprehensive harm reduction intervention measures: all people with behaviors at HIV/AIDS infection risk shall be covered by intervention measures; 100% of safe injections and condom use when having risky sex;*

*- To ensure appropriate care and treatment for HIV/AIDS-infected people: 90% of HIV/AIDS-infected adults, 100% of HIV/AIDS-infected pregnant mothers, 100% of HIV/AIDS-infected or -affected children shall be managed and provided with appropriate treatment, care and counseling, and 70% of AIDS patients shall be treated with specific drugs;*

*- To perfect the management, monitoring, surveillance and evaluation systems for the HIV/AIDS prevention and control program: 100% of the provinces and cities shall be able to self-evaluate and self-project the situation of development of HIV/AIDS infection in their localities; 100% of HIV testing shall be compliant with the regulations on voluntary testing and counseling;*

*- To prevent HIV/AIDS transmission through medical services: ensuring 100% of blood units and products at all levels shall be screened for HIV before transfusion; 100% of health centers shall strictly follow the regulations on sterilization, disinfection for HIV/AIDS transmission prevention;*

## **3. Vision to 2020:**

*a/ To step up the HIV/AIDS prevention and control in the 2004-2010 period in order to gradually reduce the absolute number of new HIV/AIDS infections after 2010, and to alleviate the economic and social impacts of HIV/AIDS in the period after 2010;*

*b/ In the 2010-2020 period, our State shall continue to strengthen its direction and investment for, and promote the multisectoral coordination in, the HIV/AIDS prevention and control in order to reduce the impacts of the HIV/AIDS epidemic on socio-economic development;*

*c/ In the 2010-2020 period, the HIV/AIDS prevention and control program shall have to focus on settling the consequences of HIV/AIDS. Specific preventive measures with the use of HIV/AIDS vaccines and treatment drugs shall be applied widely.*

*The priorities of the HIV/AIDS prevention and control for the 2010-2020 period shall be:*

- Prevention with specific technical measures;*
- Care and treatment of HIV/AIDS-infected people;*
- Care of HIV/AIDS-affected people.*

## **4. Main solutions:**

### *a/ Group of social solutions:*

*- To enhance the leadership of the Party and the State over the HIV/AIDS prevention and control;*

*incorporate the HIV/AIDS prevention and control into the objectives of the social-economic development strategies of branches and localities;*

*- Local administrations at all levels should include the HIV/AIDS prevention and control into local socioeconomic development plans. To mobilize all people for HIV/AIDS prevention and control in order to step by step curb and repel HIV/AIDS;*

*- To develop the HIV/AIDS prevention and control program into a multisectoral and comprehensive program, with special attention being paid to effectively integrating drugs and prostitution prevention and control programs into HIV/AIDS transmission prevention; mobilize all*

*organizations and individuals to participate in HIV/ AIDS prevention and control activities; encourage social, religious, charity, non-governmental organizations, enterprises, community groups, HIV/ AIDS-infected people and their families to participate in HIV/AIDS prevention and control;*

*- To continue to perfect the legal framework, regimes and policies on HIV/AIDS prevention and control, which shall both respond to actual requirements and suit the national legal system's trend of integration into international laws on HIV/ AIDS prevention and control. To intensify the dissemination and education of law provisions on HIV/AIDS prevention and control, and organize the examination, inspection and monitoring of the implementation of such law provisions;*

*- To accelerate behavioral change information, education and communication among high-risk behavior groups; increase the quantity, quality, relevance, and effectiveness of information, education and communication activities. To build up a contingent of HIV/AIDS propagators in close association with the contingent of collaborators being village health workers and officials of various branches and mass organizations in the communes or wards. To assign concrete responsibilities for carrying out behavioral change information, education and communication activities to each ministry, branch or locality; incorporate the contents of HIV/AIDS transmission prevention and reproductive health education into the training curricula of universities, colleges, intermediate professional schools, vocational training and general education schools,*

*- To promote advocacy on the harm reduction intervention programs in order to create a favorable environment for implementing intervention measures. To implement synchronously the harm reduction intervention programs, including clean syringes and needles and condom use programs. To learn from international experiences to formulate and implement models on clean syringes and needles, condom use and other intervention programs in Vietnam;*

*- To build a system of comprehensive care and support for HIV/AIDS-infected people; promote the setting up of community-based care centers for infected people; increase the awareness and responsibilities of HIV/AIDS-infected people towards themselves, their families and community in order to prevent HIWAIDS transmission;*

*b/ Group of technical solutions:*

*- To strengthen the national HIV/AIDS surveillance system, build laboratories of national and international standards; expand the surveillance system step by step to the district level. To implement the (2nd generation) comprehensive surveillance system and step up the use of surveillance data in service of policymaking. To strengthen and improve the quality of HIV/AIDS voluntary counseling and testing activities;*

*- To strictly adhere to law provisions on safe blood transfusion and blood products; ensure 100% of the blood units be screened for HIV before being transfused; improve gradually the quality of HIV tests in screening blood; intensify advocacy and mobilization for, and sustain the development of humanitarian blood donation movements;*

*- To promote advocacy among people on ways of preventing HIV/AIDS transmission through medical and social services; provide equipment for sterilization and disinfection for medical establishments, especially at district and commune levels; guide and manage the prevention of HIV/ AIDS transmission through medical services in all private medical establishments.*

*- To increase accessibility to specific HIV/AIDS treatment drugs; develop a policy on access to these drugs; ensure a favorable mechanism for circulating and distributing these drugs. To ensure availability and accessibility of specific HIV/AIDS treatment drugs; encourage research into and application of traditional*

medicines in

supplementary treatment to HIV/AIDS patients:

- To raise the awareness of people in reproductive age on the risk of HIV/AIDS transmission and the possibility of mother-to-child transmission of HIV/AIDS, organize the prophylactic treatment to prevent mother-to-child HIV/AIDS transmission and to provide good care and treatment for HIV/AIDS-infected and -affected children;

- To establish a sexually transmitted infections surveillance network; provide testing equipment; promote diagnosis and treatment of sexually transmitted infections; step up training of health workers, integrate HIV/AIDS prevention and control activities with sexually transmitted infections prevention and control;

- To intensify coordination among scientific agencies and research institutions under the uniform coordination of the HIV/AIDS prevention and control organization. To support scientific research institutions and agencies for conducting researches, provide budgetary capital for such researches; promote technical exchanges and transfers as well as expert training between research establishments inside and outside the country. To evaluate the HIV/AIDS prevention and control program after 2 years' and 5 years' implementation;

c/ Group of solutions to resources and international cooperation:

- To enhance the capability of full-time personnel engaged in HIV/AIDS prevention and control, step up the decentralization of the program management, build an appropriate mechanism to promote the participation of organizations, community as well as infected people in planning HIV/AIDS prevention and control activities. In addition to the allocations from the central budget, the People's Committees at different levels shall have to take the initiative in allocating their local budgets for HIV/AIDS prevention and control;

- To encourage and adopt policies to the research into, and production of, assorted equipment, biologicals and medicaments to prevent and control HIV/AIDS, promote technique and technology transfer and promote investment;

- To gradually increase investment amounts to ensure sufficient funding for HIWAIDS prevention and control activities, promote the mobilization of support resources from other countries and international organizations as well as other funding sources inside and outside the country for the HIV/ AIDS prevention and control program. To allocate and efficiently use resources;

- To expand international cooperation on HIV/ AIDS prevention and control, consolidate the existing cooperative relations and at the same time seek new cooperation opportunities along the direction of multilateralizing and diversifying relations. To promote the national initiative in coordination, management and utilization of aid projects. To prioritize the cooperative projects involving capital support, technical support and modern technology transfer. To continue strongly committing and implementing all agreements and declarations which the Vietnamese state has signed or acceded to.

## **Article 2.- Action programs of the Strategy**

1. Behavioral Change Information, Education and Communication Program in HIV/AIDS prevention and control in coordination with the drug and prostitution prevention and control programs to prevent HIV/AIDS transmission.

2. HIWAIDS Harm Reduction Intervention and Transmission Prevention Program.

3. Care and Support for HIV/AIDS-Infected People Program.

4. HIV/AIDS Surveillance and Monitoring and Evaluation Program.

5. Access to HIV/AIDS Treatment Program.

6. Prevention of Mother-to-Child HIV/AIDS Transmission Program.

7. Sexually Transmitted Infections Management and Treatment Program

8. Blood Transfusion Safety Program.

## 9. HIV/AIDS Prevention and Control Capacity and International Cooperation Enhancing Program.

### **Article 3.- Organization of implementation**

1. The People's Committees of the provinces and centrally-run cities shall be responsible for directly directing and implementing the contents and action programs of the National Strategy on HIV/AIDS Prevention and Control from now till 2010 with a vision to 2020 in their respective localities. To develop and identify HIV/AIDS prevention and control objectives in the provincial/municipal socio-economic development plans. In addition to allocations from the central budget, the localities shall take the initiative in investing budgets, human resources, and material foundations for the HIWAIDS prevention and control program. To focus on directing the implementation of harm reduction intervention measures including clean syringes and needles and condom use programs to prevent HIV/AIDS transmission. To provide good care and treatment for HIV/AIDSinfected people~

2. The Ministry of Health shall be responsible for guiding the implementation of the National Strategy on HIV/AIDS Prevention and Control from now till 2010 with a vision to 2020; coordinating with other ministries and branches being members of the National Committee for HIWAIDS, Drug and Prostitution Prevention and Control and other concerned central agencies in directing and implementing the contents of the Strategy falling under the scope of their assigned tasks and powers.

The Ministry of Health shall direct HIV/AIDS prevention and control agencies at all levels within its service. The HIV/AIDS prevention and control agencies of the provinces or centrally-run cities shall have the responsibility to advise the presidents of the People's Committees of the same level in organizing the performance of specific tasks defined in the Strategy; to monitor and supervise such performance, organize periodical preliminary and final reviews and report on the performance results to the Ministry of Health for sum-up and reporting to the Prime Minister.

3. The Ministry of Culture and Information shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies, the provincial/municipal People's Committees, and Vietnam Fatherland Front in, directing the mass media at all levels to step up the behavioral change information, education and communication to prevent HIV/AIDS transmission nationwide. To focus on providing information for people in deep-lying areas, remote areas and areas hit with exceptional difficulties as well as groups of people with high-risk behaviors.

4. The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies and provincial/municipal People's Committees in, organizing the integration of the program on education of the HIV/AIDS prevention and control knowledge and skills into the training curricula of universities, colleges, intermediate professional schools, vocational training and general education schools, suitable to their students;

5. The Ministry of Labor, War Invalids and Social Affairs shall assume the prime responsibility for, and coordinate with the Ministry of Health, the Ministry of Finance and other concerned ministries and branches in, studying and formulating appropriate mechanisms and policies in service of HIV/AIDS prevention and control.

6. The Ministry of Planning and Investment and the Ministry of Finance shall be responsible for allocating and providing in time budgets for activities

of the HIV/AIDS prevention and control program according to the National Assembly's annual plans on budget allocation. To actively mobilize domestic and foreign financial funding sources for HIV/AIDS prevention and control.

7. Vietnam Television, the Radio Voice of Vietnam and Vietnam News Agency shall assume the prime responsibility for, and coordinate with other mass media agencies in, directing the local televisions and radio stations at all levels to broadcast information on HIV/AIDS prevention and care for HIV/AIDS-infected people as the regular content of their broadcasting programs. To develop HIWAIDS thematic programs or columns and take the initiative in allocating funds for developing and broadcasting programs on HIV/AIDS prevention and control.

8. The ministries and branches being members of the National Committee for HIWAIDS, Drug and Prostitution Prevention and Control, and the Government-attached agencies shall be responsible for actively working out and implementing their own HIV/AIDS prevention and control plans according to their assigned

functions and tasks and their own characteristics; to take the initiative in allocating budgets for this work.

9. Vietnam Fatherland Front and socio-political organizations are requested to actively participate in implementing this Strategy within the scope of their respective operations.

**Article 4.-** This Decision takes effect 15 days after its publication in the Official Gazette.

**Article 5.-** The ministers, the heads of the ministerial-level agencies, the heads of the Government-attached agencies and the presidents of the provincial/municipal People's Committees shall have to implement this Decision.

**Prime Minister**

**PHAN VAN KHAI**

## **NATIONAL STRATEGY ON HIV/AIDS PREVENTION AND CONTROL IN VIETNAM TILL 2010 WITH A VISION TO 2020**

*(Promulgated together with the Prime Minister's Decision No. 36/2004/QĐ-TTg of March 17, 2004)*

### **Part I**

#### **BACKGROUND**

Over more than 20 years of HIV/AIDS prevention and control, the countries in the world have been facing an extremely dangerous epidemic. HIV/AIDS not only affects people's health but also undermines security, development and the human race. In the struggle of more than twenty years against the epidemic, though certain achievements have been recorded, it can be realized that generally and globally mankind has been unable to stop the speed of HIV/AIDS transmission. HIV/AIDS epidemic continues to spread and heavily devastate many areas in Africa and, at a lesser extent, Asia. In some African countries in the sub-Saharan region, over 50% of patients are hospitalized due to HIV/AIDS, while the average life expectancy in this region is only 40 years; socioeconomic development is seriously affected in many countries. According to UNAIDS 2002 reports, in African countries, millions of pupils could not go to school due to HIV/AIDS, the number of school-goers in 2001 was 20% lower than in 1998. Vietnam's neighboring country, Cambodia, also has more than 12% of total hospitalized patients being infected with HIV/AIDS.

