



APCASO
ASIA PACIFIC COUNCIL OF
AIDS SERVICE ORGANIZATIONS



SUPPORTING
COMMUNITY
DEVELOPMENT
INITIATIVES



Australian Federation
of AIDS Organisations

bridging the gap

A Case Study of the Community Advocacy Initiative on the Investment Framework in Viet Nam

Community advocacy towards nationally funded and sustainable HIV treatment in Viet Nam

International funding trends for HIV are either flatlining or declining. Access to essential HIV treatment, prevention, care and support programmes funded by development aid, is under threat. New solutions based on national partnerships and resources are needed to fill the gap.

This case study examines the Community Advocacy Initiative (CAI) in Viet Nam and its pivotal role in building consensus on a new funding architecture for HIV, based on an investment approach. CAI, funded by the Australian Department of Foreign Affairs and Trade, is built on partnership with, communities living with and affected by HIV.

Case in brief

- International donors provide the majority of funding and technical assistance for HIV prevention, treatment and care programmes in Viet Nam: 73.9% in 2011 and 68.2% in 2012.
- Viet Nam is experiencing rapid economic development and is now classified as a lower middle income country (LMIC). As Viet Nam's global development status has improved, international development aid has started to decline, reducing the level of resources available for HIV services and programmes.
- Seeking to address this challenge, CAI partners have engaged with government and international organisations on the development of a nationally sustainable source of funding for HIV treatment in Viet Nam.
- Identifying the relevant policy-making institutions, procedures, and opportunities for input, CAI partners initiated discussions between government and civil society organisations (CSO) on HIV investment priorities and approaches.
- Ongoing amendments to the National Health Insurance Law were identified as a critical opportunity to establish a secure and long-term funding mechanism for HIV treatment in Viet Nam.
- Building on advocacy efforts by a range of organisations, and strengthening relationships with government, CAI mobilised communities living with and affected by HIV, supporting dialogue between stakeholders at critical stages during the amendment of the National Health Insurance Law.
- In June 2014, Viet Nam's National Assembly amended the National Health Insurance Law to cover HIV treatment, establishing a modality for HIV treatment financing in Viet Nam.
- The success of the CAI programme, working in partnership with other stakeholders, highlights the important role of the HIV NGO sector and strategic, evidence-based community-led advocacy in shaping sustainable and nationally driven HIV responses.

HIV in Viet Nam

There are an estimated 250,000 people living with HIV in Viet Nam. The epidemic disproportionately affects vulnerable and marginalised communities and populations, all of whom experience high levels of stigma and discrimination. These experiences are concentrated primarily among the four key affected populations (KAP): people who use drugs (PWUD), sex workers (SW), transgender person, and men who have sex with men (MSM). At the end of 2013, a total of 82,687

people (78,438 adults and 4,204 children) were receiving anti-retroviral therapy (ARV), equivalent to 67.6% of the total number of adults and children identified as in need of treatment. The number of people accessing treatment has risen rapidly since 2005; as a result deaths from AIDS have reduced by 75% in the same period. While a significant number of people living with HIV are not on treatment, these figures represent a progressive and rapid scale up.¹

Funding the HIV Response

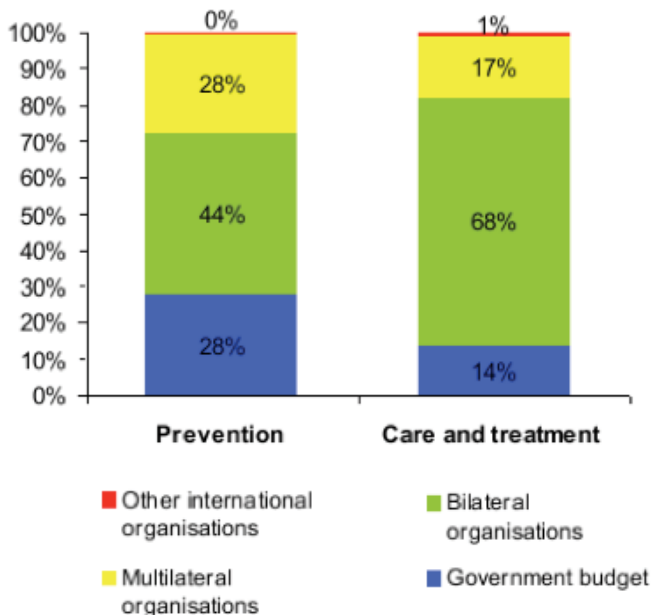
International donors provide the majority of funding and technical assistance for HIV programmes in Viet Nam, with 73.9% in 2011 and 68.2% in 2012 coming from international sources. In 2012 most government AIDS expenditure was concentrated on systems strengthening and programme coordination. 86% of funding for care and treatment was provided by bilateral and multilateral donors, with PEPFAR the largest contributor.² Viet Nam is experiencing rapid economic development and is now classified as a lower middle income country (LMIC). As Viet Nam's global development status has improved, international development aid is declining, reducing the level of resources available for HIV services and programmes. The breakdown of HIV funding allocation by source (Figure 1 below) illustrates Viet Nam's vulnerability to funding shocks.

