National Committee for AIDS, Drug and Prostitution Prevention and Control

NATIONAL STRATEGY ON HIV/AIDS PREVENTION AND CONTROL
2010 - 2020
(Fifth draft)

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PART I. BACKGROUND

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, threatening sustainable development of the country. Vietnam is no exception to the epidemic, since the first HIV infection case in 1990 until the end of 2010, total number of alive people infected with HIV in Vietnam is 183,938 including 44,022 people having developed AIDS and 49,477 AIDS related-deaths reported. According to surveillance data, HIV infection was reported in 100% provinces/cities in 1998, and by the end of 2010, 97.9% of districts and more than 75.23% of wards/communes had reported HIV/AIDS infection cases.

Vietnam is one of the countries to commit implementing the UN’s “Three One” principles, in which, one of main principles is the One National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a vision to 2020 promulgated along with the Prime Minister Decision No. 36/2004/QD-TTg, on 17th March 2004. During the 5-year implementation of the National Strategy on HIV/AIDS Prevention and Control, as the whole, the Party at all levels, ministries and sectors, and provinces/cities have actively taken the lead and directing implementation of all strategic contents and made numbers of important achievements contributing to control effectively the speed of a wide spread of HIV epidemic and reduce HIV prevalence in a number of provinces and cities.

Nevertheless, a number of difficulties and shortcomings has been revealed during the course of implementation of the National HIV Strategy, such as: incomplete implementation of the strategy in numerous of sectors, the Party and People’s Committees at all levels, especially with the Programs of Action (POAs) under the National HIV Strategy and intervention activities have not yet fully covered the strategic contents due to the shortage of funding and direction by the local authorities especially at the district and commune level. In some localities leaders at grassroots levels have not yet paid attention to HIV/AIDS issues, even considering HIV as a kind of social evils. In many localities, HIV/AIDS prevention and control has only been concentrated in health sector, but not yet expanded to other social and community sectors. The budget allocation for HIV/AIDS programs has been
still low, and much depended on external funding source. Therefore, did not take the initiative in the resources, interventional sites as well as activities for HIV response.

The National HIV Strategy has not been yet implemented comprehensively. Therefore several objectives and indicators of National HIV Strategy have been not achieved as planned, for instance: (i) there remains hidden risks of expanding HIV/AIDS epidemic; (ii) the coverage of the intervention programs, in terms of number of intervention sites and target cases is still low, risk behaviors among high-risk groups are still at a level which enables high HIV transmission; (iii) the percentage of people having proper understanding of HIV prevention is not high, especially among those living in remote and mountainous areas; (iv) The percentage of people with advantage HIV infection accessing ARV combination therapy only met 40-50% demand. Therefore, it becomes an urgent and actual need to organize an evaluation on implementation of the National HIV Strategy for the 2011-2020 period in accordance with the real situation and in order to ensure investment for HIV/AIDS prevention and control. This aims at achieving the Millennium Goals by 2015 and respond to the call from the United Nations to have a society with Zero new HIV infection cases, Zero AIDS- related deaths, and Zero Stigma and Discrimination against PLHIV.

PART II. BASES FOR BUILDING THE STRATEGY

I. HIV/AIDS epidemic in the world and the Asian region

Since the first HIV infected case detected in the U.S. in 1981, the mankind has gone through 30 years of dealing with the complicated epidemic at a large scale. By the end of 2009, there were 33.3 million people infected with HIV, the HIV prevalence among people aged 15-49 is 0.8%. In 2009 alone, it is estimated that there were 2.6 million people newly infected with HIV and 1.8 million deaths from AIDS. Compared with 1999, the number of new HIV infections decreased by 21%. UNAIDS report also noted by the end of 2009 33 countries had decreasing number of new infections, including 22 Sub-Saharan, African countries. But there remained 7 countries with the new infection rate increasing by 25% when comparing between the 1999's data and 2009’s.

It is estimated that 4.9 million people are infected with HIV in 2009 in Asia. The epidemic has a signal of slowdown in most countries. No regional country reports a
pandemic. Thailand is the only country in the region has prevalence rates close to 1% and taken as a whole, the country’s epidemic is showing signs of slowdown. The HIV prevalence among adults was 1.3% in 2009, and the rate of new infections fall to 0.1%. In Cambodia, the HIV prevalence among adults dropped to 0.5% in 2009 from 1.2% in 2001. But the HIV prevalence is increasing in countries which used to report low HIV prevalence such as Bangladesh, Pakistan (where injecting drug use is the main form of HIV transmission) and the Philippines. As for the pattern of new HIV infections in Asia, in 2009 there were 360,000 people newly infected with HIV, less than 20% in comparison to 450,000 people in 2001. The newly infection rate decreased by more than 25% in India, Nepal and Thailand in the years from 2001 to 2009. The epidemic was also slow down in Malaysia and Sri Lanka during this period. The rate of new infections in Bangladesh and the Philippines increased by 25% from 2001 to 2009 though the prevalence in these countries remained low. HIV transmission in Asia is still mainly concentrated among injecting drug users, sex workers, sex clients, and men who have sex with men. The pattern of new infections can be varied in the large countries like India. Approximately 90% of new HIV infections in India have reportedly infected with HIV from unsafe sex intercourses, however, the two or more users sharing needles is the main way of HIV transmission in the country's northeastern states.

II. Overview of HIV/AIDS epidemic in Vietnam

HIV/AIDS epidemic has occurred in most of the different geographic areas across the country, time of epidemic occurring and the epidemic patterns in the geographic areas varies greatly. The HIV epidemic possibly occurred in Vietnam in late 1980s, transmitted through foreigners in Ho Chi Minh City or in southwestern border provinces. After that it was spread very fast in the southeastern provinces, then, in the northeastern provinces. In the past decade, the epidemic developed most rapidly in the northern mountainous provinces such as Thai Nguyen, Dien Bien, Son La and Yen Bai. Prior to the year of 2000, the epidemic mainly concentrated in urban areas, but currently the epidemic is occurring in almost throughout the country, even including remote, mountainous and ethnic minorities regions. However, HIV/AIDS remains high mainly among injecting drug users (IDU), female sex workers (FSW), men having sex with men (MSM). Among the people found HIV positive, injecting drug users account for about 70%, the FSWs make up around 5%, and other groups account for the remaining. In Vietnam, HIV/ AIDS is mainly transmitted through sharing syringes and needles in drug injection, patterns of HIV/AIDS transmission in each
region are also various. While in most of the country’s regions HIV/AIDS is mainly transmitted by drug injection, in the Mekong Delta provinces, HIV is mainly transmitted by sexual contacts, especially the border provinces report the highest rate of HIV infection by sexual relations. Nevertheless, sexually transmitted infections tended to increase in recent years, in the total number of HIV infections detected each year the proportion of HIV infected through sexual contacts increased from 12% in 2004 to 29% in 2010. Many evidences show that the growing percentage of drug injecting female sex workers and MSM have increased the risk of sexual transmission from these groups to their sexual partners, therefore the people infected with HIV through sexual transmission made up a higher percentage than previous years.

According to a general review of the HIV/AIDS epidemic, it does not increase as fast as before 2005, basically the epidemic has been controlled in most localities, groups vulnerable to HIV/AIDS infection and the number of new HIV/AIDS infection cases decreased continuously in the past three years, the majority of new HIV infections were among the most-at-risk population group. However, the HIV/AIDS epidemic is still complicated, risk behaviors among groups vulnerable to HIV/AIDS infection are still at a level which enables high HIV transmission, and though the number of newly-ducted HIV infection cases reduced continuously in the past three years, it is not enough time to ensure sustainability.

III. Outcomes of the implementation of the National Strategy on HIV/AIDS Prevention and Control until 2010 with a vision to 2020

1. Outcomes and evaluation of objectives of the National Strategy on HIV/AIDS Prevention and Control until 2010 with a vision to 2020

a) Objective 1: 100% of units and localities across the country shall incorporate HIV/AIDS prevention and control activities as one of priority objectives into their social-economic development programs.

Implementing Directive 54-CT/TW dated 31/11/2005 of the Party central committee's secretariat on Strengthening the leadership in HIV/AIDS prevention and control in new situation and the National Strategy on HIV/AIDS Prevention and Control until 2010 with a vision to 2020, 63/63 provinces and cities have set up Steering Committees on HIV/AIDS Prevention and Control, leadership and guidance on local HIV/AIDS prevention and control activities have always been concerned and considered the key tasks of the provinces. Ho
Chi Minh City has a model of Standing Committee on HIV/AIDS prevention and control; it has not established a Centre yet. According to a survey to evaluate impacts of the Directive 54-CT/TW, the provincial People’s Councils and People Committees in 100% of the surveyed provinces issued many important documents to promote local HIV/AIDS prevention and control. Most of the provinces, districts developed HIV/AIDS prevention and control plans until 2010 and annual plan on HIV/AIDS prevention and control\(^1\). Then, HIV / AIDS prevention has always been the concern of local leaders at all levels. Every year the provinces hold meetings on briefing, evaluation, review of the HIV / AIDS activities, 100% of the provinces have incorporated HIV / AIDS prevention and control activities into their prioritised target programs for local socio-economic developments.

In the period 2005-2010, with the leadership of the Party and the State, the efforts of the ministries, branches and localities, and with the help of the international community, the HIV/AIDS prevention and control was implemented comprehensively and has made many important achievements contributing to the country’s stable socio-economic development and healthcare for people. Some major accomplishments that we have achieved are summarised as follows:

- As for leadership, inter-sectoral coordination and community mobilization: The direction of leaders at all levels has been promoted to bring positive changes in respond to HIV/AIDS; the inter-sectoral collaboration has been improved to ensure stronger inter-sectoral responses and support the rapid expansion of the universal access to HIV prevention, treatment, care and support services; the increasing and more significant participation of civil society organizations has helped to scale up community programs, increasing access to groups of PLHIV, groups vulnerable to HIV infection, and vulnerable groups that previously difficult to access.