Since the detection of the first case of HIV infection in 1990, Vietnam has formulated and implemented the 1993-1996 and 1996-2000 medium-term plans for HIV/AIDS prevention and control and is now implementing the 2001-2005 HIV/AIDS prevention and control plan. Nevertheless, over the past 13 years of coping with the HIV/AIDS epidemic, we still lack an overall national strategy on HIV/AIDS prevention and control with the multisectoral participation while the

2001-2005 HIV/AIDS prevention and control plan, which is being implemented, has touched upon only general orientations without containing specific steps, solutions and action programs. Therefore, in order to effectively carry out HIV/AIDS prevention and control activities, control the spread of the epidemic and reduce the HIV/AIDS impacts on socio-economic development, the Government has assigned the Ministry of Health to formulate the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a vision to 2020.

The National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a vision to 2020 was formulated on the basis of multisectoral coordination with the active support of UN organizations, international organizations and individuals, that are supporting the HIV/AIDS prevention and control program in Vietnam. The contents of the Strategy were developed on the basis of the common declarations of the UN, the Declaration of Commitment on HIV/AIDS, made up at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the Vietnamese Government's commitments to, and the Vietnamese State's line on, people's health protection and care and socio-economic development. The Strategy puts forth the orientations, priorities and solutions for HIV/AIDS prevention and control in the 2004-2010 period with a vision to 2020.

## part II

### **BASES FOR BUILDING THE STRATEGY**

#### **I. HIV/AIDS EPIDEMIOLOGY IN THE WORLD**

##### **1. The HIV/AIDS situation in the world**

By the end of 2003, according to UNAIDS and WHO reports, there had been around 46 million people living with HIV/AIDS, 5.8 million people newly infected in the year and 3.5 million deaths from AIDS in the year. In many developing countries, most of the newly infected cases were young people. Approximately one third of the total number of people living with HIV/AIDS are in the age of between 15 and 24 years, and most of them are not aware of the fact that they are carrying H IV. Millions of people do not know or know very little about HIV/AIDS in order to protect themselves against this epidemic. According to UNAIDS and WHO reports, the sub-Saharan region has the highest HIV prevalence rate, followed by the Asia-Pacific region.

**Table 1: Distribution of HIV/AIDS-infected**

#### **cases**

2003

Total number of Total 5.8 million

newly infected Adults 4.8 million

cases in 2003 Under-15 children 700,000

Cumulative Total 46 million

number of Adults 43 million

HIV/AIDS-infected Under-15 children 2.9 million

#### **cases**

According to UNAIDS and WHO reports, there are 14,000 new HIV infections each day (2,000 children and 12,000 adults) and 95% of these cases occurring in developing countries. There have been over 14 million children becoming orphaned by AIDS so far. In some countries like Nigeria, the number of children becoming orphaned by AIDS has increased to 995,000, Ethiopia 989,000 and Kenya 892,000. Most of these orphans do not go to school, and according to statistics in South Africa, the number of children going to school in 2001 was 20% lower than that of 1998.

According to UNAIDS and WHO reports, in most regions in the world the HIV/AIDS epidemic started in the late 1970s and early 1980s. In South and Southeast Asia and Pacific-East Asia, the HIV/AIDS epidemic emerged later in the late 1980s; in East Europe and Central Asia the epidemic was only detected in the early 1990s.

In the world, the sub-Saharan region has the

highest HIV/AIDS prevalence rate with 8.4% of adult people being infected, followed by the Caribbean region, Southeast Asia, and North America. The major transmission pattern in the regions is through heterosexual intercourse, drug injection, and in some regions through men who have sex with men. According to UNAIDS reports, in most regions there are more men who are infected than women; particularly in the sub-Saharan region, women account for a higher percentage and the major transmission pattern is through heterosexual relation.

##### **2. The situation of HIV/AIDS epidemic In the Asia-Pacific region**

HIV/AIDS spread to Asia rather late, with the first HIV-infected case reported in Thailand in 1985. By the late 1990s, Cambodia, Myanmar and Thailand had announced the alarming concern about the epidemic throughout their countries. In 2001, there were 1.07 million adults and children who were newly infected with the virus in the Asia-Pacific region, bringing the total number of HIV-infected people in this region to 7.1

million. The epidemiology of HIV transmission in this region shows different patterns: In Thailand and Cambodia, the major HIV transmission pattern is through heterosexual relation while in other countries like Vietnam, China and Malaysia, HIV mostly transmitted through drug injection while the number of cases of transmission through heterosexual relation is on the rise.

In China, UNAIDS and WHO estimated that there were around 1.5 million HIV-infected people, of whom 850,000 are adults and 220,000 are women. The HIV prevalence rate among young people aged between 15 and 24 years was estimated at about 0.20%. In the first six months of 2001, the total number of newly infected HIV cases increased by 67.4% compared with the same period of 2000. The major HIV transmission way in China was through drug injection. In 2000, seven provinces in China faced rampant spread of the

HIV epidemic, with over 70% of injecting drug users were tested HIV positive in such areas as Yili district in Xinjiang and Ruili district in Yunnan. There were also signs of HIV transmission through sexual intercourse in three provinces of Yunnan, Guangxi and Guangdong. In 2000, the rate of HIV transmission through having sex with female sex workers in Yunnan was 4.6% (this rate was 1.6% in 1999), and in Guangxi was 10.7% (an increase of over 6% over 1999).

India was considered the country which has the most HIV-infected cases in the region. According to UNAIDS and WHO estimates, by the end of 2001, there had been about 3.97 million people contracted with HIV in India.

In Indonesia, HIV is spreading rapidly among injecting drug users and female sex workers, and blood donors. The results of surveillance in Indonesia indicated that in 2000, 40% of injecting drug users being in treatment in Jakarta were HIV infected. In Bogor, a province of East Java, 25% of injecting drug users were HIV-infected.

In Thailand, it was estimated that around 670,000 people infected with HIV. Thailand has implemented a condom program very early and recent reports indicated that the HIV prevalence rate in Thailand has not increased compared with previous years and even tended to fall in some population groups.

**Causes:** There are causes for the spread of HIV/ AIDS in this region, such as poverty, low intellectual level, unplanned migration, and the increase of social evils which lead to HIV/AIDS growth. The use of condoms for prevention of HIV transmission through sexual relations has been encouraged but was implemented in a few countries. In the region, sharing drug-injecting devices is one of the behaviors at prominent risk of HIV transmission. To prevent HIV infection through drug injection, a number of intervention programs have been carried out, and the most successful one was the Australian harm reduction program consisting of many syringes and needles exchange projects or

Methadone program. A recent report in Australia indicated that the HIV prevalence rate tends to decrease and it is believed that beside the intervention programs mentioned above, it is likely that the use of anti-retroviral drugs has helped reduce HIV/AIDS cases in this country. Except for Australia and New Zealand where access to specific treatment drugs is rather easy, in many other countries, this access is difficult, mostly due to a lack of resources.

## **I/. HIV/AIDS EPIDEMIOLOGY IN VIETNAM**

**The first HIV infection case in Vietnam was found in December 1990 and by 31 December 2003, 76,180 HIV-infected people had been reported across the country, of whom 11,659 were full-blown AIDS patients and 6,550 died of AIDS. According to a popular estimation method in which the estimate number was calculated by multiplying the actually detected cases by 3, in 2003 it was estimated that the HIV/AIDS prevalence rate in Vietnam was 0.23% of the total population. A number of provinces have a especially high HIV/ ADS prevalence rate in terms of number of HIV/ AIDS cases per 100,000 people, such as Quang Ninh: 580.47/100,000 people; Hai Phong: 338.67/ 100,000 people; Ho Chi Minh City: 249.72/100,000 people; Ba Ria - Vung Tau: 235.99/100,000 people; An Giang: 184.36/100,000 people, Hanoi: 181.38/ 100,000 people...**

The HIV/AIDS epidemic in Vietnam has some characteristics as follows:

### **1. The HIV/AIDS epidemic tends to grow:**

The development of the HIV/AIDS epidemic in Vietnam can be divided into the following three periods:

- 1990-1993: The epidemic concentrated in a few provinces, with the reported number of HIV-infected cases of under 1,500 each year.

- 1994-1998: The epidemic spread nationwide, with the reported number of HIV-infected cases of under 5,000 each year.

- 1999 - 2002: The epidemic tends to expand to communes and wards, with the reported number of HIV-infected cases of over 10,000 each year.

The HIV sentinel surveillance indicated that the HIV prevalence rate tends to rise in high-risk groups and there were signals of increase among the groups who are considered non high-risk. The HIV/AIDS epidemic in Vietnam is closely related to drug injection and prostitution.

## **2. The main HIV transmission pattern is through drug injection**

- The majority of HIV-infected cases are among injecting-drug users (accounting for 60%).

- The HIV prevalence rate among injecting-drug users increased from 9.4% in 1996 to 29.34% in 2002. In some localities this rate increased by over 50% (of every 100 injecting drug users, between 30 and 50 are HIV infected).

- The rate of HIV transmission through drug injection in northern and central provinces was higher than in the southern region.

- The risk of HIV transmission through drug injection is very high due to increased drug injection, especially among young people; sharing syringes and needles is still popular (more than 40% in Ho Chi Minh city); HIV-infected people continue to use drug injection and share syringes and needles with their injecting friends (more than 50%); the rate of female sex workers having drug injection remains fairly high (behavioral surveys indicated that more than 40% of female sex workers in Hanoi have drug injection). Therefore, the prevention of HIV transmission among injecting-drug users is of particularly important significance for the control of HIV spread in Vietnam.

## **3. The HIV-Infected people is clearly getting younger and younger**

- The rate of HIV-infected people aged between

20 and 29 years increased from 15% in 1993 to 62% by the end of 2002.

- The number of HIV-infected people aged between 15 and 49 years accounts for 95% of total infected cases.

- The number of HIV-infected teenagers (aged between 10 and 19 years) accounts for 8.3% of total infected cases.

## **4. HIV infection through sexual relation is increasing and fluctuating**

- The HIV prevalence rate among female sex workers has been increasing every year, from 0.06% in 1994 to 6% in 2002.

- The HIV prevalence rate among sexually transmitted disease patients is also on the rise year after year to 2.9% in 2001.

- The risk of HIV transmission through sexual relation continues to increase and the possibility of HIV spread to the community is very great because of increased drug injection among female sex workers; injecting-drug users and HIV-infected people's continuing to have sex with female sex workers, and the low rate of condom use when having sex with female sex workers. On the other hand, recent surveys showed very low rates of condom use among young people, which warns the risk of HIV transmission in the young group.

## **5. The HIWAIDS epidemic has showed signs of spreading to the community**

The rate of transmission of the epidemic from high-risk groups to the community was seen in the HIV/AIDS prevalence rate among pregnant women and military candidates.

- e V prevalence rate among military candidates increased to 0.93% in 2001.
- The HIV prevalence rate among pregnant women was 0.34% in 2002.
- 373 under-5 children infected with HIV from their mothers were reported.

### **6. HIV/AIDS infection in Vietnam has expanded to different population groups, to all localities, and seen complicated developments**

HIV/AIDS infection in Vietnam has no longer been restricted to high-risk groups but now spread to peasants, pupils, students, army conscripts, even among State employees. All 64 provinces and cities in the country have HIV/AIDS-infected people, HIV-infected cases were detected in 93% of districts and 49% of communes and wards. In many provinces and cities, as much as 100% of communes and wards have HIV/AIDS-infected people.

Though no adequate survey is available, it was estimated that about 20-50% of people detained in 05-06 rehabilitation centers were infected with HIV,

of which many cases have become full-blown AIDS and many died from AIDS.

### **III. ESTIMATION AND PROJECTION OF HIV/AIDS INFECTION IN VIETNAM IN THE 2004-2010 PERIOD**

According to the results of a forecast conducted in 2001 (jointly by the Ministry of Health and the World Health Organization and the United Nations Program on HIV/AIDS) using EPIMODEL, it was forecast that by 2005 there will be about 197,500 HIV-infected cases, with an annual average of some 12,000 -18,000 new infected cases. By 2010 it was also forecast that there will be 350,970 HIV-infected cases, with an annual average of some 20,000 - 30,000 new infected cases.

Table 2: Cumulative number of HIV/AIDS-infected cases and deaths from AIDS in the 2003-2010 period:

Year	2003	2004	2005	2006	2007	2008	2009	2010
HIV	165,444	185,757	197,500	207,375	256,185	284,277	315,568	350,970
AIDS	30,755	39,340	48,864	59,400	70,941	83,516	97,175	112,227
Deaths	27,135	35,047	44,102	54,132	65,171	77,228	90,346	104,701

### **IV ACHIEVEMENTS OF THE HIV/AIDS PREVENTION AND CONTROL IN THE 1990-2002 PERIOD**

#### **1. Regarding management and direction of HIV/AIDS prevention and control**

##### *a/ Regarding organization:*

- In 1987, the Sub-Committee for AIDS Prevention and Control was set up under the Committee for Prevention and Control of Communicable Diseases, and directed by the National Institute for Hygiene and Epidemiology.
- In 1990, the Vietnam National Committee for AIDS Prevention and Control was set up, with the Hygiene and Epidemiology Department of the Ministry of Health acting as its standing body.
- In 1994, the National Committee for AIDS Prevention and Control was separated from the Ministry of Health and chaired by a Deputy Prime Minister, with the Ministry of Health acting as its standing body.
- In 2000, the Government set up the National Committee for AIDS, Drugs and Prostitution Prevention and Control, chaired by a Deputy Prime Minister. The National Committee involved 18 cabinet ministries and a number of branches, socio-political organizations and central agencies. The Standing Office for AIDS prevention and control was based at the Ministry of Health, on the basis of the former Office of the National Committee for AIDS Prevention and Control.
- In 2003, the Standing Office for AIDS Prevention

and Control was merged with the Preventive Medicine Department into the Preventive Medicine and HIV/AIDS Prevention and Control Administration under the Ministry of Health.