Approximately \$7 out of every \$10 from donors goes to antiretroviral therapies and prevention programmes, while government HIV funding has focused on systems strengthening. When foreign aid decreases domestic funding will need to be rapidly mobilised to fill the void.

Yet while international donor funding declines, the Government of Viet Nam has also reduced its funding for the national HIV programme. Funding has been cut by two thirds from VND245 billion (\$12.25 million) in 2013 to VND83 billion (\$4 million) in 2014. This cut has directly affected education and communication programmes. Related services like distribution of free condoms and sterile injecting equipment may not expand in the future due to a lack of funding.³

The flight of international and domestic funding is widening the gap between the resources available and the resources needed, creating a funding deficit for HIV programmes. A strategy to address this gap and enable the government to finance the HIV response is critical. The decline in funding threatens to end the rapid expansion of ARV coverage and comes at a time when the benefits of early treatment to arrest progress towards AIDS, and treatment as prevention of onward HIV infection, have been clearly established.

Figure 1 HIV Expenditure on prevention, care and treatment by source 2012 (Vietnam AIDS Response Progress Report 2014)



The Case for Targeted Investments

The Investment Framework (IF) was developed by a group of international experts convened by UNAIDS and provides guidance for countries to rationalise the use of resources to maximise impact and contribute to more sustainable national HIV programmes. IF is underpinned by the Investment Thinking approach. It calls for focusing resources to provide essential HIV services, support critical social and programme enablers, and synergise these efforts within the larger national development context.

The IF highlights what HIV Community Based Organizations (CBO) and KAP have long known – that successful and cost effective HIV programmes need to focus on and work with the communities and populations most affected. The IF recognises that community centred design and delivery is critical to scaling up basic programme interventions to the level needed; reaching the hardest to reach populations; ensuring open and sustainable programme access; and keeping costs down through a shift to primary care and community-led approaches to service delivery. The IF re-conceptualises HIV financing away from the notion that costs for HIV programmes and services are expenditures lost, towards the view that what is spent is an investment leading to returns and reducing funding requirements in the long-term.

The Community Advocacy Initiative (CAI)

The IF creates greater space for communities in national HIV policy and planning. However, it requires communities to engage with increasingly technical and complex debates involving multiple stakeholders and a broad grasp of the fundamentals of health system strengthening, economics, and governance for their advocacy to have credibility. The pathways by which the IF and other global conceptual frameworks are communicated to and discussed with communities living with and affected by HIV at the local level are seldom linear. Gaps between international HIV strategy developments and their application by communities working on the ground are common.

CAI addresses this gap. It is jointly implemented by the Asia Pacific Council of AIDS Service Organizations (APCASO), the Australian Federation of AIDS Organisations (AFAO) and national partner organisations in East and South East Asia, with funding from the Australian Department of Foreign Affairs and Trade (DFAT) via the Regional HIV/AIDS Capacity Building Programme. Partners include the Center for Supporting Community Development Initiatives (SCDI) in Viet Nam. SCDI, APCASO, and AFAO are organisations with deep roots in communities living with and affected by HIV.

CAI Partner Organisations

SCDI is a leading HIV advocacy NGO based in Viet Nam. SCDI has helped establish and support national networks representing people who use drugs, sex workers, trans-people and men who have sex with men and convenes the largest civil society grouping of CBO KAP and NGOs working in HIV in Viet Nam.

APCASO, as a network of CBOs and NGOs, currently has 12 focal points representing national coalitions of AIDS service organisations in 10 countries, namely, Australia, Cambodia, China, Indonesia, India, Lao PDR, Malaysia, Nepal, Sri Lanka and Viet Nam. APCASO aims to strengthen community systems, evidence and platforms to conduct more effective advocacy around HIV and AIDS, with particular focus on 3 key programme areas: HIV investments, political commitments, and community systems strengthening. APCASO works in coordination with networks of key affected communities to ensure complementarity of objectives and outcomes.