- Regarding the development of policies and expertise: issuance of many legal documents on HIV/AIDS prevention and control, technical guidelines appropriate to the practice, among them there were significantly important documents such as Directive 54 of the Party’s Central Committee Secretariat on strengthening leadership in HIV / AIDS and the Law on HIV/AIDS. The documents created a legal framework for the work of HIV / AIDS prevention and control, ensuring consistent leadership, mobilizing community participation in HIV / AIDS prevention and control and attracting investment from the international community.

b) **Objective 2:** 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:

- The information, education, and behavioral change communication have been implemented across the country with the participation of ministries, sectors, unions and localities under various forms appropriate to local culture’s characteristics’ and specific target groups, such as the movement "All people to participate in HIV / AIDS prevention and control in communities," model of B93 club, model of self-help groups. The results have contributed to raising awareness on HIV/AIDS in the community and have considerable impacts to change knowledge and behavior of high-risk groups. Many researchs and evaluations shows that the knowledge, attitudes and practices of people on HIV/AIDS has increased dramatically in recent years.

The activities of information, education and communication during the past period have had significant impacts to the change in knowledge of HIV/AIDS among high risk groups and in the community: The national Integrated Biologic and Behavioral Surveillance showed that knowledge of HIV / AIDS among high risk groups has increased: the percentage of survey respondents correctly answered all measures to prevent HIV transmission and rejected misconceptions about HIV transmission among injecting drug users increased from 45% in 2006 to 47.6% in 2009, among female sex workers, from 45% in 2006 to 54.7% in 2009. The survey among young people aged 15-24 showed that those people who fully understood HIV transmission and rejected misconceptions about HIV transmission increased from 46% in 2005 to 57% in 2009. From the available survey data, we found that although communication is strongly implemented under various forms across the country and initial results have shown to reduce HIV epidemic in general, we have not achieved the set target on knowledge about prevention of HIV/AIDS transmission among the community.

c) **Objective 3:** 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 risks shall be covered by intervention measures; 100% of safe injections and condom use when having risky sex;

Interventions for harm reduction and HIV prevention has been strengthened: During the period 2000-2004, harm reduction activities were not properly invested, condom distribution and needle and syringe exchange programs were implemented in several
provinces only, but now they are implemented in most provinces/cities. The number of distributed syringes and needles increased from 2 million in 2006 to around 27 million in 2010. The needle and syringe exchange program has helped to reduce HIV prevalence among injecting drug users from 28.6% in 2004 to 17.24% in 2010. The condom distribution program has been promoted and scaled up rapidly. The number of distributed condoms increased from 9 million in 2006 to 25 million in 2010. The IBBS among high-risk groups in 2009 showed that 69.7% sex workers reported having got condoms in the past 12 months, as double as the findings in 2006, the survey result also showed that 46.4% of men having sex with men and 44.6% of male injecting drug users reported having received condoms in the past 12 months. These percentages pointed out that though the programs were implemented on a large scale in recent years, they could only meet about 50% of the actual demand. Findings from this survey also indicated that the rate of prostitutes reportedly having used condoms in the last sexual intercourse with customers was as high as 89% in 2009. However, the proportion of injecting drug users using condoms in the last sexual intercourse with partners was only 56.8% and the proportion of MSM using condoms in the most recent anal sex with male partners was only 58.6%, but the percentage among the IDU group had increased 1.6 times in comparison with 2006 (36.4%).

A survey of World Bank Project among 1,799 prostitutes in five southern provinces (Vinh Long, Ben Tre, Tien Giang, Hau Giang and Kien Giang) in 2008 showed a high rate of 94% of female sex workers who reported using condoms in the last sex with clients. A research of DFID project conducted seven provinces in 2008 indicated high rates of 97.8% of street prostitutes and 96% of karaoke sex workers used a condom in the last sex. In comparison with the target of 100% of high risk sex under protection which was set in the National Strategy, we met only 60% of the target. However, according to the researches, the provinces benefiting from the harm reduction projects nearly reached the expected results. This has proved that the intervention program has had a great impact to condom use behaviors among the high risk groups. The WB evaluation research said the intervention program prevented 2-56% of people from HIV infection, depending on the implementation situation in each province.

We have not reached the desired target of 100% safe injection and condom use in risky sex, but the program has had a great impact to reduce the rate of new HIV infection in recent years. To increase the target rate, in addition to strengthening information, education and communication activities, we have to ensure the availability of needles and syringes and condoms and scale up the coverage of the program.
d) Objective 4: 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 counselling, and 70% of AIDS patients shall be treated with specific drugs;

- For care and treatment: The program has focused on implementing care packages combining between services at health facilities and home-based and community-based care services. Over the past years, the program has been continuously scaled up, from two ARV treatment sites in 2003 to 315 ARV treatment sites in 2010. The total number of patients receiving ARV treatment was nearly 50,000 people by the end of 2010, an increase of 16.7 times in comparison with 2005, and the treatment program met 60% of ARV treatment demands. Expanding access to the ARV treatment program has helped to reduce the deaths caused by HIV/AIDS from 6000 cases per year before 2006 to about 2,500 cases per year in the two recent years. Thanks to the treatment program, thousands of PLHIV are working normally and contributing to the society. As evidence, the first HIV infection case in Vietnam is still healthy and working normally.

- Prevention of mother-to-child transmission (PMTCT) has been strongly implemented. At present, there are 215 PMTCT sites and it is estimated that we have saved nearly 1,600 children from infection each year, bringing happiness to many families and clans. This program was appreciated as the State-run humanitarian and humanistic program. The program also reduced the rate of HIV transmission from mother to child from more than 30% before 2005 to 10.8% in 2010.

e) Objective 5: 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 counselling

- VCT activities continued to be expanded, the number of VCT sites rapidly increased from 157 in 2005 to 292 in 2010, the number of people receiving VCT increased in recent years. In 2010 more than 1 million people received complete VCT. According to the IBBS, between 2005 and 2009 there was a significant increase of the number of people vulnerable to HIV infection who receive complete VCT in the past 12 months, including an
increase of 17.9% among the IDU group, 34.8% among the FSW group and 19.1% among the MSM.

- The surveillance, monitoring and evaluation program has always been concerned and improved, data collected under the program is reliable and timely, allowing accurate planning and making policy recommendations consistent with practice. Epidemic surveillance and VCT are expanding and improved the samples for HIV tests continuously increased over years and it has reached nearly one million visits for HIV tests each year. Under the program, many significant studies have been conducted to support planning and program evaluation

Although the surveillance, monitoring and evaluation were enhanced over the past years, the capability of epidemic projection of provinces is still limited because most of provincial staff in charge of surveillance work were newly recruited and few staff did not get medical training, many staff who were trained on M&E moved to other jobs. To strengthen the capacity of self-evaluation and projection of the HIV epidemic development at localities, it is necessary to have local leaders’ concerns and commitments relating to recruitment and usage of human resources for the M&E systems. Data collected must be used for planning in localities.

f) **Objective 6**: 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

Over the past five years, blood transfusion safety for HIV transmission prevention has been well implemented, 100% of blood units were screened before transfusion. Provision of equipment and biological products for testing to serve blood screening was basically from the HIV/AIDS prevention and control program and the blood transfusion safety program. In 2009, the country had 316 centers to collect and store blood; 1.76 million blood units were collected of which nearly 459,000 units were from blood sellers and around 270,000 blood units from voluntary blood donors, the screening tests detected 75 samples positive for HIV.

As for sterilization, disinfection for HIV/AIDS transmission prevention, health facilities always followed the regulations on hospital sterilization, therefore, no case of HIV transmission from medical devices was detected over the past years.
2. Human resource for HIV/AIDS prevention and control system

At the central level: Since the Bureau of HIV/AIDS Prevention and Control was established, the number of employed and contracted staffs has rapidly increased. There are now over 70 staffs while most of civil servants have post-graduation degrees.

At the local level: The number of staffs involved in HIV prevention and control activities has sharply increased. It is estimated that there are 1000 additional staffs annually. At the end of 2009, it was reported that there were 19,150 staffs involved in HIV prevention and control activities in local areas, 23.7% of which had graduated university or upper, 56% of which had finished colleges, and 20.2% of which had finished high schools. However, most of such staffs held many positions concurrently, who can only work part time for HIV/AIDS prevention and control activities.

Some barriers during employment: Salaries and subsidies were not enough to attract senior staffs. Furthermore, non-state providers, which were rapidly developing and had better special policies, were attracting more and more staffs. Despite the demand of graduate staffs for HIV/AIDS prevention and control activities is huge, the training capacity of universities could not satisfy. It was because of the lack of senior lecturers that had sufficient experience in HIV/AIDS prevention and control. Moreover, there had not been a standard and detailed training program on HIV/AIDS prevention and control yet. There were also lacks of facilities, equipment, and training budgets for HIV/AIDS prevention and control. Finally, the teaching and training methods on HIV/AIDS prevention and control are still new to lecturers.

3. Budgets for HIV/AIDS prevention and control program

Being financed by the Government and supported by international aids, the budget for HIV/AIDS prevention and control in Vietnam were sharply increasing. It was reported by the Ministry of Health that the total investment in the period from 2004 to 2009 was VND 3,824 billion, while such in 2009 was VND 765 billion - a 2.7 folds increased in comparison with 2004. The funds for HIV/AIDS prevention and control at the central level made up 1.7% of the total expenditure for health. The fund per capita was VND 8,550. However, in comparison with the budget estimation of National Strategy, the budget could only meet 78% demand.

The total financed budget from HIV/AIDS Prevention and Control Project, which was a content of Social Diseases Prevention and Dangerous Epidemic and HIV/AIDS in National Health Program, was VND 640 billion in 2004-2009. Being aware of the importance of HIV/AIDS prevention and control, provinces were proactive in allocating budgets, which were
totally VND 227 billion, comprising 36% the total budget provided by the Government. The local budgets were widely invested in 2008 and 2009, especially such in 2009 was 9 times higher than 2004. Along with the increase of local budget and international support, the budget for HIV/AIDS prevention and control Project - a content of Social Diseases Prevention and Dangerous Epidemic and HIV/AIDS in National Health Program, decreased in 2 years 2008 and 2009 in comparison with such in 2007.

The total financed budget for HIV/AIDS prevention and control in the period of 2004-2009 was VND 2,129 billion, making up 71% the total funds for HIV/AIDS prevention and control. Such budget went up dramatically from 2005 to 2009, especially the highest was VND 542 billion in 2008. Because in the incoming socio-economical context, our country will no longer be a poor country, the unreturned fund will surely go down. In order to maintain a sustainable HIV/AIDS prevention and control program, investments from the Government and local budgets for HIV/AIDS prevention and control are essential.