- Most of localities have established the steering committees for AIDS, drugs and prostitution prevention and control after the model adopted at the central level,

b/ Regarding direction:

- On 11 March 1995, the Party's Central Committee issued a Directive on leading the work of HIV/AIDS prevention and control.

- In May 1995, the Standing Committee of the IXth National Assembly adopted the Ordinance on HIV/AIDS Prevention and Control, serving as a legal basis for HIV/AIDS prevention and control activities.

- More than 29 legal documents on management and direction have been promulgated by the Government and central agencies;

- On February 24, 2003, the Prime Minister promulgated Directive No. 02/2003/CT-TTg on enhancing HIV/AIDS prevention and control.

- The National Assembly has paid special attention to HIV/AIDS prevention and control: The National Assembly Standing Committee heard HIV/AIDS reports; the National Assembly's Committee for Social Affairs organized series of meetings at the central and regional levels, discussing the policies on HIV/AIDS prevention and control and the strengthening of the National Assembly's function of supervising HIV/AIDS prevention and control in the past years.

The participation of the entire community, sociopolitical organizations and religious organizations has been increasingly active. It can be asserted that Vietnam's legal documents on HIV/AIDS prevention and control are relatively sufficient and meet all requirements for handling in time all developments of the epidemic.

## **2. Information, education and communication**

Communication activities have been carried out fairly well in the past years with the participation of most of branches, mass organizations, socio-political organizations and masses. Communication activities have been carried out efficiently with diverse forms and rich contents, and therefore have improved people's HIV/AIDS prevention and control knowledge and skills.

According to the survey results, the rate of urban people who have knowledge about HIV/AIDS is as high as over 65%. In 2002, HIV/AIDS prevention and control information and communication reached 28.7 million people.

## **3. Coordination of ministries, branches and mass organizations in HIWAIDS prevention and control**

Over the past time, the Ministry of Public Security, the Ministry of Labor, War Invalids and Social Affairs and the Ministry of Health (which are three standing agencies for drugs, prostitution and HIWAIDS prevention and control), together with many ministries, branches and localities, have made great efforts in fulfilling their tasks assigned by the Government. Nevertheless, the effectiveness of this coordination has been limited in some aspects, for example, there is no solution for activities to reduce harms among the drug-using group, to increase condom use among sex workers to prevent HIV/AIDS transmission.

Ministries, branches and mass organizations have actively participated in HIV/AIDS prevention and control information, communication and education activities. These activities have been gone deep into each target group of each branch. Some typical activities included: the model "Ward policemen to participate in HIV/AIDS prevention and control", which has been formulated and implemented by the Ministry of Public Security; the club of "Reporters on population, AIDS and social issues", set up by the Ministry of Culture and Information; Vietnam Labor Confederation's focus on HIV/AIDS prevention and

control in enterprises; Vietnam Peasants' Association's integration of HIV/AIDS prevention and control activities in such movements as "Peasants to emulate in doing good production and business, unite and help one another in hunger elimination, poverty reduction and enriching themselves" or "Peasants to implement socio-cultural, security and defense programs"; the Vietnam Women's Union Central Committee's concentrated direction of HIV/AIDS prevention and control for rural women and mountainous ethnic minority women...

The community mobilization work has seen positive results. Many social, religious and community organizations have been mobilized to participate in HIV/AIDS prevention and control, especially in providing care and support for HIV/AIDS-infected people.

#### **4. Technical activities**

##### **a/ HIV/AIDS surveillance:**

in 1987, HIV tests were firstly conducted in the central and regional hygiene and epidemiology institutes; and in 1994, the sentinel surveillance system was set up and put into operation. So far, the HIV/AIDS epidemiological testing and surveillance system has been set up in 61 provinces and cities; the sentinel surveillance has operated in 40 provinces and cities for six target groups; behavioral surveillance has also been conducted at the initial stage. The surveillance results have provided in time information for the elaboration of effective HIV/AIDS prevention and control policies and plans.

HIV/AIDS statistics is updated on a weekly and monthly basis; the Ministry of Health has regularly sent reports on the epidemic's situation to all members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control, and other concerned agencies. According to the evaluations of international organizations, Vietnam's HIV/AIDS surveillance system is among the best in the region.

##### **b/ Blood transfusion safety:**

The percentage of blood units which are screened before transfusion has increased every year, from 2000 till now, 100% of blood units and blood products have been screened.

The mobilization of humanitarian blood donation has received due attention and been stepped up, with many humanitarian blood donation campaigns having been held in all localities. In 2002 alone, the blood transfusion system organized 539 humanitarian blood donation drives, thereby increasing the percentage of donated blood to 30.4% of total collected blood volume. Ensuring safe blood transfusion is a very great effort of the medical system, gaining the people's confidence and contributing to maintaining the social stability.

##### **c/ Treatment of AIDS patients:**

**Three centers for treatment of AIDS patients were set up early in the northern, central and southern regions, which are responsible for guiding and directing the treatment for the provinces in each region. Up to now, most of provinces have their own departments or faculties ready to receive and treat AIDS patients.**

The number of HIV/AIDS-infected people going to medical establishments for medical examination and treatment is on the rise. In the 1996-2000 period, there were 13,847 HIV/AIDS-infected people going to State-run medical establishments for examination. This number increased to 16,354 in 2002 (up by 18.1%, compared with five years before).

By the end of 2003, there had been 389 health workers who were exposed to HIV/AIDS due to occupational accidents or risks, 75% of whom had received preventive treatment and 25% were treated on-spot and provided counseling.

##### **d/ Prevention of mother-to-child HIV transmission:**

Annually, there are over 2 million pregnant women nationwide and among whom, according to surveillance statistics, the HIV prevalence rate is 0.39%, thus, it is estimated that there are thousands of HIV-infected pregnant women annually. According

to studies, the mother-to-child HIV transmission rate is about 30-40%, so the number of HIV-infected newborns is also on the rise.

The system of counseling, testing and treatment to prevent mother-to-child HIV transmission has been formed and operated. The number of pregnant women who are provided with counseling, testing and preventive treatment has also been increasing year after year, accounting for 100% at big obstetric hospitals such as the Central Obstetric Hospital, Hung Vuong Hospital and Tu Du Hospital.

In 2002, 44.2% of HIV-infected pregnant women were provided with preventive treatment, and this rate

increased in 2003.

*e/ Sexually transmitted infections prevention and control:*

*Sexually transmitted infections prevention and control is one of the central objectives of the HIV/ AIDS prevention and control program. WHO recommended that sexually transmitted infections may increase ten folds the possibility of HIV infection or even higher for a number of diseases. Each year, the State-run health system has provided medical examination and treatment for over 150,000 cases of sexually transmitted infections, and 171,975 cases in 2002 alone. The sexually transmitted infections surveillance system started its operation in 2003.*

*f/ Community-based management of, care and counseling for, HIV/AIDS infected people:*

*Seventy three per cent of HIV/AIDS-infected people with clear addresses have been managed, cared for and give advice. The care and counseling forms are diverse and regular, with regular counseling (46%), compilation of health records (53%), material and spiritual support, introduction to job training and jobs for HIV-infected people.*

## **5. International cooperation**

*International cooperation plays a specially important role in the HIV/AIDS prevention and control program. Over the past time, we have made full use of international supports in many aspects. Vietnam-*

*based international organizations as well as foreign governments have provided great supports for the HIV/AIDS prevention and control program in Vietnam; and the external financial sources for Vietnam have been increasing. Besides providing financial supports, the sharing of experiences and lessons and the raising of the capabilities of staff engaged in HIV/ AIDS prevention and control are also extremely valuable. Many HIV/AIDS prevention and control models supported by international organizations have obtained encouraging results.*

*Vietnam has signed many important international documents and conventions related to HIV/AIDS such as the Millenium Declaration signed by 189 heads of state in September 2000, in which HIV/AIDS prevention and control was regarded as one of the millenium development goals. Vietnam has also made the commitments in the Declaration on Commitment on HIV/AIDS in the Special Session of the United Nations General Assembly on HIV/AIDS in June 2001 (UNGASS), we have sent country reports on the implementation of its HIV/AIDS commitments to the UN Secretary-General. Vietnam has cooperated closely with neighboring countries and regional countries on HIV/AIDS prevention and control.*

## **6. HIV/AIDS prevention and control budgets**

*The State has paid attention to investment in the HIV/AIDS prevention and control program from the funding source of the national target program on prevention and control of a number of social diseases, dangerous epidemics and HIV/AIDS.*

*In 1990-1993: VND 11.1 billion for 4 years,*

*In 1994: VND 40 billion,*

*In 1995-1999: **VNID 45-55 billion per year,***

*In 2000-2003: VND 60 billion pear year.*

*This funding source was allocated for more than 15 different operation contents to many ministries, branches and all localities. Beside the State budget allocations, a number of localities have provided supplementary local budget allocations to this*

*program, such as Ho Chi Minh city, Hanoi, Hai Phong... Nevertheless, many localities have not yet made any contributions to the HIV/AIDS prevention and control program in their localities.*

*International organizations and foreign governments have provided considerable supports for HIV/AIDS prevention and control activities. With the aid of US\$ 3.6 million of the Japanese Government, 10 southern provinces and cities have been supplied with basically adequate equipment. The British Government provided a non-refundable aid of US\$ 25 million in the 2003-2007 period. The governments of Germany,*

Australia, the US, Luxembourg, etc, have supplied many financial supports for HIV/AIDS prevention and control activities in the past and the coming time. The UN organizations and non-governmental organizations have provided capital and technical supports for the HIV/AIDS prevention and control program. These aid sources have been used rather efficiently and played an important part in the HIV/AIDS prevention and control in Vietnam.

In the past years, though the budgetary allocations for HIV/AIDS prevention and control remain limited, failing to satisfy the least demand, with the Government's efforts and the active participation by the entire society, we have managed to check the rate of HIV/AIDS transmission in Vietnam, otherwise the panorama of the HIV/AIDS epidemic in Vietnam must have been much gloomier as compared with the previous forecasts.

## V. DIFFICULTIES AND CHALLENGES IN THE HIV/AIDS PREVENTION AND CONTROL

### 1- Overall evaluation:

With the attention from the Party, National Assembly and Government, combined with the great efforts made by branches, levels, mass organizations and localities, HIV/AIDS prevention and control activities have been fully carried out in all aspects: information, propaganda on prevention and control

of HIV transmission through drug injection and prostitution; and through technical activities such as epidemiological surveillance, blood transfusion safety, treatment, prevention of mother-to-child HIV transmission, we have:

a/ Raised the awareness of the public about HIV transmission prevention, ensured the fulfillment of the law-prescribed targets on HIV/AIDS prevention and control such as blood transfusion safety, HIV/AIDS surveillance, thereby contributing to the national socio-economic stability and development.

b/ Ensured the national and international commitments in the field of HIV/AIDS prevention and control.

HIV/AIDS epidemic, however, still poses a very serious danger at the growing risk. Therefore, it is necessary to implement more comprehensive and resolute solutions for HIV/AIDS prevention and control as well as drug and prostitution prevention and control.

### 2- Objectively

a/ The biological nature of HIV infection is that it is caused by a virus but has very special biopathological characteristics. These include a variety of transmission routes (blood, sexual relation, and from mother to child), a long incubation period of up to 15 years, the virus's ability to avoid immunity and the virus' great variability; the unavailability of preventive vaccine and specific treatment drugs, which has made HIV/AIDS prevention and control more difficult.

b/ According to epidemiological studies, the most popular HIV transmission pattern in Vietnam is through drug injection (30.4% in 2001 and 29.34% in 2002), the rate of female sex workers injecting drugs is fairly high (40% of female sex workers injecting drug, according to the result of a survey in Hanoi), while the rate of condom use in sexual relations by high-risk groups is relatively low... These constitute the direct and major causes of the spread of HIV/AIDS in Vietnam now.

c/ Vietnam is situated in Southeast Asia, a region that is severely influenced by the movement of the HIV/AIDS epidemic. The nature of population movement and the more and more complicated migration situation have created risks for HIV/AIDS to spread in the localities, from the urban to rural areas and from one locality to another in the same country, and to spread cross national borders.

d/ The negative impacts of a market economy, including the widening gap between the rich and the poor, unemployment, the people's low literacy leading to a very limited understanding of HIV/AIDS (recent surveys have shown that the rate of illiterate female sex workers is fairly high), changing moral values and lifestyles, especially in love, sex and marriage... are also the factors contributing to the spread of HIV/AIDS, and creating many difficulties to HIV/AIDS prevention and control.