AFAO, as the peak HIV community organisation in Australia, provides leadership, coordination, and support to Australia's policy advocacy and health promotion response to HIV. The AFAO International Program contributes to the development of effective policy and program responses to HIV at the global level, particularly in Asia and the Pacific, and has supported community based responses to HIV and AIDS across the region for over two decades.



Each organisation has built and maintained relationships with key national, regional and international agencies and actors – relationships central to translating international frameworks into credible, relevant and effective national advocacy.

Phase one of CAI (July 2008 - June 2012) was implemented in Indonesia, Lao PDR and Viet Nam. In 2012 the work of CAI in Lao PDR with national partner LaoPHA was recognised by UNAIDS Country Office as one of five best practice contributions to the national HIV response.⁴ The second phase of CAI (October 2012 – June 2014) supported civil society advocacy, engagement and leadership around the IF, and worked with national partners in Cambodia, China, Lao PDR and Viet Nam. Local partners provided the driving force for the initiative, identifying key issues and designing the advocacy strategy in each country, with input and advice from APCASO and AFAO.

CAI uses an approach based on sustained partnerships between organisations. It promotes the fundamental role of PLHIV and KAP as leaders in the HIV response. CAI also recognises the importance of flexibility and country level leadership, which enables national partner organisations to adapt and focus activities to maximise their advocacy impact, and respond to emerging opportunities and developments.

The Community Advocacy Initiative in Viet Nam

Over the past decade KAP networks and HIV NGOs in Viet Nam have worked to establish a voice in HIV policy making processes and legal reform. Their advocacy for more effective rights-based programmes for people who use drugs and sex workers has resulted in significant and ongoing improvements to programmes and policy. SCDI and other national and international NGOs have played a crucial role in building KAP and PLHIV capacity, enabling communities to take their place at the policy table. However, establishing a legitimate role for PLHIV and KAP CBOs and networks in the national response is a work still in progress.

The general focus of the CAI programme in Viet Nam has been to support community advocacy on HIV financing and the IF, through technical support and inputs from APCASO and AFAO to SCDI, and engagement at the national level with community and government stakeholders. CAI support in Viet Nam made it possible for SCDI to organise a number of meetings, events and briefing papers, including a workshop that produced key recommendations critical to the amendment of the Health Insurance Law to include HIV treatment.

The Opportunity for Intervention

In 2013 and 2014 SCDI, working through the CAI programme, identified the opportunity to initiate a policy dialogue with government on HIV investment priorities and funding. At the same time, through its Access to Medicines programme, SCDI worked with key national stakeholders in health insurance to increase access to treatment for PLHIV.

As the key donors to Viet Nam's HIV response were signaling their intention to reduce HIV funding, the Government of Viet Nam developed a strategy to address the funding decline. The "Plan for securing financial resources for HIV prevention and control for the period 2013-2020"⁵ outlines increased health insurance coverage for people living with HIV as well as a broader role for the health insurance system in supporting HIV services. Another significant development was the Prime Minister's direction to the Ministry of Health to create a legal framework for national health insurance as well as implementation guidance to mobilise domestic financial resources for HIV.

Initial steps in the programme involved SCDI engaging a range of KAP and community CBOs and networks to raise awareness on the IF and approaches to HIV financing. SCDI staff continued to explore HIV financing priorities and concerns with national CBOs and KAP networks over the following months, while working together at the national level to develop an advocacy strategy to mobilise domestic funding sources.

AFAO and APCASO play important roles in facilitating access to international forums and organisations by country level partners. The experience of both organisations internationally and regionally is central to their capacity to support local CBOs to interpret and apply internationally developed frameworks to apply to the national and local levels. This bridging function played a critical role in the development of the approach led by SCDI in Viet Nam. The outcome of the advocacy by SCDI in Viet Nam was supported by a series of linked activities developed patiently and over time. These included training and mentoring from AFAO and APCASO on the IF, to assist SCDI to develop an advocacy strategy for engagement with government.

New Funding Mechanism

The key question addressed by workshop participants was not

"Can Viet Nam afford to assume the financial responsibility for funding HIV treatment?"

Instead it was,

"Where will the money come from?"