The political commitment in HIV/AIDS prevention and control of the Government received huge technical and financial supports from international communities for HIV/AIDS program in the period of 2005-2010. Such supports were both bilateral and multilateral. In general, the international supports increased USD 7 to 8 million from 2003 to 2004, and reached USD 50 million in 2006, USD 66 million in 2007, and USD 100 million in 2009. Most of the international supports for HIV/AIDS prevention and control program were via the Ministry of Health to implement HIV/AIDS prevention and control activities in local areas. The financial aid via the Ministry of Health made up 65-78% the total investment budget for HIV/AIDS prevention and control program.

4. Lessons learnt

To obtain the above significant achievements in HIV/AIDS prevention and control, there are some lessons learnt as follows:

- There is strong political will in the battle against HIV/AIDS from the Party, National Assembly and Government and leaders and governments at all levels, the whole political system was mobilized to participate in preventing the epidemic: In addition to issuance of guiding documents, leaders always concerned and directed HIV/AIDS prevention and control, chaired important conferences, attended events on the AIDS day and inspected and supervised activities at the local level. This has mobilized the whole political to participate in, at the same time encouraged cadres to be more active in HIV/AIDS prevention and control, to overcome challenges, difficulties and shortages to fulfill their
tasks, contributing a significant part to control the increase and gradually reverse the HIV/AIDS epidemic in Vietnam.

- Timely develop legal documents, technical guidelines appropriate to the practices, creating legal framework and favorable conditions for the comprehensive and unifying implementation of HIV/AIDS prevention and control nationwide.

- Interdisciplinary cooperation has been closely carried out with the strong participation from the community and general public, including vulnerable groups, people with HIV/AIDS, which help reduce stigma and discrimination against them, as well as constrain HIV/AIDS transmission and mitigate adverse effects that HIV/AIDS might have on the economy and society.

- The State ensures annual investments for the program, as well as has a policy to dramatically attract international resources for HIV/AIDS prevention and control. Over the past years, Vietnam has got great supports including technical and financial ones from the international community for HIV/AIDS prevention. A strong commitment of leaders at all levels, a long-term strategy together with a comprehensive legal framework and an organization system of HIV/AIDS control and prevention which was set up and strengthened from the central to local levels have created decisive conditions for the mobilization of resources from donors. Large donors on HIV/AIDS supporting Vietnam include PEPFAR, Global Fund to Fight AIDS, Tuberculosis and Malaria, DFID, World Bank, Asian Development Bank, Japan, Australia, Germany, the UK,… and other international organizations.

- Consolidating and strengthening the HIV/AIDS prevention and control system of from the central to grassroots levels, building capacity for staff working on HIV/AIDS has improved the efficiency of the action plan.

- The HIV/AIDS prevention has been implemented in accordance with the "3-1" principle which includes having the long-term and consistent National Strategy on HIV / AIDS prevention and control, having a common strong national coordinating body on HIV/AIDS prevention and control to coordinate HIV/AIDS activities from the central to local levels and having a common and consistent system of monitoring and evaluation.

5. Difficulties and challenges

5.1 Risk of HIV/AIDS infection: though being constrained at a low level, the HIV epidemic continues to spread in our country under some notable trends, such as increasing HIV sexual transmission, increasing number of HIV infected people which used to be considered less at risk ... A part of the population still has improper awareness about HIV/AIDS. Risk
behaviors of HIV in some groups such as injecting drug users, female sex workers is still high... That means although we slowed down the spread of HIV, but the epidemic is still unpredictable, and there remain hidden factors that may cause outbreaks if we do not have more comprehensive and aggressive responding measures.

5.2 The leadership and direction have not been paid much attention in some localities. HIV/AIDS prevention and control is not really considered a regular task and not included in the socio-economic development programs and projects as regulated by the Law on HIV/AIDS.

5.3 There are also many technical difficulties and problems. We have applied international and regional best practices on provision of HIV/AIDS prevention, care and treatment services, but due a shortage of resources (human, material and financial resources), the coverage remains limited. In addition, the quality of the services also needs to be improved...

a) Treatment:
- The number of PLHIV who are being treated with ARV drugs currently meet only 49.4% if starting ARV treatment at CD4 ≤ 250 and 37.5% if starting at CD4 ≤ 350 cells / mm3. Most of PLHIV accessed to treatment services in late stages. 77% of PLHIV started the treatment at CD4 counts below 100 cells/mm3; Demand for virus measurement for suspected cases of ARV treatment failure is increasing. To conduct the routine measurements (6 months / time) a very large funds will be required.

- TB/HIV: It is estimated that Vietnam has about 3,600 patients co-infected with TB / HIV. The coordination between the two programs on TB and HIV is not equal in provinces, cities. The target of providing treatment with ARV and TB treatment for HIV/TB patients is greatly difficult for the two programs.

- There are very few HIV-infected persons who have access to treatment services at the centers of education, reformatories, and 05 - 06 centers.

b) Prevention of the transmission of HIV from mother to child
- The coverage of PMTCT service is not high, neither appropriate with mountainous provinces, remote areas because they only focus on providing services at the provincial, municipal level and provinces with projects.

- Departments and sectors as well as the private health system have not been mobilized to participate in intervention on PMTCT

- Child bearing practices of some ethnic minorities and wide and complicated terrains in remote areas are major barriers to providing PMTCT services
c) Prevention of HIV transmission: The coverage of the harm reduction intervention program remains modest. Most of the budget for the harm reduction intervention program were from international donors, the human resources for outreach activities were mainly IDUs and FSWs while an appropriate policy to ensure their rights and link their responsibilities to HIV/AIDS prevention and control.

d) Capacity of the HIV/AIDS prevention and control system

The health system which is to improve HIV/AIDS prevention capacity has played an important role in the response to HIV. During the implementation it has shown some specific limitations, such as a shortage of health human resources, a difficulty in terms of health finance, an overlapped and outdated health information system, insufficient pharmacy and health equipments, poor technology and infrastructure, and inappropriate policy to development. An analysis of barriers within the health system which have been slowing down the expansion of effectiveness of HIV/AIDS intervention programs has shown that:

- As for governance: There is a lack of policy framework, adequate legal environment, inter-sect oral cooperation and coordination between the Government agencies and civil society organizations. Policy analysis and policy making capacity at all levels remain weak.

- As for service delivery: There is no standardization of service packages of the programs, models of organizing service delivery establishments under the projects and programs are varied, there is a failure to mobilize other components of the society to participate in service delivery.

- As for health finance: There has been no proper financial mechanism to mobilize sufficiently and coordinate consistently resources. Coverage of health insurance remains low, proportion of personal health expenditures of patients remains high, financial capacity for implementation of programs, projects remains weak.

- As for health human resources: There is insufficient health staff with appropriate expertise for the program, there is no adequate incentive mechanism to attract human resources, stigma and discrimination against PLHIV among health workers are still common.

- As for health information: The health information system has yet timely provided sufficient evidences to effective response to the epidemic.

- Investment did not meet the needs of the HIV/AIDS prevention and control. Especially in the coming years, international funding sources will be reduced, then we should have solutions in terms of investment to ensure stability and sustainability of the HIV/AIDS program.

- The newly-established provincial HIV/AIDS prevention and control systems still faced many difficulties including shortages of human resources, equipment and office.
Remuneration is not appropriate, therefore, it is difficult to recruit staff for HIV/AIDS care and treatment service establishments.

IV. Vietnam’s current policies and legal documents relating to HIV/AIDS prevention and control need to be further implemented effectively

1. Resolution No 46- NQ/TW dated 23/02/2005 of the Ministry of Politics on “The tasks of health care and protect and promote people’s health in new situation”.

2. Directive No 54-CT/TW dated 30/11/2005 of the Party Central Committee’s Secretariat on “Strengthening the leadership in HIV/AIDS control and prevention in new situation”.

3. Conclusion of the IXth Secretariat at Announcement No 27-TB/TW of the Secretariat on preliminarily summing up Directive No 54-CT/TW dated 30/11/2005 of the Party Central Committee’s IXth Secretariat on “Strengthening the leadership in HIV/AIDS control and prevention in new situation”.


V. International HIV/AIDS prevention and control objectives that Vietnam committed and needs to implement
1. Millennium Development Goals:
   
   Goal 6 on combating HIV/AIDS, malaria and other diseases:
   - Halt and begin to reverse the spread of HIV/AIDS epidemic by 2015.
   - Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

2. Political Declaration of the United Nations adopted by Member States at the High Level Meeting on AIDS in 2011

   Implementing the declaration of the UN General Secretary at the High Level Meeting on HIV/AIDS in June 2011, the world is directed towards a vision of zero new infection, zero AIDS-related death and zero discrimination against HIV/AIDS:
   
   a) Vision to get zero new HIV infection
      - Sexual transmission of HIV reduced by 50%, including in young people, in men who have sex with men, and transmission in the context of sex work.
      - By 2015 vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by 50%.
      - By 2015 HIV transmission among the IDU group reduced by 50%, all new HIV infections properly prevented among people who use drug.

   b) Vision to get zero AIDS-related deaths
      - Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment.
      - By 2015, tuberculosis deaths among people living with HIV reduced by 50%. (75)
      - People living with HIV and households affected by HIV addressed in all national social protection strategies and have access to essential care and support

   c) Vision to get zero stigma and discrimination
      - HIV-related restrictions on entry, stay and residence eliminated in 50% of the countries that have such restrictions.
      - Zero stigma and discrimination and gender-based violence relating to HIV (77)

PART III. HIV ISSUES IN THE NEXT TEN YEARS
I. Socio-economic and health situation

In the next ten years, the promotion of the comprehensive renovation (doi moi), industrialization, modernization and international economic integration will rapidly change all aspects of the social life and make a great impact to HIV / AIDS prevention and control. The implementation of the socio-economic development strategy until 2020, and industrialization, modernization and rural development will accelerate the process of urbanization; the traffic conditions, commercial exchange will be more advantageous, the urban-rural gap will be narrowed on both economic and social development, and improved health services will help patients to get better access. These conditions will facilitate the work of HIV / AIDS prevention and control, people will have more opportunities to choose, participate and access to HIV / AIDS information and services. Rapid urbanization, industrialization and convenient transport system, population mobility, social evils and lifestyle changes among young people are significant challenges facing HIV/AIDS prevention and control.