### 3. Subjectively

a/ Management and direction of HIV/AIDS prevention and control

- *In some localities, the administrations at different levels has not yet paid due attention to the direction of HIV/AIDS prevention and control; not a small section of leading officials at the grassroots levels and a portion of the population have an inadequate understanding of HIV/AIDS prevention and control.*
- *The system of legal documents on HIV/AIDS prevention and control, though fairly sufficient as assessed, still has some provisions slow to be amended and supplemented, resulting in the reduced effectiveness of their enforcement.*
- *The HIV/AIDS epidemic is closely associated with social evils, particularly drugs and prostitution, thus increasing stigma and discrimination against HIV/AIDS-infected people and thereby greatly hampering the HIV/AIDS prevention and the care for HIV/AIDS-infected people.*
- *The outreach harm reduction intervention measures have not been implemented on a large scale, such as exchange of clean syringes and needles among injecting drug users, or condom use by female sex workers.*
- *The organizational apparatuses of HIV/AIDS prevention and control still lack personnel who satisfy professional requirements. Most of the current staff engaged in HIV/AIDS prevention and control are part-timers, and the specialized management apparatuses are not yet available.*

*b/ Information, education and communication*

- *Information could not cover all the deep-lying and remote areas, and could not reach all the highrisk groups as well.*
- *Communication activities remain formalistic and repetitive, so their effect of changing behaviors and eliminating stigma and discrimination is still very limited.*
- *The work of law popularization and education in HIV/AIDS prevention and control has not yet been implemented on a regular basis; many leaders at different levels and even staff engaged in HIV/AIDS prevention and control have not yet been provided with updated information, regulations on HIV/AIDS prevention and control, partly limiting the effectiveness of the program.*

*c/ Technical activities:*

*- HIV/AIDS surveillance:*

- + *The testing capability is at a low level, could not diagnose whether or not infants are infected with HIV.*
- + *Voluntary counseling and testing is not systematically organized, due to the absence of specific regulations and guidance, the effectiveness is not high.*
- + *Surveillance is inactive while in-depth surveillance researches have not yet been promoted, the effectiveness of the HIV/AIDS*

*prevention and control program has not yet been accurately evaluated.*

- + *Production of medical biologicals and machinery has not yet received adequate investment; the testing of HIV/AIDS in the private health system needs to be reviewed and regulated in the ordinance.*

*- Blood transfusion safety:*

- + *Techniques used for screening infectious diseases are still at a low level, and at present, about 80% of blood transfusion establishments nationwide can only handle simple screening techniques. There are no conditions for the application of modern blood transfusion methods such as separating blood constituents for partial transfusion to reduce the risk of HIV transmission.*
- + *Humanitarian blood donation movements have been stepped up only in a number of big provinces and cities, while the mobilization of humanitarian blood donations remains very weak in other localities. There is also no blood bank, insufficient blood for treatment, and no reserve blood for*

*emergency cases when disasters occur.*

**- Treatment:**

**+ HIV/AIDS treatment has become an urgent issue at present due to difficulties in the supply of treatment medicines and in the application of treatment regimens, and the demand for treatment is very high while the capacity of supply is very limited. With a limited budget, the national AIDS prevention and control program provides annually about VND 4 billion, just enough for purchasing HIV specific treatment drugs for about 50 AIDS patients and for health workers who have been exposed to HIV/AIDS in occupational accidents or risks and for providing treatment of opportunistic infections for a number of patients. Though there are currently a number of Vietnamese companies that can produce HIV/AIDS specific treatment drugs, the treatment costs are still high.**

**+ The regimes and policies for health workers directly involved in providing care and treatment for HIV/AIDS patients still see many inadequacies.**

**+ Most of AIDS patients are poor people, some of whom are supportless. Therefore, when they become sick and are hospitalized, the hospitals become their treatment and accommodation places which also have to bury AIDS patients when they die. AIDS patients truly become a burden for the hospitals.**

**- Prevention of mother-to-child transmission:**

**+ Education on HIV/AIDS prevention and control for young teenagers has shown many limitations and the contents of the HIV/AIDS prevention and control program have not yet been integrated with the reproductive health care programs.**

**+ The situation of abandoned HIV/AIDS-infected children has become an alarming issue. A number of these children were taken care of by hospitals, while most of them were sent into orphanages. It is necessary to formulate appropriate policies on the bringing up and care of children who are unfortunately affected by HIV/AIDS and to create favorable conditions for their learning, playing and development.**

**- Prevention and control of sexually transmitted infections:**

**+ The sexually transmitted infections surveillance system has just been deployed in 2003; therefore, the epidemiological data remain insufficient.**

**+ Programs on integrating HIV/AIDS prevention with sexually transmitted infections prevention have been implemented but only restricted to a number of big provinces.**

**- Community-based management of, care and counseling for, HIV/AIDS-infected people:**

**+ The attitudes of the society, community, workplaces and families towards HIV/AIDS-infected people remain negatively obsessive, while most of HIV-infected people are associated with drug injection or prostitution, which make their community re-integration very difficult. The proportion of HIV/AIDS-infected people who are accepted by the community is only about 30%, and only 2% of them could participate into peer clubs or friends-help-friends groups.**

**+ In the management of, care and support for,**

**HIV-infected people in Rehabilitation Centers 05 and 06, prisons and temporary detention camps and reformatories, there have arisen many specific issues that need examination giving the fact that the number of HIV-infected people in these places is quite high.**

**+ Because most of HIV-infected people in Vietnam are poor, combined with their diffidence and the discriminatory attitude, these people become self-contained, elusive and even prone to have negative responses.**

**+ Social supports for HIV/AIDS-infected people in the community such as combat of stigma and discrimination, creation of jobs... have not yet received adequate attention from the Party committees and administrations at all levels, branches and mass organizations.**

**d/ International cooperation:**

**Although there has been close cooperation with the international community in HIV/AIDS prevention and control, but because of inactive use of**

**resources, most of international cooperation activities are fragmented, inefficient, and could not live up to our requirements as well as the expectations of the international community.**

**e/ Finance:**

**- Because the financial resources have to cover many activities and ensure different law-prescribed targets such as blood transfusion, surveillance, and HIV/AIDS prevention and control at the commune**

**or ward level, the budget allocations were scattered and fragmented, leading to many inadequacies and inefficiency in HIV/AIDS prevention and control activities.**

**- The budget is below the demand: according to estimates, in 2002, the budget was VNĐ 92 billion, including State budget allocations, local administrations' additional budgets and foreign aid sources. This budget is not sufficient for HIV/AIDS prevention and control activities in Vietnam.**

**Part III**

**GUIDING VIEWPOINTS ON HIV/AIDS PREVENTION AND CONTROL**

**11. HIV/AIDS is a dangerous epidemic, threatening people's health and life and the future generations of the nation. HIV/AIDS directly affects the country's economic development, culture, social order and safety. Therefore, HIV/AIDS prevention and control must be considered a central, urgent and long-term task that requires the multisectoral coordination and the strong mobilization of the participation of the whole society,**

**2. Investment in HIV/AIDS prevention and control means investment contributing to generating a sustainable development of the country, which would bring about both direct and indirect economic and social benefits. The State ensures the mobilization of all resources for HIV/AIDS prevention and control from now to 2010 and after 2010 suitable to the country's social-economic development ability and conditions in each period.**

**3. To combat stigma and discrimination against HIV/AIDS-infected people; to increase the responsibilities of family and community towards HIV/AIDS-infected people and the responsibilities of HIV/AIDS-infected people towards their families and the society;**

**4. Vietnam commits to implement international agreements on HIV/AIDS prevention and control, which it has signed or acceded to. To ensure that the system of national laws on HIV/AIDS prevention and control conform to the principles of international laws;**

**5. To promote the multilateral and bilateral cooperation and expand relations of cooperation with neighboring countries, other countries in the region and in the world on HIV/AIDS prevention and control;**

**6. The priority activities of HIV/AIDS prevention and control in the coming time shall be:**

**- Intensifying behavioral change information, education and communication and collaborating with other related programs to prevent and reduce HIV/AIDS transmission;**

**- Stepping up harm reduction intervention approaches;**

**- Promoting counseling, care and treatment for HIV/AIDS-infected people;**

**- Strengthening the program management, monitoring, supervision and evaluation capacities.**

**Part IV**

**VISION TO 2020**

**1. During the period of 2010-2020, HIV/AIDS will still remain, though with a slower speed of development, and will continue to affect the socioeconomic development as well as the health of the community. Therefore, it is necessary to continue stepping up HIV/AIDS prevention and control activities to consolidate and firmly preserve the obtained achievements. In this period, the State will continue enhancing the management and direction of, and investment in, HIV/AIDS prevention and control. To step up the combat of discrimination, continue to materialize national and**

**international commitments in the HIV/AIDS prevention and control. Multisectoral coordination in HIV/AIDS prevention and control should be intensified and maintained.**

**2. Impacts of HIV/AIDS on socio-economic development and community's health will largely depend on the efficiency of the implementation of HIV/AIDS prevention and control activities during the 2004-2010 period. In the current period, HIV/ AIDS remains at the concentration stage (mostly in high-risk groups such as injecting drug users and female sex workers). Therefore, to prevent the transmission of HIV/AIDS from the high-risk groups to the community is of uppermost importance, helping basically control the speed of HIV/AIDS spread to the community in the subsequent periods. The lowered speed of HIV/AIDS spread and better care and support for infected people will reduce the impacts of HIV/AIDS on socio-economic development.**

**3. In the 2010-2020 period, the HIV/AIDS prevention and control program shall have to focus on solving the consequences caused by HIV/AIDS. Preventive vaccine and medicines for treatment of HIV/AIDS might be applied widely. Therefore, in this period, technical prevention and multisectoral coordination on care, treatment and settlement of the consequences of HIV/AIDS will be effected. The HIV/AIDS prevention and control priorities in the 2010-2020 period will include:**

**- Prevention with specific-technical measures;**

**- Care and treatment for HIV/AIDS-infected people;**

**- Care for HIV/AIDS affected people.**

**- In the 2010-2020 period, the action programs will focus on the two major programs:**

**+ The program on care and treatment for HIV/ AIDS-infected people**

**+ The program on prevention and reduction of HIWAIDS socio-economic Impacts.**

## **PART V**

### **NATIONAL STRATEGY ON HIV/AIDS PREVENTION AND CONTROL TILL 2010**

#### **I. OBJECTIVES**

##### **1. Overall objective**

**To control the HIV prevalence rate among general population to below 0.3% by 2010 with no further increase after 2010; reduce the adverse on social-economic**

**impacts of HIWAIDS development.**

##### **2. Specific objectives**

**a/ 100% of units and localities across the country shall incorporate HIWAIDS prevention and control activities as one of priority objectives into their social-economic development programs;**

**bl To improve people's knowledge about HIV/ AIDS transmission prevention; 100% of people living in urban areas and 80% of people living in rural and mountainous areas shall be able to correctly understand and identify ways of preventing HIWAIDS transmission;**

**c/ To control HIWAIDS transmission from highrisk groups to the population through implementing comprehensive harm reduction intervention measures: all people with behaviors at HIWAIDS infection risk shall be covered by intervention measures; 100% of safe injection and condom use when having risky sexual relations;**

**d/ To ensure the provision of care and appropriate treatment for HIV/AIDS-infected people: 90% of HIV/AIDS-infected adults, 100% of HIV/AIDS-infected pregnant mothers, 100% of HIV/AIDS-infected or -affected children shall be managed and provided with appropriate treatment, care and counseling, and 70% of AIDS patients**

**shall be treated with specific drugs;**

**e/ To perfect the management, monitoring, surveillance and evaluation systems for the HIV/AIDS prevention and control program: 100% of provinces and cities shall be able to self-evaluate and self-project the situation of development of HIV/AIDS infection in their localities; 100% of HIV testings shall be compliant with the regulations on voluntary testing and counseling;**

**f/ To prevent HIV/AIDS transmission through medical services: ensuring 100% of blood units and blood products shall be screened for HIV before transfusion at all levels; 100% of medical establishments shall strictly follow the regulations on sterilization, disinfection for HIV/AIDS transmission prevention;**

## **11, SOLUTIONS**

### **A. Group of social solutions**

**1. Enhancing the leadership of the Party and local administrations at all levels over HIV/AIDS prevention and control**

**a/ Enhancing the Party's leadership over HIV/AIDS prevention and control:**

**- To confirm the important role of the Party committees at all levels in their leadership and direction of HIV/AIDS prevention and control activities. The Party committees at all levels shall regularly supervise, urge, examine and direct HIV/AIDS prevention and control activities and include these activities into the priority objectives of the socio-economic development strategy;**

**- The Party committees at all levels shall promulgate documents, directives directing HIV/AIDS prevention and control activities, HIV/AIDS prevention and control issues shall be discussed in the Party congresses and included in the Party's official documents, resolutions and socio-economic development strategies.**

**To step up activities of propagating and mobilizing the participation of leaders at all levels and Party members in HIV/AIDS prevention and control activities.**

**- To bring into full play the initiatives of every official and Party member in HIV/AIDS prevention and control activities. To include education on HIV/AIDS prevention and control into the routine agendas of meetings of Party cells.**

**bl Strengthening the examination and supervision by the National Assembly and the People's Councils at all levels of HIV/AIDS prevention and control:**