CAI partners, led by SCDI, convened a key national meeting that brought together government, NGO, community, and other stakeholders to accelerate the dialogue on HIV financing for Viet Nam. This aimed at working towards a solution to the impending HIV funding deficit. As the convening partner, SCDI was instrumental in bringing together key government partners, including representatives of the Ministry of Health and the National Committee on AIDS, Drugs and Prostitution Prevention (NCADPP), as well as from PEPFAR, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and affected communities. SCDI's established relationships with both government and the CBO and KAP networks played a key role in bringing these sectors together and providing the forum for a discussion of the investment approach informed by the experience of people living with HIV, as well as the financial and legal realities of securing long-term HIV funding.

The meeting, held in April 2014, was chaired by a senior official from the National Committee on AIDS, Drugs and Prostitution Prevention (NCADPP, a multi-sectoral body responsible to the Prime Minister of Viet Nam for strategic coordination, advice and guidance on national HIV, drug and sex work policy, planning and resource mobilisation). Participants included representatives of Ministry of Health, Public Security, Labor-Invalids and Social Affairs, the Committee on Social Issues of the National Assembly, donor organisations, and KAP and PLHIV networks. The meeting focused on fault lines in the national HIV response and the need for corrective approaches. The key question addressed by workshop participants was not "Can Viet Nam afford to assume the financial responsibility for funding HIV treatment?" Instead it was, "Where will the money come from?"



Presentations highlighted Viet Nam's dependence on international funding for HIV and provided a clear contrast with regional neighbours, where the share of national funding for the HIV response is significantly higher. APCASO presented an overview of the IF and emphasised the importance the IF places on community centered approaches and the evidence-based allocation of resources. For many government officials it was their first exposure to the IF and opportunity to discuss an investment approach to HIV funding.

Ensuring the representation of KAP community views and experience in HIV policy is an essential but difficult task in Viet Nam. While government policy makers are open to community views, there is no clear systemic representation of KAP in Government HIV planning and policy processes. KAP CBOs are under-resourced; members face widespread stigma and discrimination, and lack of formal structures makes it difficult to maintain systematic community representation. SCDI's ability to create a space for government and community dialogue has been critical in expanding the opportunities available for communities to speak directly with high level government policy makers. This was a key aspect of the April meeting – KAP representatives at the meeting were able to add their voices to the debate and to educate policy makers about the importance of shaping legal measures that address systemic barriers to accessing services.⁶ The workshop also provided strong evidence of the need to review national procurement of ARV, highlighting that the national programme was purchasing drugs at nearly twice the cost of the same drugs purchased by international donors.

The workshop report synthesised outcomes and made a number of critical recommendations. Key among these was the importance of

developing an investment model for HIV funding, based on priority populations and high impact services including: KAP focused information, education and communication (IEC) programmes; scaled up ARV and methadone services and the end to compulsory drug detention programmes; reduction of stigma and discrimination; and national and local investment mechanisms that support government financing of CBO and KAP HIV prevention, care and treatment activities and services.

The CAI workshop was a critical milestone. It underlined the potential for a reversal of national HIV programme achievements without urgent action to address the growing funding deficit created by the decline in international funding. The workshop crystallised the key threat facing the HIV programme in Viet Nam, namely:

“The sustainability of the achievements of the HIV/AIDS prevention programmes as well as of the targets of National Programme on HIV/AIDS until 2020 are facing a great challenge...there is limited funding from local and national sources, a reduction in the national target programme... and a dramatic cut from international funding.”⁷

PLHIV and KAP Intervention in the Health Insurance Dialogue

Access to health insurance for people who are not registered with the local authorities where they live is very difficult in Viet Nam. Registering with local authorities can be a difficult and complex process. Information about a person's HIV or KAP identity is often disclosed without consent, increasing the burden of stigma and discrimination.

The involvement of PLHIV and KAPs in the dialogue on revising the Health Insurance Law brought these issues to the forefront in the drafting of the amendment and the documents guiding implementation of the law. PLHIV and KAP community representatives also highlighted the importance of the law providing clear statements that PLHIV and KAP are eligible for health insurance. As a result of their input, ensuring more flexible and equitable access to health insurance is now on the government agenda – not just for PLHIV and KAP but for everyone who faces similar barriers. Do Dang Dong, Chair of the Vietnamese Network of People living with HIV (VNP+) said that the changes in the law and the role of PLHIV and KAP in this process are critical to ensure the continuity of access to life saving ARV for people living with HIV in Viet Nam.

In 2013 the combined PEPFAR and GFATM budget for HIV treatment costs was approximately USD 24.6 million. Amendments to the Health Insurance Law have created a national funding source for these costs and will allow the Government of Viet Nam to manage the transition from international to national funding and avert a crisis in HIV treatment access. However, international donor funds will still be needed to support CSO and CBO costs and advocacy activities.