In 2010, Viet Nam was no longer ranked among the group of low-income developing countries, its economy kept growing, there will be opportunities to increase investments in the country’s HIV/AIDS activities, however, international support and fund to HIV/AIDS will reduce rapidly, posting a significant challenge to HIV/AIDS prevention and control in the coming years because the national budget will have to prioritize other target programs which are not less important than the HIV/AIDS program.

The above situation creates certain advantages but also poses many difficulties and challenges for the implementation of the objectives and solutions of HIV/AIDS prevention and control in the period of 2011-2020.

II. Projection of HIV Epidemic

By 2015, it is estimated that there will be around 263,317 HIV infected people, accounting for 0.29% of the population and according to preliminary estimation. Needs for ARV treatment among adult patients will be more than 140 thousand people by 2015. It is predicted that HIV transmission among high risk groups will remain making up a large percentage in the HIV-infected people in Vietnam in the next 10 years. Besides, vulnerable groups such as sexual partners of IDUs, FSWs and MSM will gradually account for a major proportion in the newly infected people in the coming years.
The HIV/AIDS epidemic situation remains complicated, risk behaviors among high-risk groups are still at a level which enables high HIV transmission, especially double risk behaviors in the groups will increase HIV/AIDS transmission rapidly, that is the increasing rate of drug injecting FSW, drug using MSM, drug injecting men who selling sex to both men and women. This requires interventions appropriate to the current situation.

The current HIV/AIDS epidemic no longer concentrates in urban areas and places where easily implementing the HIV/AIDS prevention and control program. The epidemic has tended to spread in areas with difficult traffic conditions, low intellectual level, and rampant drug use, especially in border areas in northern mountainous and northern central provinces. Therefore, the HIV/AIDS prevention, care, treatment, and surveillance in these areas should be invested more than in others.

As a result of the increasing number of people infected with HIV in the last decade, there is a rapidly rising number of HIV/AIDS patients in need of care and treatment in the coming years. By the end of 2010, nearly 50,000 people infected with HIV were under treatment under the HIV/AIDS prevention and control programs. But it is estimated that this only meet as few as around 54% of the patients with CD <200 and 40% of the patients with CD<350. By 2015, there will be around 147,048 people needing ARV treatment, according to estimations. This has given considerable challenges to the health system in general and the HIV/AIDS program in particular. To meet increasing demands for treatment, it is necessary to expand and improve the quality of treatment services, in addition to make orientations for the construction of regional hospitals specialized on HIV/AIDS which are capable to receive serious patients or, patients with treatment failure referred from local health facilities.

It is estimated that by 2015, there will be 50,000 people in need of treatment to prevent mother-to-child HIV transmission. HIV/AIDS transmission prevention services should be scaled up and improved in terms of quality for early detection and prevention treatment for pregnant women infected with HIV/AIDS.

Poor understanding of HIV/AIDS among youth and residents in under-developing areas, especially among vulnerable groups also contributes to the increasing HIV/AIDS transmission in the community, reducing the rate of HIV testing for early detection and raising stigma in the community, resulting to limited access to services under HIV/AIDS prevention programs. Therefore, the future HIV/AIDS prevention and control program should
have a wider variety of early preventive measures for different audiences, integrating with socio-economic development programs to promote information, education and communication activities aimed at more specific purposes such as community-, family- and school-based educating youth on HIV / AIDS prevention, enhancing communications for subgroups of women at childbearing age, pregnant women, to encourage early HIV testing among pregnant women, HIV testing before marriage ...

III. Shortages of human resources for HIV/AIDS prevention and control
The shortage of human resources for HIV/AIDS prevention and control, especially of staff with expertise in HIV/AIDS will continue to be major challenge for the HIV/AIDS prevention and control work, while there are increasing needs for HIV/AIDS treatment and quality improvement and expansion of HIV/AIDS services. Currently, only 50% of the demands for staff holding university degrees at provincial level can be met, and as few as 20% of districts have staff specializing on HIV/AIDS. Strengthening human resources for the HIV / AIDS system requires a lot of different measures to ensure an immediate increase of manpower and a plan to recruit more staff for the following years.

IV. Financial shortage in comparison with demand
In the next phase, funding from international organizations and developed countries will decrease until 2015, while budget demand to improve and scale up prevention, care and treatment services is growing. It is estimated that by 2015 , with current funding commitments, the budget deficit for the HIV / AIDS program will remain very large. So is necessary to include feasible measures to increase the budget for the HIV / AIDS prevention to ensure the sustainability of the program.
PART IV. GUIDING VIEWPOINTS ON HIV/AIDS PREVENTION AND CONTROL

1. 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 and every person.

2. HIV/AIDS prevention and control is the duty and responsibility of every person, every family, every community. HIV/AIDS prevention and control is the responsibility of the Party Committees, ministries, sectors and government at all levels. Ensuring human rights and combating stigma, discrimination against people infected with HIV/AIDS, strengthening responsibilities of families and the society to people infected with HIV/AIDS and of PLHIV to their families and the society, ensuring equity in provision of care and support to PLHIV, ensuring gender equity, caring children, vulnerable groups, ethnic minority groups and people living in remote areas.

3. 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 2020 and after 2020 suitable to the country’s social-economic development ability and conditions in each period.

4. To ensure the implementation of international commitments that Vietnam has made and participated in including the implementation of Millennium Development Goals and global goals on HIV/AIDS prevention and control by 2015, as well as other bilateral and multilateral HIV/AIDS goals. To adhere to the United Nation’s “3-1” principle in HIV/AIDS prevention and control. To ensure promoting the multilateral and bilateral cooperation and expand cooperation relations on HIV/AIDS prevention and control with neighboring countries, other countries in the region and in the world.

5. Priorities in HIV/AIDS prevention and control:
   - Priority 1: HIV transmission prevention is the key part for HIV/AIDS prevention and control in the coming years. Keep highlighting and promoting the roles of information,
education and communication as well as harm reduction interventions for prevention of HIV/AIDS transmission in Vietnam.

- Priority 2: Comprehensive care for HIV/AIDS infected people and mitigate the HIV/AIDS epidemic's impacts on PLHIV, their families and the socio-economic development.
PART V. NATIONAL STRATEGY FOR HIV/AIDS PREVENTION AND CONTROL PERIOD 2011-2020

I. VISION

The national strategy for HIV/AIDS prevention and control for the period 2011-2020 will make contribution to the joint effort of Vietnamese Government to meet the Millennium goals, striving for a society where there will be zero new HIV infections, zero AIDS-related deaths, and zero discrimination.

The national strategy for HIV/AIDS prevention and control till 2020 with a vision to 2030 aims at a comprehensive intervention, universal access, improved quality and sustainability of HIV/AIDS prevention and control.

II. GOAL

To control the HIV/AIDS prevalence among the general population to below 0.3% by 2015; to reduce the adverse impacts of HIV/AIDS on social-economic and cultural development.

III. SPECIFIC OBJECTIVES:

1. To reduce new infections among the IDU group by 50% by 2015 and 80% by 2020.
2. To reduce new HIV infections through sexual intercourse by 50% by 2015 and 80% by 2020, including reduced new infection among young people, MSM and sex workers.
3. To eliminate vertical transmission of HIV by 2020 and reduce HIV/AIDS maternal mortality by 50% by 2015, maintaining no case of HIV transmission from mother to child until 2020 and after that;
4. 90% HIV/AIDS infected people to receive ARV treatment by 2020, reduce Tuberculosis deaths among people living with HIV by 50% by 2015 and 80% by 2020.

IV. SOLUTIONS

A. GROUP OF SOCIAL SOLUTIONS (or GROUP OF LEADERSHIP AND MANAGEMENT SOLUTIONS)

1. Strengthen the leadership of Party and Administration at all levels in HIV/AIDS prevention and control

a. Strengthen the leadership of Party in HIV/AIDS prevention and control
- Confirm the vital role of the Party Committees at all levels in leading, directing HIV/AIDS prevention and control. The Party Committees at all levels should regularly monitor, supervise, inspect and direct to make HIV/AIDS prevention and control work become prioritized goal in socio-economic development strategy.

- Review 10 years of implementing Direction No 54 of the Party’s Secretariat, Conclusion No 27 of the Secretariat and develop and submit Resolution of the Politburo on promoting leadership in HIV/AIDS prevention and control;

- Releasing documents, instructions by Party Committees at all levels to direct the HIV/AIDS prevention and control work. HIV/AIDS prevention and control should be incorporated in resolutions and socio-economic development strategy of the Party.

- Continuing strengthening the communication and mobilization to leaders and Party members to lead good examples in directing and implementing HIV/AIDS prevention and control work.

- Promoting the activeness of each Party member in HIV/AIDS prevention and control work. HIV/AIDS prevention and control should be one of the regular contents of Party meetings.

b. Strengthen the function of monitoring and supervising of National Assembly and People’s Council at all levels in HIV/AIDS prevention and control

- Affirming the role and tasks of the National Assembly in the development and amendment of legislation to ensure universal access, gender equality and human rights in HIV/AIDS and ensure budget to create sustainable development of HIV/AIDS programs.

- Enhancing the role of inspecting and supervising of the National Assembly, its Committees and National Councils, National Assembly delegation and each National Assembly’s member as well as People’s Councils at all levels towards the agencies, organizations, units at all levels regarding their performance of duties and regulations as specified in the Law on HIV/AIDS and other laws related to HIV/AIDS.

- Strengthening the role of the National Assembly in implementing the country’s political commitment to the UN General Assembly on intensifying national response to HIV/AIDS, ensuring the Millennium Development Goal and moving towards vision of zero new HIV infection, zero death for AIDS and zero stigma and discrimination.
- Promoting the role of the People's Councils at all levels on strengthening supervision of HIV/AIDS activities at localities, ensuring that every year HIV/AIDS prevention and control were reported periodically at meetings of the People’s Councils at all levels and HIV/AIDS activities have to be included in local socio-economic development programs.

c. Strengthen the direction, management of Administration at all levels in implementing HIV/AIDS prevention and control and control

- The Government should further direct and regard HIV/AIDS prevention and control as an annual socio-economic task; intensify directing ministries, agencies equally ministries, agencies of government, People’s Committee at all levels to be active in implementing solutions to HIV/AIDS prevention and control; organize periodical meetings to update HIV/AIDS prevention and control work so that on time directions would be made.