**- To propose the National Assembly to enhance its direction of the elaboration of laws and budget allocations for HIV/AIDS prevention and control tasks. To increase the examination and supervision by the National Assembly, its Committees, the Nationality Council, the National Assembly deputies' delegations and individual National Assembly deputies as well as the People's Councils at all levels of HIV/AIDS prevention and control activities.**

**- The People's Councils at all levels shall issue resolutions on HIV/AIDS prevention and control. HIV/AIDS prevention and control shall be reported in annual meetings of the People's Councils at all levels. HIV/AIDS prevention and control activities must be concretized in the local socio-economic development programs.**

**c/ Strengthening the direction and execution by administrations at all levels in organizing HIV/AIDS prevention and control activities:**

**- The Government shall promote its direction of HIV/AIDS prevention and control, considering it one of the annual socio-economic development tasks; direct the ministries, ministerial-level agencies,**

**Government-attached agencies the People's Committees at all levels to actively implement HIV/ AIDS prevention and control measures; hold**

**periodical meetings to listen to reports of HIV/AIDS so as to have timely direction.**

**- The People's Committees at all levels shall regularly direct and organize HIV/AIDS prevention and control, considering it one of the annual socioeconomic development tasks of the localities. To integrate HIV/AIDS prevention and control programs into hunger elimination and poverty alleviation programs; giving priority to deep-lying, remote, and specially difficult areas.**

**- The Government and the People's Committees at all levels shall ensure appropriate budgets, human resources and material resources for, and consolidate the organizational apparatuses of, HIV/AIDS prevention and control activities.**

## **2. Solutions to multisectoral coordination and community mobilization.**

### **a/ Multisectoral coordination:**

**- To continue developing, and organizationally strengthening the implementation of, a comprehensive and multisectoral HIV/AIDS prevention and control program, attaching special importance to effectively integrating it into the drug and prostitution prevention and control programs in order to prevent HIV/AIDS transmission, mobilize the participation of all organizations and individuals in HIV/AIDS prevention and control activities. To strengthen the Government's direction and execution of multisectoral activities in HIV/AIDS prevention and control.**

**- To define clearly the functions, tasks and powers of ministries and branches in HIV/AIDS prevention and control. Ministries and branches shall take the initiative in integrating HIV/AIDS prevention and control activities into their annual action plans and be responsible to the Government for the implementation thereof.**

**- The Central Committee of Vietnam Fatherland Front and its member organizations shall further mobilize the participation of the entire population in HIV/AIDS prevention and control, integrate HIV/AIDS prevention and control activities into mass agitation movements. To bring into full play the role and initiative of Vietnam Fatherland Front and mass organizations in mobilizing the people to actively participate in HIV/AIDS prevention and control, particularly in mass propaganda and mobilization. To integrate HIV/AIDS prevention and control activities into patriotic emulation movements and campaigns. To bring into full play the role of typical personalities, village patriarchy, village or hamlet chiefs, heads of street quarter groups, heads of family lines or clans, religious dignitaries, and the elderly as the core in mobilizing people to participate in HIV/AIDS prevention and control.**

**- To socialize HIV/AIDS prevention and control activities, to issue specific regulations on this socialization with a view to mobilizing more and more participation of all mass organizations, the community and individuals in these activities,**

### **b/ Community mobilization:**

**- To encourage religious, social, charity, nongovernmental organizations, community groups including HIV/AIDS-infected people themselves and their families to participate in HIV/AIDS prevention and control.**

**- To intensify HIV/AIDS prevention and control activities in the community; educate love and mutual assistance and promote the good traditions of families, clans, native places as well as the national cultural identity of Vietnamese people in caring for and supporting people at risk of HIV/AIDS infection and HIV/AIDS-infected people. The people should be widely informed of the responsibilities of families and the community in HIV/AIDS prevention and control.**

**- To integrate HIV/AIDS prevention and control activities in mass movements, sport, cultural and art performance activities in the community, training**

**courses or talks. To organize forums to call for the community's commitment to participate in HIV/AIDS prevention and control. The "Community's Fund to support HIV/AIDS prevention and control may be set up in places where conditions permit.**

**- To promote the initiative of the community. To promote the active and innovative participation of the community in planning and implementing activities and determining HIV/AIDS as the issue of the community itself and the community's active participation in HIV/AIDS prevention and control activities.**

**- To launch emulation movements to follow the examples of good people and good deeds, to adopt policies to stimulate and reward in time mass organizations and individuals that record outstanding achievements in HIV/AIDS prevention and control.**

**c/ Mobilization of enterprises to participate in HIV/AIDS prevention and control.**

**- To encourage enterprises, professional associations as well as private organizations to actively participate in HIV/AIDS prevention and control activities. To formulate and promulgate specific policies and regulations on implementing HIV/AIDS prevention and control activities at workplaces. To mobilize and propose appropriate forms of contribution of resources by enterprises and at the same time study, formulate, and promulgate laws on administrative sanctions against enterprises or organizations which fail to perform HIV/AIDS prevention and control tasks to protect laborers' health.**

**- To encourage enterprises and economic units to organize training courses and employ HIVvulnerable people and HIV/AIDS-affected people.**

**- To strictly forbid enterprises to sack HIV/AIDSinfected people. HIV infection must not be taken into account when considering recruitment of laborers, salary increase, or promotion into managerial or leading posts.**

**- All enterprises should have regulations and policies on providing information related to HIV/ AIDS prevention and control for their officials and**

**workers. To integrate the propagation on HIV/AIDS prevention and control into healthy entertainment activities at the enterprises.**

**- To set up HIV/AIDS counseling centers within the enterprises through combining their activities with healthcare activities atthe enterprises. To hold periodic medical checks-up and provide examination and treatment of sexually transmitte**

**infections for laborers, especially female laborers.**

**- To adopt policies to encourage enterprises and the private economic sector to incorporate into their products' advertisements messages on HIV/AIDS prevention and care for HIMIDS-infected people, such as advertisements for drinks, cosmetics, fairs, exhibitions...**

**d/ Bringing into full play potentials of every individual and family in HIV/AIDS prevention and control**

**- To raise the responsibilities of all family members for HIV/AIDS prevention and control activities through communication, education and counseling. To educate, and promote t e development of, the family's ethical norms, good traditions and customs, and maintain healthy lifestyle and culture, and raise the responsibilities of every individual and family to prevent HIV/AIDS transmission.**

**-To educate and ensure the equal rights of HIV/ A] DS-infected people as well as the rights of each individual living in the community in the duty of preventing HIV/AIDS transmission.**

**- TO encourage, and adopt policies to mobilize, well-known people and leaders to participate in HIV/ AIDS prevention and control and set examples for the community, especially young teenagers, to follow.**

**- To encourage family members to apply measures to prevent HIV transmission and to become collaborators to propagate on HIV/AIDS prevention and control.**

**-To improve knowledge and ensure the role and equal rights of women so that they can actively participate in HIV/AIDS prevention and control activities. To ensure that women can participate in learning, exchanging experiences and life- skills.**

### **3. Solutions on laws and policies on HIW AIDS prevention and control**

#### **a/ Step by step perfecting the system of legal documents on HIV/AIDS prevention and control:**

**- To amend and supplement soon the Ordinance on HIV/AIDS Prevention and Control and legal documents on criminal, civil, labor... issues, which are directly related to HIV/AIDS. To regularly review and systematize for timely revision or cancellation regulations and legal documents which are no longer appropriate; supplement or promulgate new documents on HIV/AIDS-related issues which are not yet governed by law or not relevant. To continue expeditiously formulating and perfecting the system of legal documents on HIV/AIDS prevention and control; promote the study, preparation and formulation of the Law on HIV/AIDS Prevention and Control.**

**- Law provisions must aim at providing opportunities for groups of people at risk of HIV infection to have access to services that help maintain or change behaviors to protect themselves from HIV/AIDS transmission.**

**- To ensure that current law provisions related to HIV/AIDS transmission should be considered from the anti-stigma and anti-discrimination viewpoints and create equality for people at risk of HIV infection and HIV/AIDS-infected people.**

**- To enhance education and dissemination of laws on HIV/AIDS prevention and control.**

**- To intensify inspection, examination and supervision of the implementation of HIV/AIDS prevention and control legislation and strictly handle acts of violation thereof.**

#### **b/ Step by step perfecting regimes and policies in HIV/AIDS prevention and control:**

**- To promulgate appropriate regimes and policies for the staff engaged in HIV/AIDS prevention and control, for HIV/AIDS-infected and affected people.**

**- To ensure gender equality policies and particular policies for each target group, particularly HIV/AIDS-affected or infected children.**

**- To enhance the branches' capacity of developing policies and plans based on the role and strengths of each branch.**

### **4. Behavioral change information, education and communication**

#### **a/ Continuing the vigorous and comprehensive implementation of behavioral change information, education and communication activities:**

**- To make full use of, and coordinate, existing communication channels and forms in disseminating knowledge about HIV/AIDS prevention and control to the population, particularly high-risk groups.**

**. To assign specific responsibilities for performing behavioral change information, education and communication tasks to each ministry and branch. Ministries, branches and mass organizations shall have to plan and carry out information, education and communication activities for their specific target groups.**

**- The People's Committees at all levels shall strengthen the direction and implementation of behavioral change information, education and communication activities, focusing on rural, deeplying and remote areas as well as areas hard hit by the epidemic.**

**To organize large-scale communication campaigns nationwide at least twice a year, integrate education and communication on prevention of HIV/AIDS transmission into annual anniversaries and big political, economic, cultural and social events of the country.**

#### **151 Building and developing individual skills in HIV/AIDS prevention and care:**

**- To use appropriate approaches to reach specific groups for communication and mobilization, paying more attention to face-to-face and small-group communication and peer education.**

**- To build up a contingent of propagators in close combination with village collaborators being**

**health workers and officials of different committees, branches and mass organization at the commune level.**

**- To deploy, and improve the quality and effectiveness of, the program of training on prevention of HIV/AIDS transmission, gender education, reproductive health and life-skills education at universities, colleges, intermediate vocational schools and general education schools. To increase the time of teaching HIV/AIDS prevention and control in the system of medical schools, organize training courses for HIV/AIDS lecturers.**

**c/ Intensifying behavioral change information, education and communication activities of community groups**

**Community groups should be assisted in improving their capability to identify priorities and make strategic and planning decisions and implement HIV/AIDS prevention and care plans based on their own resources. The concept of community group should be understood in a broad sense to include groups vulnerable to HIV infection (drug users, sex workers, HIV/AIDS-infected people, youths, women ... ), community groups organized to implement HIV/AIDS prevention and**

**control measures (administrations, health service, education service ... ), policy-makers and law enforcement agencies...**

**- Leaders of community groups shall be supported in assessing the risk of HIV/AIDS infection, the impacts of the epidemic on socioeconomic development, making policies, planning and organizing the application HIV/AIDS prevention and care measures, and responding to the epidemic of their community.**

**- To mobilize resources of community groups and supports from administrations, international organizations, humanitarian and charity organizations as well as enterprises for applying behavioral change information, education and communication measures.**

**d/ Raising the quantity and quality of communicational materials and messages:**

**- To provide professional and technical support for the concerned branches and agencies in compiling new documents, revising and supplementing, updating new information and knowledge about HIV/AIDS prevention and control.**

**- Communicational materials and messages should focus on contents that help guide and lead the behavioral changes and on measures to implement safe behaviors to prevent and control HIV/AIDS, which are suitable to each specific target group.**

**- To diversify communicational forms: newsletters, scientific and documentary films, educational and scientific films, billboards and posters. To publish documents in different languages to be used for propagation and education of ethnic minority groups and defected people.**

**- Ministries and branches shall direct the agencies within their specialized domains at different levels to take the initiative in planning and allocating budgets for the production of**

**communicational materials in service of behavioral change information, education and communication activities under their management.**

**e/ Measures to implement behavioral change information, education and communication activities for youths and gender-related issues**

**- To develop a program on education of life-skills for preventing HIV/AIDS transmission, to be used in schools of the educational and vocational training systems.**

**- To provide services to attract young people in order to efficiently manage sexually transmitted infections and provide reproductive health care and counseling services. To link behavioral change information, education and communication activities with services to attract young people.**

**- To develop oriented intervention measures for inclusion into life-skills training, access to services, support and care for especially vulnerable young groups such as street children, working young people, school-dropping young people, disabled young people, ethnic minority young people and**

*other groups.*

- *To offer more opportunities for young people to participate in, and contribute comments to, the development and designing of all young people's activities related to HIV/AIDS.*
- *To raise gender awareness and improve gender analysis skills for policy-makers, program*
- *managers and implementers, promote gender equality in HIV/AIDS care, prevention and control programs.*
- *To improve the support-mobilizing capability of policy-makers, researchers, and community organizations to ensure that gender issues are addressed in the process of designing and implementing policies and HIV/AIDS prevention and control programs.*
- *To conduct social studies to improve the understanding of the impacts of gender on HIV/*

*AIDS prevention and control and care, especially the impacts of the role and values of gender on behaviors, sexual activities, the vulnerability to HIV (sexual and drug-injecting behaviors) and people living with HIV/AIDS.*

#### ***5. Interventions for harm reduction and prevention of HIWAIDS transmission***

***a/ Creating a legal corridor for synchronous deployment of intervention activities for harm reduction and prevention of HIV/AIDS transmission:***