The Vice Chairperson of the National Assembly's Social Commission, who oversees HIV policy and programming, attended the April 14 meeting and recognised the importance and urgency of securing HIV treatment through health insurance. A further meeting was then organised by the Social Affairs Commission of the Viet Nam National Assembly on May 9, with representatives from the key government and international organisations responsible for the transition from international to national HIV funding in Viet Nam. SCDI attended, representing the interests of PLHIV and KAP communities. The meeting reached consensus that health insurance coverage for HIV treatment and testing was both viable and sustainable. SCDI alerted the meeting to the need to ensure the Health Insurance Law was amended to extend coverage to PLHIV and KAP previously excluded because they lacked identity papers or did not meet other conditions of enrollment.

In June 2014 the national assembly passed the amended Health Insurance Law, which comes into force in January 2015. The amended law removes the barriers to health insurance reimbursement for people excluded under the old law. This process has created the foundation for a nationally funded HIV programme that is inclusive of the most marginalised people.

The report of the meeting was submitted by the Advisory Group to the Chairperson of the NCADPP and to the Deputy Prime Minister. Madam Hoang Thi Hien, the Deputy Head of the Advisory group of the NCADPP, noted that the role of CBOs was pivotal to a successful outcome.



“The role of SCDI in supporting the process of consensus on a targeted investment strategy for HIV and the mechanisms to implement it was very important. The international experience and research presented at the workshop was very persuasive and helped us develop the case for a new framework for HIV funding, which led to the inclusion of HIV treatment and testing in the revised Health Insurance Law. Facilitating government and community links is very important, not only so that policy makers understand the issues more thoroughly but also that they become aware of the vital role communities play in ensuring HIV services are focused and effective.”⁸

The amendment of the Health Insurance Law was the culmination of efforts by many national and international stakeholders. However without the engagement of SCDI and PLHIV and KAP networks, many critical measures included in the amendment would have been omitted. SCDI worked with the legal drafting team from the Ministry of Health prior to and following the CAI workshop, organising numerous meetings between the drafting team and community representatives. Senior officials from the Health Insurance Department at the Ministry of Health were invited to the annual meeting of the Viet Nam Civil Society Partnership Platform on AIDS (VCSPA) convened by SCDI and co-funded by CAI.⁹ Mr Phan Van Toan, Deputy Director of the Health Insurance Department, presented the existing health insurance policy and listened to the feedback from over three hundred participants. Dr. Khat Thi Hai Oanh, Executive Director of SCDI, recalls Mr Phan Van Toan stating that the process organised by SCDI **brought the law to life**, and that it would have been very difficult to organise such a comprehensive review of the legislation without input from PLHIV, KAP, and the CBO sector working in HIV.

Preparatory work and engagement with government and other stakeholders also helped to build the case for strategic investment in targeted activities for PLHIV and KAP into the development of the Global Fund Concept Note for Viet Nam under the New Funding Model. Concept note development took place over a similar period from May – October 2014, with additional technical support from APCASO and SCDI to support KAP engagement in the process. This input will enable the allocation of resources under the Global Fund concept note to more fully cover community and KAP network activities, including difficult to fund but essential activities such as community based advocacy, organisational development, and capacity building.

LESSONS LEARNED

While much remains to be done to ensure a sustainable national HIV programme in Viet Nam, and to cushion the transition from international to national funding, the work of the CAI has been central to creating a new national architecture for the HIV response and has established a model for a mindful approach to civil society capacity development.

Importance of community based advocacy

CAI demonstrates the importance of targeted technical support and advocacy that allows for shifts in strategy to accommodate and exploit opportunities as they arise. CAI partners with limited resources developed a targeted, collaborative and evidence-based advocacy case for a national HIV funding mechanism.

Long-term support for building government – community relationships

The relationships established by SCDI at the government level enabled the organisation to play a convening role and facilitate dialogue between community and high level government decision makers. SCDI's well established links and support for KAP ensured that community perspectives and experiences were represented in the dialogue leading up to the reform of the Health Insurance Law.

Flexible and responsive advocacy approach

The flexibility of the funding provided through CAI helped create space for SCDI to assess the HIV funding landscape in Viet Nam. This enabled them to identify the opportunity that planned reforms to the Health Insurance Law provided for a new national source for HIV funding. Advocacy is as much an

art as a science. Compelling evidence and a clear rationale only make a difference if they resonate with national interests and actors. Local knowledge, relationships, and a deep understanding of the political context, including the key actors and decision makers are central to effective advocacy. The CAI programme in Viet Nam illustrates how these elements can be successfully combined to address complex and difficult issues and create consensus among a broad spectrum of stakeholders.