- Strengthen the direction of People’s Committee at all levels over the work of HIV/AIDS prevention and control, considering HIV/AIDS prevention and control as one of the local socio-economic development tasks. Incorporating HIV/AIDS prevention and control into hunger eradication and poverty reduction; giving priorities to the remote and exceptional difficulty areas.

- People’s Committee at all levels should ensure proper investment in terms of budget, human resource, materials and improving the organization structure for HIV/AIDS prevention and control.

- The Government and People’s Committees at all levels should closely follow up and have plans to promote HIV/AIDS prevention and control measures, focusing on intensifying researches to apply new technology and measures in the world into HIV/AIDS prevention and control in Vietnam.

2. Perfect the system of law and policy on HIV/AIDS prevention and control solution

a. Strengthen the legal system of HIV/AIDS prevention and control.

- Preliminarily reviewing 5 years of implementing the law on prevention and control of the virus causing the syndrome of acquired immunodeficiency in humans (Law on HIV / AIDS), amending and supplementing the regulations in accordance with the real situation and ensuring consistency in the legislations and correspondence with international regulations.
- Perfect the legal regulations which are not fit with law on HIV/AIDS prevention and control. Frequently review and systematize to amend timely or repeal the regulations and legal documents which are no longer appropriate; add or issue legal documents as well as professional guidelines to define the problem of HIV/AIDS insufficient or inappropriate which is not adjusted by the law.

- The law provisions should aim at creating favourable conditions for the most at risk population of HIV/AIDS to get access to services to maintain behavior changes in HIV/AIDS prevention and control.

- Ensuring that the current law provisions relating to HIV/AIDS should be taken into consideration in view of anti-discrimination, stigma, creating equality for people at risk of HIV infection and those living with HIV/AIDS.

- Strengthening education and propaganda of law on HIV/AIDS, educating people to abide by the law on HIV/AIDS. Strengthening the inspection, monitoring and supervision of the implementation and strict punishment of violation against law on HIV/AIDS.

b. Gradually perfect the mechanism and policies on HIV/AIDS prevention and control

- Developing proper policies, mechanism for staff working in the field of HIV/AIDS prevention and control, people living with HIV/AIDS and others objects who are affected by HIV/AIDS.

- Developing gender equality polices, specific policies for each HIV vulnerable group, especially children who are affected by HIV/AIDS or living with HIV/AIDS.

- Strengthening the capacity of sectors in developing policies and making plan based the roles and strengths of each sector.

- Developing proper mechanisms and policies to enable faith-based organizations, social, humanitarian organization, non-governmental organizations and community groups, including PLHIV themselves and their families to participate in HIV/AIDS control and prevention.

  - Developing proper policies to encourage PLHIV, HIV vulnerable people to participate in social and health insurances.

  - Developing policies providing tax reduction, exemption for enterprises involving in HIV/AIDS prevention and control.

  - Developing proper policies and mechanisms to mobilize PLHIV, HIV vulnerable people, PLHIV’s families to participate in HIV/AIDS activities.
- Developing proper policies to mobilize qualified private health establishments to provide treatment to AIDS patients.

3. Inter-sectoral cooperation in HIV/AIDS prevention and control

- Continuing building and improving inter-sectoral and comprehensive implementation of HIV/AIDS prevention and control, especially focusing on effective integration with drug and sex work prevention to prevent HIV/AIDS; mobilizing all organizations, individuals to participate in HIV/AIDS prevention and control activities. Strengthen the direction of Government over inter-sectoral cooperation in HIV/AIDS prevention and control.

- Clearly defining the functions, tasks and rights of Ministries, branches, sectors in HIV/AIDS prevention and control. Ministries, branches should actively incorporate HIV/AIDS prevention and control into their annual workplan and be responsible in front of Government in organization and implementation.

- Strengthening mobilization of entire population to participate in HIV/AIDS prevention and control, incorporating HIV/AIDS prevention and control into movements and models mobilizing the population. Promote the role and activeness of mass organizations in mobilizing population actively to participate in HIV/AIDS prevention and control, especially in propagandizing and mobilizing population. Incorporate HIV/AIDS prevention and control into patriotic emulation and movements. Promote the role of the typical, village elders, chiefs, heads of residential units, head of the family, clan chiefs, priests, religious leaders and the elderly as a core for mobilizing the population into HIV/AIDS prevention and control.

- Further promoting social mobilization for HIV/AIDS prevention and control, having specific regulations in place for social mobilization to further mobilize participation and contribution of all mass organizations, communities and individuals in HIV/AIDS prevention and control work

4. Community mobilization

- Encouraging religious, social, charity and non-government organizations, community groups and even the people living with HIV/AIDS and their family to participate in HIV/AIDS prevention and control.

- Strengthening the HIV/AIDS prevention and control activities in the community, educating the love, mutual assistance and promote the good traditions of family, homeland, the cultural
identity of the Vietnamese in caring and supporting for people at risk of HIV infection and people living with HIV/AIDS. Extensive information for the people on the responsibilities of family and community in HIV/AIDS prevention and control work.

- Incorporating HIV/AIDS prevention and control activities in the mass movements, sport, culture and art activities in the community, training courses and talks. Organizing forums to call for the to participate in HIV/AIDS prevention and control of the community. Enhancing the attraction of resources for HIV/AIDS prevention and control.

- Strengthening the autonomy of the community. Promoting the active participation of the community in planning, implementing activities and identifying that HIV/AIDS is the community’s issue so that they would actively participate in HIV/AIDS prevention and control.

- Launching the emulations to follow good persons and things, having policy in place to praise on time the mass organizations, individuals who have excellent achievements in the fighting against HIV/AIDS.

5. Integrating HIV/AIDS prevention into socio-economic development projects and programs

- HIV/AIDS prevention and control is one of the prioritized targets of socio-economic development programs.

- Integrating HIV/AIDS prevention and control into programs of hunger eradication and poverty reduction, vocational training and job creation, TB prevention programs, reproductive health programs, STI prevention programs and other socio-economic development programs.

6. Mobilizing the participation of enterprises in HIV/AIDS prevention and control

- Encouraging private organizations, enterprises and career associations into HIV/AIDS prevention and control. Develop and release specific policy and regulations on implementation of HIV/AIDS prevention and control policy at workplace. Mobilize and propose proper contribution model to attract sources form enterprises. At the same time, study, develop and toward institutionalizing sanctions for administrative fines for enterprises or organizations which do not fulfill HIV/AIDS prevention and control task to protect employees’ health.
- Encouraging enterprises, economic units to organize trainings and employ people living with HIV, people at risk of HIV infection and people affected by HIV/AIDS to work.

- Intensifying measures to encourage enterprises to implement activities providing information relating to HIV/AIDS to their staff and employees. Enterprises should incorporate HIV/AIDS prevention and control communication into healthy entertainment and recreation activities.

- Enterprises should establish the HIV/AIDS counseling sites through integrating with health activities in the enterprises. Enterprises should have periodical health check-up, treating sexual transmission illnesses for the workers, especially female workers. Developing a referral mechanism between health departments of enterprises and local HIV/AIDS prevention and control services.

- Having a policy in place to encourage enterprises, private economic sectors to integrate product advertisements with messages on prevention and caring people living with HIV/AIDS.

7. Promoting potentials of each individual and family in HIV/AIDS prevention and control

- Improving the responsibility of family members in HIV/AIDS prevention and control through communication, education and counseling. Educate, promote the development of family’s ethics, good traditions, customs and practice, maintaining healthy lifestyle, improving responsibility of each individual and family to prevent HIV/AIDS

- Educating, ensure the gender equality of people living with HIV/AIDS as well as individual’s rights living in the community on responsibility of HIV/AIDS prevention and control.

- Encouraging, have policy in place to mobilize famous persons, leaders to participate and become good example to be followed by the community, especially the youth and pioneers

- Encouraging family members to apply preventive measures for HIV infection and become collaborators in HIV/AIDS prevention and control communication.

- Enhancing the understanding and ensure the role, equal rights of women so that they would actively participate in HIV/AIDS prevention and control. Ensure women to participate in learning, exchanging life experience and life-skill.
8. Participation of private sector in some HIV/AIDS prevention and control activities

   - Gradually promoting participation of the private sector in some HIV/AIDS prevention and control activities such as HIV/AIDS counseling, treatment of addiction to opium-related substances with substitute substances.
   - Increasing private-public cooperation in treatment and care, ARV treatment, STD examination and treatment.
   - Implementing some HIV/AIDS prevention and control activities with fees, increasing possibilities of having contributions from the society to HIV/AIDS

9. Improving capacity of the system of organization and staff on HIV / AIDS

a. Perfect the machinery working for HIV/AIDS prevention and control

   - Stabilize and perfect the machinery in line with difficulty, complexity and length of administrative management work on HIV/AIDS prevention and control toward professional, clear responsibilities and rights mandated, and build effective cooperation mechanism, especially at grass-root level. Focus perfecting this machinery at provincial, district level strong enough to manage, organize effectively the HIV/AIDS prevention and control work. Avoid integrating too many other activities such as crime prevention and control into the Steering Committee for AIDS, drug and prostitution prevention and control
   - Stabilize and perfect the machinery working on HIV/AIDS of ministries, sectors, unions from the central to local levels.
   - Maintain and improve the effectiveness of collaborator, communicator, peer educator network in communication, mobilization, management of objectives and providing proper services to all target groups.
   - Maintain, expand and develop the efficient performance of HIV/AIDS prevention and control activities run by the network of NGOs, self-help groups, PLHIV representative groups, and groups representing people who are vulnerable to HIV infection.

b. Improve capacity for HIV/AIDS staff in the health system, ministries, sectors and unions, and social organizations working on HIV/AIDS.

   - Have policies to mobilize human resources for HIV/AIDS prevention and control. Develop sufficient staff with full understanding, experience, and expertise for effective management, supervision and implementation of HIV/AIDS activities.
   - Train health staff on HIV/AIDS, specialized staff of ministries, sectors and unions who are qualified in terms of knowledge and capacity to respond to HIV/AIDS requirements.
Priorities are given to training local staff, self-help groups, PLHIV networks to enable them contribute effectively to HIV/AIDS prevention and control.