- *To ensure consensus among different levels and branches on the deployment of intervention activities for harm reduction and prevention of HIV/ AIDS transmission.*
- *To amend and supplement legal documents related to intervention activities for harm reduction and prevention of HIV/AIDS transmission in order to ensure uniform direction and implementation.*
- *To formulate and popularize guidelines for deployment of intervention activities for harm reduction and prevention of HIV/AIDS transmission.*

***b/ Promoting advocacy on harm reduction intervention programs to create a favorable environment for applying intervention measures:***

- *To coordinate with other branches in intensifying information, education and communication on prevention of HIV/AIDS transmission together with other communication activities.*
- *To organize communication campaigns to popularize the harm reduction intervention program in order to step by step change people's perception of the harm reduction program and gain their support for this program's activities.*
- *To increase the exchange of experiences on harm reduction intervention programs between countries and between domestic programs.*

***c/ Expanding harm reduction intervention measures***

- *To carry out comprehensive harm reduction intervention programs including the clean syringe and needle exchange program and the 100% condom use program in areas where the numbers of injecting-drug users and sex workers as well as the HIV prevalence rate are high. The measures taken must be suitable to the actual situation and measures to minimize undesirable effects must be taken.*
- *To focus interventions on those groups who are vulnerable to HIV infection, and groups with high-risk behaviors, especially injecting drug users, female sex workers, free migrants and adolescents.*
- *To advocate, guide and mobilize the use of clean syringes and needles in injecting for those who are drug abusers, the proper use of condoms for sex workers and those who have behaviors at risk of HIV infection.*

**- To ensure enough funds for procurement of syringes and needles for harm reduction programs. To ensure the supply and wide marketing of condoms and clean syringes and needles. To study and learn from international experiences in order to develop and apply appropriate models for deploying the clean syringes and needles program in Vietnam.**

**- To formulate and develop national guidelines on harm reduction program. To expand peer education models and provide support for the setting up of peer groups in prevention of HIV/AIDS transmission.**

**- To promote the social marketing of condoms, ensure the availability, accessibility and suitability of condoms. To develop regimes and policies to create favorable conditions for the social marketing of condoms.**

#### **6. Solutions on care and support for HIV/AIDS-infected people and alleviation of social and economic impacts caused of HIV/AIDS**

##### **a/ Developing a comprehensive care and support system:**

**- To set up a care and support system for HIV/AIDS-infected people on the foundation of the medical system in close coordination with agencies, branches and localities. To define families, communities as fundamental factors in providing care and support for HIV/AIDS-infected people.**

**- The health service will act as the core coordinating with other branches and services and mobilizing supports for local administrations at all levels to provide good care, treatment and counseling for HIV/AIDS-infected people in the community. To expand activities to support HIV/AIDS-infected people and their families so that those HIV/AIDS infected people can stabilize their life, integrate themselves into, and be cared at, their families and community.**

**- To determine the district level as the center for carrying out care and support activities for HIV/AIDS-infected people. At each urban/rural district, a section, or also called a unit, in charge of care and support for HIV/AIDS-infected people, will be set with the district health center acting as its standing body and participation of other local branches, services and mass organizations.**

**- To encourage the formation of community-based care and support centers for HIV/AIDS-infected people. To encourage religious, charity and humanitarian organizations to form palliative care centers for full-blown AIDS patients and supportless AIDS patients.**

**- To adopt policies to encourage the private sector to provide care and support for HIV/AIDS-infected people. To encourage the application of traditional medicine to treat the diseases.**

##### **b/ Increasing the accessibility of HIV/AIDS-infected people to care and support services:**

**- To intensify multisectoral coordination to ensure the availability and accessibility of counseling, testing, care and support services. To create conditions for HIV-infected people, injecting drug users and sex workers who are in social education centers or prisons to have access to health care services.**

**- To organize training in care and support for HIV/AIDS-infected people for health workers and staff engaged in HIV/AIDS prevention and control activities. To provide training on combat of stigma and discrimination, ensuring confidentiality, privacy and provision of good quality services.**

**- To adopt policies to encourage HIV/AIDS-infected people to participate in voluntary health insurance and social insurance.**

**- To increase the accessibility of HIV/AIDS-infected people to effective anti-HIV drugs.**

##### **c/ Bringing into full play the active participation of HIV/AIDS-infected people and combating discrimination:**

**- To focus education, communication and counseling on HIV/AIDS-infected people in order to increase their awareness of, and responsibilities for, themselves, their families and community in**

**order to prevent HIWAIDS transmission.**

- **To encourage the formation of clubs of HIV/ AIDS-infected people, self-help and self-care groups of HIV/AIDS-infected people. AIDS programs should have policies to support and mobilize infected people to participate in HIV/AIDS prevention and control activities.**
- **To adopt policies to support families, including health and social policies, to care for and support HIWAIDS-infected people.**
- **To ensure that there will be no law provisions related to stigma and discrimination against HIV/ AIDS-infected people; to ensure the equal rights of HIV/AIDS-infected people.**

#### **B. Group of technical solutions**

**To create a fundamental, comprehensive and**

**synchronous progress in all technical aspects of HIVAIDS prevention and control. To ensure the effective sentinel surveillance, behavioral surveillance and HIV case-finding tests; safe blood transfusion and safe blood products, safety of healthcare services and other blood-related social services; treatment and care of HIVAIDS...**

#### **1. HIWAIDS surveillance and voluntary counseling and testing**

**a/ Strengthening national HIVADS surveillance system:**

- **To develop and perfect policies, regulations and guidelines on the national surveillance system.**
- **To build laboratories of national and international standards at central hospitals and institutes through providing equipment, upgrading material foundations, training human resources, conducting regular examination, supervisions and standardization.**
- **To build laboratories of national standards in 64 provinces and cities; and to expand step by step the surveillance system to urban and urban districts.**
- **To expand and improve the quality of 2nd generation surveillance (including serum surveillance of HIV, behavioral surveillance, sexually transmitted infection surveillance). To implement the 2nd generation surveillance program in 7 provinces by the year 2007 and 10 provinces by the year 2010**
- **To ensure that 100% of health workers involved in sentinel surveillance and HIV case-finding tests are provided with systematic training in testing techniques and methods.**

**b/ HIVAIDS serum surveillance:**

- **To expand and improve the quality of HIV casefinding tests, and to ensure that HIV tests can only be conducted after the to be-tested people is provided with adequate counseling; to ensure that HIV case-finding tests shall be conducted by the**

**strategy-III techniques; to gradually socialize the testing service by collecting part of the testing costs.**

- **Compulsory HIV tests for certain groups must comply with law provisions. It is prohibited to use testing results as a condition for recruiting laborers or for any other circumstances.**

**-The publicization of the names of HIV-infected people must comply with law provisions.**

- **To continue maintaining and improving the quality of sentinel surveillance activities and expand such surveillance to rural areas. To unify and guarantee the conformity to professional regulations of surveillance activities; for sentinel surveillance, proper sampling procedures, testing methods and strategies, data analysis and reporting of results must be ensured.**

**c/ Behavioral surveillance:**

- **To expand and improve the quality of behavioral surveillance, and consider behavioral surveillance**

*an early warning factor of the development trend of the epidemic.*

- To reach agreement on the places, methods and implementation of behavioral surveillance.*
- To closely combine behavioral surveillance, serum surveillance and sexually transmitted infections surveillance.*

*d/ Increasing the use of surveillance data for making policies and developing programs.*

- To develop and implement plans on the use of surveillance data for different purposes such as policy-making, lobbying for support, plan-making, monitoring and evaluation of programs.*
- To apply scientific and technological advances by using domestic and international networking, and to increase the exchange of information between provinces, regions, nationwide and worldwide. To increase the reference to other countries' experiences on data management and reporting systems.*
- To publish information and data of the results of HIV/AIDS/STI surveillance on Vietnamese websites on HIVAIDS.*

*e/ Voluntary HIV counseling and testing:*

- To implement the voluntary counseling and testing programs in 40 provinces by 2005 and 100% of provinces by 2010.*
- To integrate counseling services into healthcare programs, family planning, maternal and child care and protection, and primary healthcare programs.*
- To guarantee that all tests are conducted on the anonymity principle to preserve the confidentiality of tested people.*
- To expand the voluntary counseling and testing program to the district level, ensuring 50% of total number of districts to be covered by this program by 2010.*
- To build up the voluntary testing network and the referral system linking with healthcare and social support networks. To mobilize the participation of the private system in providing counseling and support.*
- To train staff involuntary counseling and testing and to mobilize multisectoral participation in this work.*

## *2. Ensuring blood transfusion safety*

*a/ To guide, examine and inspect blood transfusion safety to prevent HIV transmission. TO strictly implement law provisions on blood transfusion safety; to formulate and supplement legal documents on blood transfusion safety.*

*b/ To concentrate joint efforts of the Red Cross Society, the Youth Union and other branches and services, especially with Party organizations, administrations at all levels on conducting propaganda and communication to mobilize nonHIV risk healthy people to voluntarily donate blood,*

*and consistently maintain the source of safe-blood donors. Donation of safe blood is not only a humanitarian deed but also a duty of every individual toward the community.*

*c/ To increase the quality of screening of HIV for blood units and blood products before being transfused, provide in time adequate good-quality bio-products for blood screening in order to ensure 100% of blood units and blood products are screened for HIV before transfusion. To gradually socialize safe blood transfusion by calculating fully the unit cost of blood units and blood products.*

*d/ To encourage the increased application of appropriate modern techniques and prescription of blood transfusion such as: partial blood transfusion, blood self- transfusion, filter of white blood cells... in order to reduce the risk of HIV infection.*

**e/ To strictly comply with the Rules of blood transfusion safety. The prescription of blood transfusion should be correctly made. To limit total blood transfusion and blood transfusion to cure anemia.**

**f/ To build centralized blood banks (regional blood banks) using foreign aid and domestic funding sources, step by step modernize the safety system in blood transfusion.**

**g/ To strictly adhere to routine procedures and regulations on sterilization and disinfection in public and private health services. To mobilize resources to build standardized areas for sterilization and disposal of equipment.**

**h/ To provide knowledge and raise skills for professional staff working in the hematology system in particular and health workers in general on HIV and blood transfusion safety.**

**i/ To build laboratories of national standards for quality control of blood transfusion safety including: quality control of bio-products, control of testing procedures, equipment...**

### **3. Prevention of HIMIDS transmission through medical and social services**

**a/ To develop, revise and amend regulations and guidelines on prevention of HIV transmission through medical and social services.**

**b/ To step up propagation among the people on methods to prevent HIV transmission through medical and social services. To ensure the rights of people to request the provision of sterilized services and to ask health workers to disinfect medical equipment.**

**c/ To supply sterilization and disinfection equipment for medical establishments, especially those at district and commune levels. To ensure that all medical establishments are supplied with at least minimum equipment for sterilization in medical services.**

**d/ To guide and manage the prevention of HIV transmission through medical services at all private medical establishments. To ensure all private medical establishments have sufficient equipment and supplies in service of sterilization in their hospitals. Health workers working at private medical establishments must have proper knowledge about, and understanding of, prevention of HIV transmission through medical services.**

### **4. Stepping up the treatment of HIV/AIDS patients**

**To create conditions for HIV/AIDS-infected people in Vietnam to have access to anti-retroviral drugs (ARVs), contributing to reducing the socioeconomic impacts caused by AIDS:**

**- To increase the number of AIDS patients who have access to HIV/AIDS treatment drugs every year, with 70% of AIDS patients to have access to ARVs by 2010; to commit to participate in the WHO's initiative 3 x 5 (3 million to have treatment by 2005) and other initiatives in the treatment**

**- To improve the capability of diagnosis and treatment of AIDS patients in Vietnam, with at least 50% of AIDS treatment establishments to be adequately equipped with modern diagnostic and treatment equipment and facilities by 2010;**

**- To enhance the capability of health workers engaged in treatment of AIDS;**

**-To improve the capacity to produce ARVs, with at least 3 groups of ARVs to be adequately manufactured and distributed to satisfy the demand.**

**a/ Increasing the availability and accessibility of ARVs:**

**- To negotiate the reduction of ARVs'prices:**

**+ To establish forums to negotiate on the reduction of the drugs'prices: To rally domestic and international organizations, ARVs-manufactu ring pharmaceutical companies and HIV/AIDS-affected people to discuss and share information and identify measures to reduce the ARVs' price in Vietnam.**

**+ To participate in regional and international forums to negotiate on the reduction of the drugs'**

prices.