Utility of the investment approach

Viet Nam's experience demonstrates the utility of the IF as a tool to enhance planning and allocation of resources in the HIV response. The IF is clear about the centrality of community to the success of the framework. CAI in Viet Nam is a compelling example of why this is the case – CAI was able to contribute to the successful passage of the health insurance revisions and shape amendments to respond to the needs of PLHIV and KAP communities. The process that led to the inclusion of HIV in the Health Insurance Law included international technical support, but was led by SCDI as a local organisation able to identify key actors, timely interventions, and evidence and arguments appropriate to the context. Other key factors for success were the range of KAP and CBO actors who contributed their voices, and the government allies and stakeholders who collaborated to ensure clear passage for the revisions.

Community based networks sustained through long-term partnerships – where the central bond is defined by shared values – are able to play a major role in HIV policy outcomes. The outcomes of CAI demonstrate a mature political sensibility reflecting the experience communities bring to HIV policy making processes.

References:

1. Vietnam AIDS Response Progress Report 2014. Socialist Republic of Vietnam.
2. Vietnam AIDS Response Progress Report 2014. Socialist Republic of Vietnam, Annex 4 National Funding Matrix.
3. HIV/AIDS cases could climb if funding for prevention programs falls. Talk Vietnam November 27, 2014.
4. Global AIDS Response Progress Country Report, Lao PDR, 2012.
5. Plan for securing financial resources for HIV prevention and control for the period 2013-2020. Decision 1899/QD-TTG. 16 October 2013.
6. For example: measures supporting unrestricted access to health insurance cover for mobile KAP populations and people who are not registered for services with their local authority.
7. Report: The results of "Strategic Investment Priority for HIV/AIDS in Viet Nam" workshop: Advisory group to the National Committee on AIDS Drugs and Prostitution Prevention. April, 2014.
8. Interview with Hoang Thi Hien - Deputy Head of the Advisory Group to the Chairperson of the Viet Nam National Committee on AIDS, Drugs and Prostitution Prevention - Office of the Government. December 2014.
9. VCSPA is a coalition of over two-hundred CSO and community groups who share the goal of greater engagement of civil society for a more effective HIV response in Viet Nam. SCDI hosts the VCSPA secretariat.





This case study has been developed by SCDI, APCASO and AFAO through desk review and interviews with key stakeholders.

Author: David Stephens

Content Contributors:

Khuat Thi Hai Oanh, Executive Director, SCDI;

RD Marte, Executive Director, APCASO;

Chris Connelly, International Program Manager, AFAO

Copy Editors: Chris Ward and Gabrielle Szabo

Designer: Vaness Silpakhon Kongsakul

Managing Editor: James Malar, AFAO International

Photos: APCASO, SCDI and VCSPA

We would particularly like to thank: Madam Hoang Thi Hien, Deputy Head of the Advisory group of the NCADPP and Do Dang Dong, Chair of the Vietnamese Network of People living with HIV (VNP+) for their reflections on the Viet Nam experience.

We would also like to thank the CAI Focal Point partners across Asia and the Pacific, particularly the Viet Nam community partners who have been the inspiration for the programme.

Funding for the development of this case study was received from a community rights champion who wishes to remain anonymous.

Finally, we acknowledge the Department of Foreign Affairs and Trade (DFAT) for their ongoing support of the Regional HIV/AIDS Capacity Building Program.



This material may be reproduced or translated for non-commercial purposes provided that APCASO, AFAO and SCDI are duly acknowledged and informed.

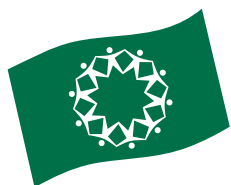
Visit www.apcaso.org, like APCASO at Facebook, or email www.cai.apcaso@gmail.com for more information.

Asia Pacific Council of AIDS Service Organizations (APCASO)

66/1 Sukhumvit Soi 2, Klongtoei,

Klongtoei, Bangkok 10110, Thailand

+66 (0)2 255 4410 Fax +66 (0)2 118 6313



A P C A S O
ASIA PACIFIC COUNCIL OF
AIDS SERVICE ORGANIZATIONS



**Australian Federation
of AIDS Organisations**