- Recruit and train experts and teachers on HIV/AIDS at schools.
- Recruit and train the network of collaborators, volunteers, tuyên truyền viên đồng đẳng including PLHIV and people affected by HIV/AIDS.
- Mobilise the current training establishments of sectors, specially the health school system, mobilize lecturers of universities, experienced staff of sectors and unions to participate in lecturing and training on HIV/AIDS.
- Diversify forms of training to fit with each group of trainees. Combining full-time training with in-service training; short-time with long-time training, and training through workshops, meetings, conferences and through direct instructions...
- Develop and complete the documentation systems and curricula to ensure the scientific and practical knowledge update, in accordance with each group of trainees
- Organise training for Central and provincial officials on application of information management software on computers and the internet.
- Conduct periodical monitoring and evaluation on training effectiveness for timely adjustment of training curricula, methods and forms in accordance with the real situation and increasing requirements of HIV/AIDS prevention and control.

10. Ascending investment of state funds at all levels

a) Increasing investments in funding and material facilities, technical facilities, equipments and documents needed for activities of the HIV/AIDS; manage, distribute and effectively use all the funds raised for the action plan on HIV / AIDS in an economical manner.

b) Gradually increasing investment and mobilize more and more funding for HIV / AIDS, striving to achieve a level similar to that of other regional countries and appropriate to the economic situation as well as the epidemic development in Vietnam.

c) The above funds will be mobilized from the sources: state budget, including the local contributions, donors' funds and funds raised from other sources.

d) Efficiently using the funds. Decentralizing budget management to ensure the autonomy of local authorities in implementing the HIV/AIDS prevention and control in their areas.

e) Promoting decentralization and management of efficient use of the funds
- Developing appropriate mechanisms to promote organizations, communities, including the PLHIV to participate in making plans on HIV/AIDS. Annual workplan on HIV /
AIDS must be reviewed and approved by the local People’s Councils, People’s Committees to ensure plans are implemented effectively.

- In addition to the budget from the Central Government, the People’s Committees at all levels shall allocate budget for the HIV / AIDS program. Publicize the investments in local HIV / AIDS programs.

B. TECHNICAL SOLUTIONS

1. Prevention of HIV/AIDS transmission

   a) Intensifying measures of HIV/AIDS information, education and communication in prevention of HIV/AIDS transmission

   - Intensifying IEC activities to improve knowledge on HIV/AIDS prevention and control among the community in general, especially promoting behavioral change communication activities targeting at HIV vulnerable groups and vulnerable people and youths and adolescents.

   - Taking best advantage and cooperate communication channels and means to transfer knowledge on HIV/AIDS prevention and control to all people, especially the most at risk population.

   - Diversifying forms of communication, such as establishing clubs, organizing competitions, cultural and art festivals, performing plays, literary and artistic works, songs and building specialized pages, columns; organizing talk shows on HIV/AIDS prevention, etc .. in offices, units, communities, schools and on the media;

   - Establishing, strengthening and developing teams of communicators on HIV / AIDS based on village health workers, collaborators on population, the dignitaries at the grassroots;

   - Implementing and improving quality and effectiveness of training programs on prevention of HIV/AIDS transmission in schools;

   - Using approaches appropriate to each target group, focusing on direct communication, small-group communication and peer education;

   - Developing and expanding model of effective communication appropriate with ethnic minorities and people in remote areas.

   - Promoting home-base, community-based and school-based education on prevention of HIV transmission for young people.

   - Intensifying integration and cooperation between military and civilian healthcare to implement communication on HIV/AIDS for people living in border areas and areas with difficult travel conditions.
b) Improving quality of and expanding harm reduction services to prevent HIV/AIDS transmission among cho nhóm người dễ bị cảm nhiễm HIV

- Increasing the coverage and quality of intervention harm reduction programs including programs of clean N&S exchange and 100% condom use, methadone maintenance therapy (MMT), particularly focusing areas that have large number of injecting drug user (IDUs), sex workers and high HIV prevalence. The interventions need to fit in practical situation and should have measures to minimize the negative surface.

  - Concentrating interventions on HIV vulnerable groups, most at risk groups, in which highly focusing on IDUs, FSWs, MSM, migrants and young people.

  - Increasing investment to expand model of methadone maintenance treatment for injecting drug users, particularly in the province/cities with larger number of drug users

  - Continuing to expand the model of peer education, supporting establishment of peer groups in the prevention of HIV/AIDS infection.

c) Improving quality of and expanding STI diagnose and treatment services.

- Continuing to increase investment to expand and improve the quality of STI diagnostic and treatment services in the community to contribute to control the sexual transmission of HIV / AIDS.

  - Strengthening activities for examination and treatment of infections transmitted through sexual contact for the group of injecting drug users, female prostitutes who have sex with men who are vulnerable as their spouses of injecting drug users.

  - Intensifying examination and treatment of STI among IDU, FSW, MSM groups, and vulnerable people such as wives or husbands of IDUs.

  - Diversifying STI examination and treatment services such as integrating STI examination and treatment with periodical health checks for employees of entertainment service establishments, workers at industrial zones…

  - Promoting STI examination and treatment in treatment, education, social labor centers, prisons and detention camps.

d) Improving quality and expanding HIV/AIDS counseling services and HIV voluntary testing and counseling (VCT) services.

- Improving quality and expanding HIV/AIDS counseling services and HIV voluntary testing and counseling (VCT) services. Diversifying forms of counseling and testing while ensuring accessibility and friendliness to help to early detect PLHIV and refer PLHIV to early access to comprehensive care and treatment services.
- Scaling up and diversifying HIV/AIDS counseling services such as HIV/AIDS counseling on the phone, websites, on radio and television, in magazines, newspapers, counseling at clubs, groups of PLHIV, and HIV vulnerable groups …

- Diversifying VCT models such as testing and counseling services in health facilities, community-based VCT models, mobile testing and counseling models. - Diversifying forms of VCT such as group, couple and individual counseling.

- Promoting coordination of condom distribution, syringes and needles exchange, and various kinds of clubs to introduce people with higher risk to VCT services to early detect people infected with HIV

- Increasing HIV testing and counseling in treatment, education, social labor centers, prisons and detention camps.

e) Prevention of HIV transmission through blood transfusion, tissue and organ transplantation

- Improving the quality of HIV screening of blood units and blood products before transfusion: strengthening inspection and supervision of safe blood transfusion, using qualified HIV testing bio-products and adhering to regulations on blood screening, ensuring HIV screening of 100% of blood units and blood products before transfusion

- Increasing prevention of HIV/AIDS transmission by social and health services

- Tăng cường công tác kiểm tra về việc thực hiện các quy định, các hướng dẫn về dự phòng lây nhiễm HIV qua các dịch vụ y tế và các dịch vụ xã hội.

- Intensifying the inspection on the implementation of regulations and guidelines on prevention of HIV transmission through health services and social services.

- Intensifying propaganda for the people on prevention of HIV transmission through health care and social services. Ensuring that every individual have the right to be provided sterilized medical services, and request the medical staff of sterilized medical equipment.

- Providing equipment for the sterilization of medical equipments to health facilities especially at district and commune levels. Ensuring all health facilities have sufficient equipment to serve the minimum sterilization in health services.

- Strengthening the supervision of the prevention of HIV transmission through the health services in all the private health facilities. Ensure the private health facilities must have fully sterilized equipment and consumable materials for the sterilization in medical environment. The cadres who are working in private health facilities must have sufficient understanding and knowledge about HIV prevention.
2. Comprehensive care and mitigation of impacts of HIV/AIDS

   a) Care and treatment for HIV/AIDS infected people

   - Strengthening coordination between the hospital-based care and treatment systems and community-based care and follow-up to ensure continuous provision of comprehensive care and treatment.

   - Developing plans to provide care and treatment appropriate with groups of HIV-infected people who are difficult to access in order to increase early access to ARVs, reducing mortality, reducing treatment costs and increasing efficiency of treatment with antiretroviral drugs in prevention of HIV infection.

   - Applying or piloting new treatment models of foreign countries and moving towards expanding proper models nationwide.

   - Strengthening possibilities to integrate and coordinate TB prevention programs and HIV/AIDS programs. Investing step by step in the tuberculosis prevention system to have sufficient equipment, capacity to provide TB and HIV/AIDS treatment.

   - Promoting HIV/AIDS treatment for patients in 05-06 centres, detention camps and prisons, developing mechanism of referring HIV/AIDS patients under treatment when they go in/out of the centres.

   - Developing a policy to provide access to affordable ARVs and ensure national security on ARVs.

   - Enhancing integration, combination between the HIV/AIDS care and treatment program with other programs such as TB, reproductive health, dermatology programs, etc to connect HIV/AIDS care and treatment services.

   - Improving quality and expanding the testing system for HIV/AIDS diagnosis and treatment to ensure one coordination unit, one national-level system of provision, distribution of bio-products for HIV tests, CD4 test, virus measurement and early diagnosis of infants under 18 months who are exposed to HIV.

   - Strengthening and establishing a system to ensure tests for HIV/AIDS diagnosis and treatment at the central, regional, provincial and municipal levels.

   - Strengthening and developing home-base and community-based care system based on the network of PLHIV, village health workers, population collaborators, volunteers… promoting initiative and voluntary roles of the PLHIV network.

   - Promoting monitoring, supervising, technical support and improving service quality to improve effectiveness of the HIV/AIDS care and treatment program.
- Conducting researches relating to HIV/AIDS care and treatment based on which adjust policies appropriate with the reality in Vietnam.

b) Prevention of Mother-to-child HIV transmission (PMTCT)
- Improving quality of and expanding PMTC services
- Improving capacity for health workers of health facilities at all levels to implement PCMTC, ensuring HIV counseling and testing for pregnant women.
- Providing sufficient equipment and medicines to obstetric hospitals at the central and provincial levels and districts’ hospitals or healthcare centres to enable them provide HIV diagnose and treatment on PMTCT
- Strengthening early preventive measures for PMTCT. Implementing appropriate communication strategies to increase community awareness on PMTCT.
- Strengthening prevention of HIV infection among women of reproductive age and prevention of unwanted pregnancies among HIV-infected women.
- Encouraging safe sexual behaviors, especially for women in reproductive age; to promote the use and facilitate the access to condoms.
- Encouraging HIV testing before marriage and delivery for counseling.
- Providing sufficient information on mother-to-child HIV transmission and prophylaxis methods for pregnant women.
- Implementing early management of pregnancy to detect the risk of mother-to-child HIV transmission and provide early treatment for HIV-infected pregnant women.
- Early detecting and treat sexually transmitted infections for women in reproductive age.
- Providing HIV testing for pregnant women in the early stages of pregnancy under patterns suitable to geographical conditions, traditions and customs of each locality.
- Strengthening provision of early prevention and ARV treatment services for HIV-infected pregnant women.
- Improving quality and expanding services of screening TB among children infected with HIV and early detecting children infected with HIV and providing treatment to prevent HIV infection for new-born babies of mothers infected with HIV.