**+To build appropriate mechanisms and policies on negotiation to reduce the drugs' prices, to formulate appropriate mechanisms and policies on accessibility to the drugs.**

**- To permit the domestic production of ARVs in order to increase their accessibility:**

**+ The Government shall consider and permit Vietnam's pharmaceutical companies to produce drugs locally. To encourage patent-holding pharmaceutical companies to sell their patents to produce drugs to domestic pharmaceutical companies or to produce anti-retroviral drugs in the form of joint-venture company or subsidiary company in Vietnam.**

**+ To make investment to raise the production**

**capacity and the quality of products of pharmaceutical companies. Domestic pharmaceutical companies shall invest on their own to increase the quality of their products. The Union of pharmaceutical producers and traders shall act as the linking bridge to help pharmaceutical companies to participate in WHO's evaluation processes and satisfy other standards so as to ensure the supply of quality drugs.**

**+ The Government should allocate a budgetary amount exclusively for the drugs' accessibility program in order to create stability of purchasing drugs for treatment of AIDS patients.**

**+ To enhance the management and distribution of ARVs according to guidelines so as to avoid the use of the drugs at variance with prescriptions or guidelines, leading to drug resistance.**

**b/ Strengthening the system of treatment of HIV/**

**AIDS patients:**

**- To consolidate 3 national centers for AIDS treatment, to increase investment in material foundations, increase the number of in-patient beds, provide equipment for diagnosis and treatment of AIDS patients, including hi-tech equipment.**

**- To set up a system of surveillance and**

**monitoring of drug resistance, increase investment in bio-equivalent studies to determine appropriate treatment guidelines as well as quality drugs for AIDS patients in Vietnam. To revise, issue appropriate treatment guidelines of anti-retroviral drugs, and criteria for selecting treatment methods and treatment priorities.**

**- To establish satellite treatment quarters in regional hospitals. To strive for the target that by 2005 each satellite hospital will have 20-30 inpatient beds for AIDS patients; and by 2007 such hospitals will satisfy the criteria equivalent to national treatment centers.**

**- To increase investment for communicable**

**diseases departments of provincial general hospitals to ensure that they have minimum equipment and in-patient beds as required for admission and treatment of AIDS patients. By 2007, each communicable diseases department of a provincial general hospital shall have at least 10 in-patient beds for admission and treatment of AIDS patients. To ensure that all provincial general hospitals will have anti-retroviral drugs available in their essential drug list.**

**- To raise the diagnostic capacity so that by 2005, at least 10 therapeutic establishments will have CD4-CD8 cell-counting machine, and 3 establishments will have blood viral load-measuring machines, and by 2010, at least 20 establishments will have CD4-CD8 cell-counting machines and 10 establishments will have blood viral load-measuring machines.**

**- To increase investment for the district level, ensuring that district health centers will be able to diagnose and treat common opportunistic infections and gradually expand the accessibility to anti-retroviral drugs to district hospitals.**

**- To plan and conduct training of human resources, focusing on the central level and satellite**

**hospitals for the immediate future. To organize training of trainers for the provincial level, who will then train the district-level staff engaged in AIDS treatment**

- To organize national and international seminars, conferences and workshops on AIDS treatment in Vietnam.**
- To link universities and hospitals involved in AIDS treatment in the region and the world to share and exchange treatment experiences.**
- To promote international cooperation on the field of accessibility to anti-retroviral drugs. To organize study tours, learning and exchange of experiences and update information of other countries on prevention, care and support for HIV/AIDS infected people.**

**c/ Accessibility to drugs for opportunistic infections:**

- To include drugs for opportunistic infections on the essential drug list of hospitals, medical establishments, including commune health stations, to facilitate the HIV/AIDS-infected people's accessibility to these drugs. The Ministry of Health shall be responsible for prescribing a detailed list of drugs to treat opportunistic infections for HIV/ AIDS patients in Vietnam.**
- To formulate and issue guidelines on diagnosis and treatment of opportunistic infections for HIV/ AIDS patients at medical establishments and in the community. To well implement community- and family-based programs on care and support for HIV-infected people.**
- The national HIV/AIDS prevention and control program shall allocate part of its budget for purchasing drugs to treat opportunistic infections and supplying them to medical establishments. The State shall have a policy to support AIDS patients to get such drugs.**
- To enhance the capability to integrate and coordinate the tuberculosis prevention and control program and the HIV/AIDS prevention and control program. To step by step invest in the tuberculosis prevention and control system so that this system can have adequate capability, equipment and qualifications to treat tuberculosis in combination with HIV/AIDS treatment.**

**d/ Perfecting policies in the domain of treatment:**

- To develop, revise and amend regimes and policies as appropriate for staff engaged in HIV/ AIDS treatment in suitability to the reality of each period.**
- To encourage the use of traditional drugs and various methods of treatment using traditional medicine in order to improve the physical conditions and disease-resistant capability of HIV/AIDS patients.**
- To enhance the management of drugs' quality and ensure the quality of drugs used for HIV/AIDS patients up to Vietnamese standards.**
- To enhance the management of the rational drug distribution systems and ensure the availability of treatment drugs, adopt a price-subsidy policy or provide free of charge drugs for HIV/AIDS patients.**
- To select treatment priorities and ensure treatment for 100% of staff infected with HIV in occupational accidents or risks and HIV-infected pregnant women, and gradually increase the number of HIV/AIDS patients who receive treatment each year.**

**5. Prevention of mother-to-child HIV transmission**

**a/ Raising the awareness of women in reproductive age of the risk of HIV transmission and the possibility of mother-to-child HIV transmission:**

- To intensify information, education and communication on prevention of mother-to-child HIV transmission. To closely integrate the communication program on prevention of mother-to-child HIV transmission with the safe motherhood and reproductive health education programs.**
- To concentrate efforts on communication for women in reproductive age, with due attention being**

*paid to disadvantaged women groups such as female sex workers, poor women in rural areas.*

*- To step up communication on the program on prevention of mother-to-child HIV transmission in*

*secondary education schools, colleges, universities, educational and vocational centers, intensify such communication in the community through mass organizations such as Women's Union, Youth Union, and at offices, factories, manufacturing units.*

*b/ Raising the capacity of the system engaged*

*in preventing mother-to-child HIV transmission*

*- To set up a network of HIV testing and counseling at all levels. To mobilize the participation of all branches and mass organizations such as Youth Union, Women's Union in providing counseling and social support for HIV-infected pregnant women and women in difficult circumstances.*

*- To organize training and re-training courses for staff working in the network at all levels on prevention of mother-to-child HIV transmission such as voluntary HIV counseling and testing, diagnosis and treatment of sexually transmitted infections, including sexually transmitted diseases; care for, and treatment of, HIV-infected children and HIV-infected pregnant women before, during and after laboring.*

*- To supply equipment for obstetric/gynecology hospitals at the central, provincial and district levels so that they can diagnose HIV infection.*

*- To supply adequate prophylactic medicines for the levels from central to district to prevent mother-to-child HIV transmission at the time of laboring.*

*- To provide counseling and support of substitute milk for newborns of HIV-infected mothers.*

*c/ Intensifying activities to early prevent mother-to-child HIV transmission*

*-To encourage safe sexual behaviors, especially for women in reproductive age; to promote the use and facilitate the access to condoms.*

*- To encourage HIV testing before marriage and delivery for counseling. To provide sufficient information on mother-to-child HIV/AIDS transmission and preventive methods for pregnant women..*

*- To implement early management of pregnancy to detect the risk of mother-to-child transmission and provide early treatment for HIV-infected pregnant women.*

*- To early detect and treat sexually transmitted infections for women in reproductive age.*

*- To provide treatment to prevent mother-to-child HIV transmission during the time of laboring; apply measures to prevent mother-to-child HIV transmission during delivery.*

*d/ Care for HIV-infected and HIV/AIDS-affected children:*

*- To ensure adequate specific treatment drugs and drugs to treat opportunistic infections for HIV/AIDS-infected children.*

*- To form in big provinces and cities centers to care for orphaned HIV-infected children who have no support. To ensure all necessary conditions for caring for and nurturing abandoned children due to HIV/AIDS.*

*- To step up education and communication activities to provide knowledge and life-skills for street children (especially female children) in order to reduce the risk of contracting H IV in this group.*

*- To mobilize active participation of all branches and mass organizations in caring and supporting HIV-infected and HIV/AIDS-affected children.*

*6. Intensifying prevention and control of sexually transmitted infections (STI)*

*a/ Establishing and strengthening the capacity of the network of management, surveillance,*

## **diagnosis and treatment of sexually transmitted infections:**

- **To establish a network of surveillance of sexually transmitted infections at the provincial level: in 10 provinces/cities in 2003, 25 provinces/ cities by 2005 and all provinces/cities nationwide by 2010. To closely integrate surveillance of HIV/ AIDS and STI surveillance.**
- **To build case-reporting and electronic reporting systems to facilitate the projection of HIV/ AIDS/STI and the plan making at all levels.**
- **To equip the central, provincial and district levels with STI-testing equipment. To ensure the capacity to early detect and treat sexually transmitted infections.**
- **To organize training and re-training courses on STI management, surveillance, diagnosis and treatment for both public and private health**

**systems.**

- **To promulgate legal documents on, and to ensure the mutual support and coordination between the public and private health systems in, the management, surveillance, treatment and reporting of sexually transmitted infections.**

### **b/ Enhancing early diagnosis and treatment of sexually transmitted infections**

- **To increase the application of national treatment guidelines for sexually transmitted infections at primary healthcare and maternal and children care levels as well as in the private health sector.**
- **To ensure the close coordination among the medical specialty system, between the private and public health sectors in order to provide early detection, counseling, and treatment of sexually transmitted infections for women in reproductive age and pregnant women.**
- **To provide counseling, examination and treatment for sex partners of STI patients.**
- **To set up mobile teams to examine and treat sexually transmitted infections at "hot spots" 'in order to increase the accessibility for high-risk groups.**

### **c/ Intensifying activities of preventing sexually transmitted infections**

- **To implement health education measures to prevent sexually transmitted infections in close combination with reproductive health education, strive to reach the target that by 2005, 50% of women in reproductive age will be educated about**

### **STI prevention and control.**

- **To deploy the distribution of condoms and the propagation and guidance on the use of condoms in all public dermatology establishments; conduct social marketing of condoms in all private medical establishments. To step by step manage the treatment of STI patients at private medical establishments.**
- **To implement interventions to prevent STIs in the community, contributing to reducing HIV transmission in the community.**

## **7. Scientific researches and monitoring, evaluation of the national program**

### **a/ Forming the system of management, monitoring and deployment of scientific researches:**

- **To set up a HIV/AIDS research network and a contingent of HIV/AIDS researchers on the basis of enhancing the coordination among the concerned scientific agencies and research institutions nationwide under the uniform coordination by the HIV/AIDS prevention and control agency.**
- **To regularly sum up domestic and international studies in order to provide leaders with updated scientific information and rationally apply such information to domestic HIV/AIDS prevention and control programs.**

**- To support scientific research institutions and agencies in research activities. The AIDS prevention and control program shall allocate a significant part of its budget for research activities.**

**- To encourage organizations, individuals, and all economic sectors to participate and invest in researches in service of HIV/AIDS prevention and control in accordance with current regulations. To make sure that HIV/AIDS researches should be reviewed in terms of medical ethics before they are approved and conducted.**

**- To promote technical transfer and exchange**

**as well as experts' training between domestic and overseas research institutions.**

**- To regularly organize symposiums to share experiences, publicize research results and apply research results to professional activities...**

**b/ Areas of research:**

**- To define the prioritized issues to be studied along the direction of developing basic, in-depth, operational and evaluation researches...**

**- To actively invest in preparing material foundations and enhancing the capacity of basic and in-depth researches into HIV/AIDS, such as epidemiological researches at HIV molecular level, researches into the natural development of HIV/ AIDS, efficacy of treatment drugs, testing of HIV prevention vaccines....**

**- To build research institutions and national laboratories specialized in HIV/AIDS researches and allocate more resources for basic researches.**

**- To encourage the investment in studying and applying oriental medicine prescriptions in treating, improving physical conditions and prolonging lifetime of, HIV/AIDS infected people.**

**- To conduct researches into reciprocal interactions between HIV/AIDS and socio.M.0mical development in Vietnam.**

**c/ Program monitoring and evaluation:**

**- To develop a system of program monitoring and evaluation. To set up at the central level a body specialized in program monitoring and evaluation, storing and synthesis of evaluation data in order to form basic databases in service of long-term evaluation purposes. Every locality shall have fulltime staff in charge of program monitoring and evaluation.**

**- To raise the capability of staff in charge of program monitoring and evaluation at all levels.**

**- To conduct routine evaluations after 2 years and 5 years of program implementation.**

**- To coordinate with international organizations specialized in evaluation to conduct joint evaluations or to conduct independent evaluations of the program in order to have objective evaluation data.**

**- To pay attention to allocating funds and equipment to the program-monitoring and -evaluating system and apply information technology advances to the program management, implementation, monitoring and evaluation.**

**- To promote wide exchange of research and evaluation information. To promulgate regulations prescribing that projects must be formulated and implemented on the basis of basic indicators so that their effectiveness can be evaluated.**

**- Major groups of indicators for program evaluation:**

**+ Group of indicators related to the rate of HIV prevalence through serum surveillance conducted on the specific groups of population;**

**+ Group of indicators related to policy, including effort indicators and expenditure indicators of the**

## **HIV/AIDS program.**

- + Group of indicators related to evaluation of interventions, including indicators on the sharing of syringes and needles and on condom use.**
- + Group of indicators related to care and counseling for HIV/AIDS-infected people;**
- + Group of indicators related to knowledge and behaviors to prevent HIV/AIDS transmission;**
- + Group of indicators related to voluntary counseling and testing;**
- + Group of indicators related to prevention of mother-to-child transmission;**
- + Group of indicators related to care and prevention of sexually transmitted infections;**
- + Group of indicators related to the socioeconomic impacts of HIV/AIDS.**

## **C. Solutions on resources and international cooperation**

### **1. Solutions on organization, human resources, training**

#### **a/ Strengthening the capacity of the system of State management over HIV/AIDS prevention and control**

**- To unify the organizational system of HIV/AIDS prevention and control under direction of the Government. To define the specific functions and tasks of ministries and branches being members of the National Committee for AIDS, Drug and Prostitution Prevention and Control. To closely link HIV/AIDS prevention and control with the directing, managing and executing functions of each member ministry or branch.**

**- To increase investment in human resources for HIV/AIDS prevention and control. To concentrate efforts on raising the capability of fulltime staff in charge of managing and implementing the program, attaching importance to the contingent of grassroots staff.**

**- To continue reorganizing HIV/AIDS prevention and control activities to ensure their compliance with law provisions. To raise the capability to coordinate and implement the program for managers of the HIWAIDS program.**

**- To raise the capacity of Government agencies and non-government organizations, social and political organizations as well as the private sector in HIV/AIDS prevention and control; to formulate appropriate mechanisms which create equality between the public and private sectors in the field of investment and implementation of HIV/AIDS prevention and control activities.**

**- To promote the cooperation between State agencies and the private sector on HIV/AIDS prevention and control activities.**

**- To continue stepping up the inspection and**

**examination of HIV/AIDS prevention and control activities at all levels, attaching importance to testing and sterilization activities in the private health sector.**

#### **b/ Training of staff:**

**- To adopt policies to mobilize human resources to participate in HIV/AIDS prevention and control activities. To build up a sufficient contingent of staff who have proper knowledge, experiences and professional qualifications to efficiently manage, monitor, and implement HIV/AIDS prevention and control activities.**

**- To train a contingent of staff for HIV/AIDS prevention and control, who have proper knowledge and qualifications to meet short-term and long-term needs. At the initial stage, to focus on training of personnel for the central and provincial levels, especially newly employed staff, serving as a basis for decentralizing training in the system.**

- To select and train experts and teachers to teach HIV/AIDS prevention and control in schools.
- To select and train a network of collaborators and volunteers including HIV/AIDS-infected and -affected people.
- To mobilize the utilization of existing training establishments of all branches , especially the system of medical schools, and mobilize university lecturers and staff of various branches, who have practical experiences, to take part in lecturing and training HIV/AIDS prevention and control.
- To diversify training forms suitable to each specific group of trainees. To combine formal training with in-service training, long-term and short-term training, and training through workshops, meetings, direct coaching...
- To develop and complete the system of teaching materials and textbooks, ensuring both scientific and practical contents and update knowledge, suitable to each specific group of trainees.
- To organize training on the application of information management programs in the computer and the network for central and provincial personnel.
- To periodically monitor and evaluate the effectiveness of training so as to adjust in time the contents, methodologies and forms of training suitable to the changing situation and increasing requirements of HIV/AIDS prevention and control.

**c/ Stepping up decentralization and management of the program:**

- To formulate appropriate mechanisms to promote organizations, communities including HIV-infected people. to take part in the process of making plans for HIV/AIDS prevention and control. Annual HIV/AIDS prevention and control plans must be considered and approved by the People's Councils and the People's Committees at all levels to ensure their effective implementation.
- Besides the budgets allocated by the Government, the People's Committees at all levels shall be responsible for arranging local budgets for the HIV/AIDS prevention and control program. To make public the budget allocations for the HIV/ AIDS prevention and control in each locality.

**2. Production of equipment, treatment drugs and bio-products for HIV/AIDS prevention and control**

**a/ To encourage the research into, and production of, assorted equipment, bio-products and treatment drugs in service of HIV/AIDS prevention and control.**

**b/To adopt policies to support the production of**

**equipment and medical , bio-products in service of HIV/AIDS prevention and control for gradual satisfaction of domestic demands and then for export.**

**c/ To formulate policies to support the private sector in investing in the production of products to be used in HIV/AIDS prevention and control and to encourage such products, such as policies on tax and investment preferences, trade, information and technology exchange.**

**d/To promote technical and technology transfer, encourage investment.**

**e/ To adopt policies to prioritize the use of homemade products, price-subsidy policies, and policies to prioritize home-made products for HIV/AIDS prevention and control when organizing biddings therefor.**

**3. Solutions on financial investment**

**To increase budgetary allocations, improve material and technical foundations, equipment, instruments and documents necessary for HIV/ AIDS prevention and control. To efficiently manage, allocate and use all funding sources mobilized for the action programs on HIV/AIDS prevention and control.**

*a/ To gradually increase the funding levels and mobilize more and more funding sources for HIV/AIDS prevention and control, striving for a level equivalent to that of other regional countries where the economic situation and the situation of the epidemic are similar to Vietnam. According to calculations based on the 2000 investment need, if the annual investment need growth rate is approximately 10 - 15% over the previous year, by 2010 the investment need of Vietnam's HIV/AIDS prevention and control program shall be about VND 4,750 billion, if calculated at a high level, or about VND 3,349 billion, if calculated at a medium level*

*b/ All of the abovesaid budgets shall be mobilized from the following sources: State allocations, inclusive of local contributions, aid amounts, and amounts mobilized from other sources. It is expected that aid amounts shall be mobilized to account for 50% of total investment need.*

*c/ The funding sources must be efficiently used. The management of funding shall be decentralized to ensure the initiative of the localities in carrying out HIV/AIDS prevention and control activities in the localities.*

**Table 3. Estimated need of funding for HIV/ AIDS prevention and control till 2010**

**Calculation unit: VND 1,000,000**

**Year High level of Medium level**

**investment of investment**

**2004 456,700 311,700**

**2005 516,200 356,200**

**2006 588,400 409,600**

**2007 670,800 471,000**

**2008 751,300 532,200**

**2009 841,400 601,400**

**2010 925,500 667,600**

**Total 4,750,300 3,349,700**

*The budget for HIV/AIDS prevention and control is calculated on the basis of the forecast number of HIV-infected people and the possibility of raising State budget allocations for the HIV/AIDS prevention and control program.*

#### **4. International co-operation**

*a/ Expansion of international cooperation in the area of HIV/AIDS prevention and control:*

*- To consolidate existing cooperative relations and concurrently seek new opportunities for cooperation along the direction of multi lateralizing and diversifying cooperative relations with UN organizations, and for bilateral and multilateral cooperation in the field of HIV/AIDS prevention and control.*

*- To promote strong cooperative relations in the Asia-Pacific region and among ASEAN member countries.*

*- To closely cooperate with neighborhood countries to deal with urgent issues of common concern, especially issues related to the crossborder transmission of HIV/AIDS and to unplanned migration among countries in the region.*

**- To enhance the dissemination of knowledge to Vietnamese citizens working overseas and overseas Vietnamese communities through various forms of bilateral cooperation with HIV/AIDS prevention and control organizations of foreign countries. To restrict and then prohibit compulsory HIV testing for laborers before going to work overseas.**

**- To boost the provincial/municipal-level cooperative relationship between provinces and cities of Vietnam and other countries.**

**- To provide in time sufficient and update information for Vietnamese diplomatic representations and embassies in other countries to look for new opportunities to expand cooperation.**

**b/ Making full use of resources for HIV/AIDS prevention and control:**

**- To actively mobilize supports of other countries, UN organizations and international organizations for HIV/AIDS prevention and control. The Government shall integrate activities of calling for financial supports at international conferences and workshops on other domains.**

**- To formulate policies on priorities in considering and approval of international cooperation schemes or projects in the field of HIV/AIDS prevention and control to ensure the successful implementation of these projects as scheduled .**

**- To establish a common mechanism for coordinating and implementing foreign-aid projects in the field of HIV/AIDS prevention and control. To unify the management of foreign-aid projects (under the Preventive Medicine and HIV/AIDS**

**Prevention and Control Administration of the Ministry of Health). To enhance the management of bilateral cooperation projects, especially those carried out in localities and by other organizations.**

**- To bring into full play the national initiative in coordinating, managing and utilizing foreign-aid projects to ensure their conformity with national target programs and national indicators and national action programs.**

**- To prioritize projects of cooperation involving capital support, technical support and hi-tech transfer.**

**c/ Raising Vietnam's responsibilities for global HIV/AIDS prevention and control programs.**

**- To continue strongly committing and implementing all regulations and declarations which Vietnam has signed or acceded to, such as the Declaration of Commitment on HIV/AIDS (UNGASS), declarations of ASEAN summit meetings...**

**- To set up a center for monitoring international documents so as to provide in time update information for international conferences and workshops on HIV/AIDS prevention and control.**

**- To encourage and prioritize the organizing of training courses, international conferences and workshops on HIV/AIDS prevention and control in Vietnam. To host big conferences to enhance Vietnam's status in the international arena.**

**- To raise the national HIV/AIDS prevention and control organization's capability of managing, designing, making projects and coordinating international cooperation activities and the implementing capability of the HIV/AIDS prevention and control organizations of other branches and levels so that they can efficiently implement ongoing cooperation projects and develop new ones. To optimally utilize international aid resources and supports.**

### **III. PROGRAMS OF ACTION**

**1. Behavioral Change Information, Education and Communication Program in HIV/AIDS prevention and control in coordination with the drug and prostitution prevention and control programs to prevent HIV/AIDS transmission.**

2. *HIV/AIDS Harm Reduction Intervention Program.*
3. *Care and Support for HIV/AIDS-Infected People Program.*
4. *HIV/AIDS Surveillance and Monitoring and Evaluation Program.*
5. *Access to HIV/AIDS Treatment Program.*
6. *Prevention of Mother-to-Child HIV Transmission Program.*
7. *STIs Management and Treatment Program*
8. *Blood Transfusion Safety Program.*
9. *HIV/AIDS Prevention and Control Capacity Building and International Cooperation Program.*

#### **IV. ORGANIZATION OF IMPLEMENTATION**

*In the 2004-2010 period, to focus on directing and deploying the implementation of the contents of the Strategy in the provinces and cities, taking communes, wards and villages as central places.*

*1. The People's Committees of the provinces and centrally-run cities shall be responsible for directly directing and implementing the contents and action programs of the National Strategy on HIV/AIDS Prevention and Control from now till 2010 with a vision to 2020. To develop and identify HIV/AIDS prevention and control objectives in the provincial or municipal socio-economic development plans. In addition to allocations from the central budget, the localities shall take initiative*

*in allocating budgets, human resources, and material foundations for the HIV/AIDS prevention and control program. To focus on directing the implementation of harm reduction intervention measures including clean syringes and needles and condom use programs to prevent HIV/AIDS transmission. To provide good care and treatment for HIV/AIDS-infected people;*

*2. The Ministry of Health shall be responsible for providing guidance on implementation of the National Strategy on HIWAIDS Prevention and Control from now till 2010 with a vision to 2020; coordinating with other ministries and branches being members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control and other concerned central agencies in directing and implementing the contents of the Strategy falling under the scope of their assigned tasks and powers.*

*The Ministry of Health shall direct HIV/AIDS prevention and control agencies at all levels within its service. The HIWAIDS prevention and control agencies of the provinces or centrally-run cities shall have the responsibility to advise the presidents of the People's Committees of the same level in organizing the performance of specific tasks defined in the Strategy; to monitor and supervise such performance, organize periodical preliminary and final reviews and report on the performance results to the Ministry of Health for sum-up and reporting to the Prime Minister.*

*3. The Ministry of Culture and Information shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies, the provincial/municipal People's Committees, and Vietnam Fatherland Front in, directing the mass media at all levels to step up the behavioral change information, education and communication to prevent HIWAIDS transmission nationwide. To focus on providing information for people in deep-lying areas, remote areas and areas hit with special difficulties as well as groups of people with high risk behaviors.*

*4. The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies and provincial/municipal People's Committees in organizing the integration of the program on education of the HIV/AIDS prevention and control knowledge and skills into the training curricula of universities, colleges, intermediate professional schools, vocational training and general education schools, suitable to their students;*

*5. The Ministry of Labor, War Invalids and Social Affairs shall assume the prime responsibility for, and coordinate with the Ministry of Health, the Ministry of Finance and other concerned ministries*

**and branches in, studying and formulating appropriate mechanisms and policies in service of HIV/AIDS prevention and control.**

**6. The Ministry of Planning and Investment and the Ministry of Finance shall be responsible for allocating and providing in time budgets for activities of the HIWAIDS prevention and control program according to the National Assembly's annual plans on budget allocation. To actively mobilize domestic and foreign financial funding sources for HIV/AIDS prevention and control.**

**7. Vietnam Television, the Radio Voice of Vietnam and Vietnam News Agency shall assume the prime responsibility for, and coordinate with other mass media agencies in, directing the local television and radio stations at all levels to broadcast information on H1V/AIDS prevention and care for HIV/AIDS-infected people as the regular contents of their broadcasting programs. To develop HIV/AIDS thematic programs or columns and take initiative in allocating funds for developing and broadcasting programs on HIWAIDS prevention and control.**

**8. The ministries and branches being members of the National Committee for AIDS, Drug and Prostitution Prevention and Control, and the Government-attached agencies shall be responsible for actively drawing up and implementing their own HIV/AIDS prevention and control plans according to their assigned functions and tasks and their own characteristics; to take the initiative in allocating budgets for this work.**

**9. Vietnam Fatherland Front and socio-political mass organizations are requested to actively participate in implementing this Strategy within the scope of their respective operations.**

**Prime Minister**

**PHAN VAN KHAI**