- Enhancing the system for early diagnosis of HIV infection in infants exposed to HIV under 18 months old to ensure that the infants receive early and appropriate care and treatment

- Increasing appropriate linkages between the PMTCT program and the program of HIV care and treatment for children through testing to detect HIV infection among infants under 18 months.

- Promoting and strengthening the testing system, ensuring providing sufficient testing bio-products for early detection of HIV infection among infants under 18 months.

- Providing milk for 6 months to new-born babies of HIV infected mothers.

- Providing enough medicines for infants of HIV infected mothers for HIV prophylaxis.

- Establishing a mechanism for referral and effective connection between obstetric establishments with HIV/AIDS establishments, mother and child health care centres and social relief establishments to ensure that HIV-infected mothers and their infants are supported, followed up, cared and treated properly.

- Building drug regimes and prioritizing using highly effective ARVs for PMTCT.

**c) 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.

- To increase care, treatment, counseling for HIV/AIDS infected people in the community. Promote supports to HIV/AIDS infected people and their families so that the HIV/AIDS infected people can settle their life, integrate into and be cared at home and the 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-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-infected people. To encourage religious, charity and humanitarian organizations to form palliative care centers for full-blown AIDS patients and support homeless AIDS patients.

- To encourage the establishment of PLHIV clubs, self-help groups of PLHIV. AIDS programs have policies to support, encourage PLHIV to participate in HIV/AIDS activities.

- To have policies including both health and social policies to support families care and support for PLHIV.

- To ensure legal regulations exclude HIV/AIDS discrimination clauses. Ensure the rights of equality of PLHIV.

- 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.

- To encourage the formation of clubs of HIV-infected people, self-help and self-care groups of HIV-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 HIV-infected people.

- To ensure that there will be no law provisions related to stigma and discrimination against PLHIV; to ensure the equal rights of HIV-infected people

- To develop centre of homeless HIV infected orphans in big cities and provinces. Ensure conditions for caring and rearing children who are abandoned due to HIV/AIDS.

- To ensure incentive policies for children infected with HIV and affected by AIDS so that they are provided with all healthcare, educational and social services.

- To promote education and communication activities providing knowledge, life skills for street children (especially girls) to reduce the risk of HIV infection among this group.

- To mobilize strong participation of sectors, unions in care and support for HIV infected and affected children.


   a) Strengthening the national system of surveillance, monitoring and evaluation.

   - To increase guidance, coordination and strengthen systems of HIV/AIDS program surveillance, monitoring and evaluation at all levels.
- To promote the roles of the National M&E technical group in developing technical guidelines, conducting researches and evaluations as well as supporting surveillance at localities.
- To improve coordination and integration with other available health information system.
- To increase application of information technologies to strengthen and improve the information management system of the national HIV/AIDS prevention and prevention and control program.

**b) Providing reliable evidences for the HIV/AIDS prevention and control program through the system of surveillance, monitoring and evaluation.**
- Strengthening and improving quality of data on HIV/AIDS epidemic, data on the program operation.
- Increasing inspection, monitoring book recording, data collection and report consolidation activities at all levels.
- Improving the data of the HIV and STI sentinel surveys, integrating site and behavioral surveillance surveys.
- To promote coordination of the national HIV/AIDS research program to provide data to the program effectively.
- To develop standard processes, programs of managing PLHIV information to ensure confidentiality so that during referrals between services under the program, losses of tracks of patients and data duplication will be minimized.
- To increase surveys on size estimates of high risk population to provide data to the program.

**c) Promoting effectively sharing and using strategic information for guidance and policy development, effective investment in the national HIV/AIDS prevention and control program.**
- To promote dissemination and information sharing activities such as organizing events, conferences… and publications and websites..
- To increase using data to improve the program and for policy advocacy.
- To increase cooperating with mass media organizations to disseminate accurate and update information.

**C. INTERNATIONAL COOPERATION**

1. Expanding international cooperation in HIV/AIDS prevention and control
- Strengthening current cooperation relations together with seeking potential cooperation in the direction of multilateralism and diversification of relations with UN organizations, bilateral and multilateral organizations on HIV/AIDS.
- Tightening relations with international organizations and countries which have provided financial and technical supports to HIV/AIDS prevention and control.
- Further improve cooperation within Asia Pacific and ASEAN countries.
- Closely cooperate with neighboring countries to address common urgent problems, especially problems related to the spread of HIV / AIDS across borders, the problem of free migration between countries in the region.
- Enhancing educating on HIV/AIDS for Vietnamese workers working abroad, oversea Vietnamese communities through forms of bilateral cooperation with HIV / AIDS organizations in other countries. Restricting and moving towards the prohibition of requirement that workers who are going to work abroad have to go for HIV test.
- Promoting provincial, municipal cooperation between cities, provinces in Vietnam and in other countries.
- Providing comprehensive, update and timely information to Vietnam's diplomatic representatives, and ambassies to seek for and expand cooperation.

2. Enhance resource mobilization on HIV/AIDS

- Actively mobilize the support of other countries, the UN organisations, and other international organizations to HIV/AIDS prevention and control. The Government integrates the fund raising activities in international conferences and seminars in other areas.
- Develop policies prioritized consideration and approval of schemes and projects with international cooperation in the field of HIV / AIDS to ensure the implementation of projects to be implemented in time and as scheduled.
- Develop a common mechanism for coordination and implementation of HIV/AIDS projects using international fund. Develop a focal point for managing the projects (VAAC - Ministry of Health). Strengthen the management of projects of bilateral cooperation particularly in localities and other organizations.
- Promote national initiative to coordinate, manage and use funded projects, to ensure them to comply with the national target program, aiming to the targets and support the national action plans.
- Give priorities to projects with financial and technical supports, and a transfer of modern technology.
3. Strengthening Vietnam’s responsibilities to the Global HIV/AIDS Program

- Keep our commitments and implement the Political Declaration on HIV/AIDS of the UN, the statements at the ASEAN summit...

- Increase coordination with international organizations in periodic evaluation of implementation of international commitments on MDGs, universal access to HIV/AIDS treatment, vision of three zero initiated by the UN.

- Establish a center to follow up international documentation to timely provide and update for conferences, workshops on HIV/AIDS in the world.

- Encourage, prioritize organizing international training courses, conferences, workshops on HIV/AIDS in Vietnam. Host to international conferences to raise Vietnam status on international arena.

- Improve the capacity of project management, design and planning and coordinating international cooperation of national HIV/AIDS organizations, and the capacity of project implementation of HIV/AIDS organizations of sectors and at all levels to implement effectively the current projects, develop new cooperation projects. Efficient use international funding and supports.
PART V. PROJECTS ON HIV/AIDS PREVENTION AND CONTROL
PROJECT I
COMMUNICATION AND PREVENTION OF HIV/AIDS TRANSMISSION

I. OBJECTIVES

1. 90% of people aged 15 - 49 will have proper understanding on prevention of HIV transmission and reject common misconception on HIV/AIDS transmission and have positive attitudes towards PLHIV.

2. To reduce new HIV infections through sexual contacts by 50% by 2015 and 80% by 2020, including reduction of new infections among young people and adolescents, MSM and sex workers;

3. To reduce new HIV infections among IDUs by 50% by 2015 and 80% by 2020;

4. To reduce stigma and discrimination in the community and moving towards eliminating stigma and discrimination by 2020;

II. Targets

1. Targets on information, education, communication and behavioral change communication

   - 90% of people aged 15 - 24 will have proper understanding on prevention of HIV/AIDS infection and reject misconceptions on HIV/AIDS transmission.

   - 90% of people aged 15-49 will have positive attitude to PLHIV.

   - 70% of males and females aged 15-49 having sexual contacts with out-of-marriage sexual partners who did not live together in the past 12 months use condoms for sexual intercourses.

   - 90% of adolescents and young people know at least one site providing HIV VCT services, condoms and ARV treatment.

2. Targets on multisectoral cooperation and community mobilization on HIV/AIDS prevention and control

   - 100% of ministries, sectors, unions at the central level and 90% of People’s Committees at all levels will have plans of, budget allocation to and guiding documents and annual reports on HIV/AIDS activities.
- 90% central and local mass media will run communication programs on HIV/AIDS prevention in accordance with guidance of the Ministry of Information and communication and Ministry of Health

- 80% of agencies, enterprises implement HIV/AIDS prevention for their employees at workplaces in accordance with guidelines.

- 90% of frontier districts will organise HIV/AIDS prevention across border.

- 100% of provinces will organise models and communication activities on HIV/AIDS prevention for ethnic minorities and people living in remote areas

- 100% of Vietnamese non-governmental organizations working on HIV/AIDS will abide by regulations on organizing HIV/AIDS prevention and control activities

3. Targets on harm reduction

- To control the rate of HIV infection among injecting drug users under 10%, women selling sex under 2% and men having sex with men under 5% in 2020

- 90% of districts and 70% of communes nationwide will implement harm reduction measures by 2015 and maintain this rate by 2020;

- 80% of higher risk groups (IDU, FSW, MSM) will be able to access to harm reduction services by 2015 and to maintain this rate by 2020;

- To increase the rate of regularly using clean S&N among IDU to 70% by 2015 and 80% by 2020.

- 70% of FSW will regularly use condoms when having sex with their clients by 2015 and 80% by 2020.

- 70% of MSM will reportedly use condoms in their last sexual contacts by 2015 and 80% by 2020;

- 50% of drug users will receive treatment of opioid substances with substitution therapy by 2015 and 70% by 2020.

5. Targets on HIV testing and counseling

- 60% of people with high risk behaviors (IDU, FSW, MSM) will receive HIV testing and counseling by 2015 and 80% by 2020.

- 90% of wives/ husbands of PLHIV will receive HIV testing and counseling.

- 80% of people who receive HIV testing and counseling will be referred successfully to appropriate prevention, care and treatment services.
- 70% of the medical examination and treatment establishments from district level upwards will provide HIV testing and counseling in 2015 and the proportion will reach 95% in 2020.

- 100% of provinces, cities and 60% of districts will have HIV testing and counseling establishments by 2020, of which 65% meet the national standard.

III. MAIN ACTIVITIES

1. Activities of information, education, communication and behavioral change communication

- Develop legal and technical documents to guide organizing HIV/AIDS communication.

- Develop a training program and training materials on HIV/AIDS communication for staff specialised on HIV/AIDS prevention in communes/wards and collaborators on HIV/AIDS prevention in villages.

- Develop a working manual for staff specialised on HIV/AIDS prevention in communes/wards and collaborators on HIV/AIDS prevention in villages.

- Provide training, refresh training on HIV/AIDS prevention IEC and behavioral change communication for the HIV/AIDS staff at the central and grassroots levels;

- Implement direct communication activities in counseling rooms and the community, especially individual, couple and small group communication.

- Periodically provide information to mass media, reporters and journalism collaborators on HIV/AIDS;

- Provide training on IEC and behavioral change communication for reporters on HIV/AIDS

- Organise field visits and study tours for journalists to share and learn experiences on effective models on HIV/AIDS prevention.

- Organize communication on HIV/AIDS on the mass media at all levels, from the central to provinces, districts, communes, including developing special programs on radio and Central television;

- Organize information, education and behavioral change communication on HIV/AIDS at schools, appropriate with each target groups in the national education system;
- Organize information, education and behavioral change communication on HIV/AIDS in education establishments, reformatories, treatment centers, social relief centers, prisons, detention camps, focusing on special forms of community appropriate with each subject and establishments

- Organise behavioral change IEC activities on HIV/AIDS prevention for staff and employees of ministries, sectors, unions and localities with a focus on prioritized audiences

- Organise communication campaigns in response to yearly events, particularly to the National Action Month on HIV/AIDS Prevention.

- Organise behavior-change IEC activities on HIV/AIDS prevention at agencies, organisations, business enterprises; HIV/AIDS prevention at workplaces, for mobile population and across border.

- Organise communication programs advertising for HIV/AIDS services so that clients will early access to HIV/AIDS prevention, care, support and treatment services.

- Pilot models of applying modern information technologies and expanding effective models such as telephone, internet in communicating and advertising for HIV/AIDS prevention and control services.

- Organize periodical surveillance, monitoring and evaluation activities of information, education and behavioral change communications at all levels and sectors with a focus to the grassroots level.

2. **Mobilize the community, enterprises and families to participate in HIV/AIDS prevention and control**

- Consolidate and strengthen the Steering Committee on HIV / AIDS at all levels, especially after sessions of the National Assembly and the People's Council.

- Organize orientation meetings and mobilization events, regularly provide HIV /AIDS information to leaders of all levels, sectors and unions;

- Organise composing communication materials on HIV/AIDS for distribution to localities, and ministries, departments, sectors and unions at the central level.

- Develop and expand effective models such as the movement of all people participate in HIV/AIDS prevention and control at the community; model of HIV/AIDS prevention among ethnic minorities; model of religious organizations, civil society organizations, PLHIV groups, HIV vulnerable groups participate in HIV/AIDS prevention and control and other community-based model.
- Develop joint plans on HIV/AIDS such as programs of military and civilian cooperation on HIV/AIDS prevention in remote areas.

- Organise events with participants of leaders, community dignitaries, PLHIV and their families;

- Organise activities of HIV/AIDS information, education, behavioral change communication in agencies, organizations, units, enterprises; HIV/AIDS prevention at work places, HIV/AIDS prevention for mobile populations.

- Organise HIV/AIDS prevention communication activities across borders and HIV/AIDS prevention at border gates.

- Periodically examine, monitor the implementation of Instructions, Resolutions, and legal documents on HIV/AIDS communications at all levels.

- Organise orientation meetings of local NGOs to look for funding and organize the implementation of HIV/AIDS prevention at the community.

- Mobilize the participation of local NGOs, self help groups in developing legal documents, technical guidelines and organizing the implementation of HIV/AIDS activities

3. Implementation of harm reduction activities in prevention of HIV transmission

a) Communicate, advertise for harm reduction services

- Communicate on prevention of HIV/AIDS transmission services on the mass media:

  + Organize press conferences, forums, seminars or special talks on harm reduction interventions (needle and syringe programs, condom programs, opioid substitution treatment) on central, provincial and district TV, radio with the participation of policy makers, representatives of agencies, unions and civil society organizations and beneficiaries.

  + Communicate on channels such as radio, television, local media, panel, posters, leaflets and brochures

  + Organise meetings, marches.

- Direct communication

  + For governments of all levels and relevant departments, sectors and unions:

    • Through conferences, workshops, meetings with governments and relevant departments, sectors and unions, especially the sectors of Police, Labor, invalids and social
affairs, culture, sport and tourism on facts, evidences, and necessity of implementation of intervention activities.

- Organise training courses for relevant department, sectors and unions at the provincial and district levels on the harm reduction program and interventions among IDU and FSW.

- Organise study tours for policy makers and people who directly lead the program implementation to learn experience on implementing harm reduction programs

+ For owners of entertainment services establishments and people at the intervention sites:
  - Organise talks on HIV/AIDS and the intervention program on prevention of HIV transmission.
  - Organise competitions of knowledge on HIV/AIDS and intervention measures to prevent HIV transmission.

- For high-risk groups (IDUs, sex workers, MSM): Direct communication through peer communicator network associates with providing and guiding usage of clean needles and condoms to prevent HIV transmission; introduce, refer high risk groups to health and social support services as needed.

- Design and produce communication materials about the harm reduction intervention program.

b) Maintain, supplement human resources for the harm reduction intervention program, and supplement the resources of peer communicators, collaborators, health workers at establishments of opioid substitution treatment

c) Provide training, refresh training for human resources of the program

- Develop, amend and supplement training curricula, technical guidelines for the human resources of the harm reduction intervention program;

- Establish and strengthen a national group of lecturers on the harm reduction intervention program

- Organise training and refresh training courses for staff of the harm reduction intervention program in HIV/AIDS prevention from the central to local levels and community outreach workers.

- Build and further develop regional training centres on treatment of opioid substance addiction by substitution drugs;
- Organise training courses, exchange on harm reduction experience abroad

d) Provide technical support to opioid substitution treatment establishments

Establish and implement activities of the national technical support group on the program of treatment of opioid substance addiction by substitution drugs

e) Maintain, expand accessing to high risk groups

- Communicate, provide knowledge relating to HIV/AIDS/STIs, drug and prostitution prevention and control;

- Distribute S&N, distilled water, cotton, alcohol, condoms, lubricants, and communication materials to high risk groups, collect used S&N for destruction as regulated

- Guide and encourage drug users to use clean S&N, drug detoxification, provide information on the opioid substitution treatment program;

- Guide and encourage FSW to use condoms in a right way when having sex;

- Provide HIV vulnerable people with counseling on HIV related issues depending on their needs, provide primary health care to IDU, FSW, MSM; refer them to medical services of STI examination and treatment and introduce addresses of drug stores participating in the S&N distribution program and addresses of the VCT sites, establishment providing ARV treatment, opioid substitution treatment.

- Organise periodic meetings for HIV vulnerable groups.

h) Distribute supporting materials of harm reduction intervention activities

- Distribute S&N, distilled water, condoms to HIV vulnerable groups and vulnerable people through models of community outreach workers, drug stores, health facilities, establishments providing accommodation, entertainment service establishments, fixed S&N distributing sites, and fixed box of S&N

- Scale up models of social marketing of condoms, S&N

k) Organise collecting and destroying used S&N;

l) Diversify models of opioid substitution treatment; models of comprehensive services, models of satellite drug distribution, mobile models.

m) Coordinate, connect intervention activities with HIV prevention and treatment activities and other social support activities.

n) Develop, amend, and supplement legal documents enabling the implementation of the harm reduction intervention program.
q) Develop, amend, and supplement incentive policies for people participating in the harm reduction intervention program.

p) Monitor harm reduction intervention activities
   - Develop and apply monitoring tools to ensure the quality of intervention services.
   - Periodically monitor and provide technical support to provinces and cities implementing the program.

s) Pilot the harm reduction intervention programs (condoms, opioid substitution treatment) in the education, treatment, social labor centres, reformatories, prisons, detention camps, link them with activities in the community.

t) Study to apply new technologies in HIV prevention: measures to prevent transmission among women such as HIV preventing substances (microbicides), HIV prevention treatment, early treatment for prevention or HIV prevention vaccine.

u) Scale up model of social mobilization of opioid substitution treatment.

4. HIV testing and counseling activities

   - Develop, amend and supplement guidelines on HIV testing and counseling appropriate with each group and area: counseling at the community, counseling for high risk groups, counseling at medical examination and treatment establishments.

   - Standardize technical materials on HIV testing and counseling for consistent usage nationwide (Training curricula on HIV testing and counseling, the toolkit for monitoring to improve quality of HIV testing and counseling …)

   - Build material facilities, provide equipment, training for staff to ensure each province, city has at least one VCT room meeting the national standard

   - Establish HIV testing and counseling establishments at the district level. Give priorities to districts with high HIV prevalence and districts with key communes on drug, establishments providing family planning services, mother and child health care, and primary health care.

   - Conduct scientific studies in the field of HIV testing and counseling to assess effectiveness of model, evaluate impact, and evaluate behavioral change of people receiving counseling and identify barriers, difficulties, and recommend solutions to improve the program as well.
- Set up and strengthen the system of referring people receiving counseling to access services such as HIV prevention, care and treatment; health care, social support...

- Implement HIV testing and counseling in prisons, detention camps, education establishments, reformatories, social protection establishments, treatment, education and social labor centers;

- Provide training and refresh training for counselors on testing and counseling and monitoring testing counseling activities in accordance with the standard procedures applied nationwide.

- Use a software to manage HIV testing counseling activities.

- Communicate, advertise for HIV testing counseling services under many forms.

5. **STI diagnosis and treatment activities**

- Develop training curricula, guidelines on STI diagnosis and treatment.

- Organise training, refresh training for health workers involving in STI examination and treatment activities.

- Supply equipment to STI examination and treatment establishments.

- Improve capacity of STI examination and treatment of health centers at the communal, ward level

- Organise mobile examination and treatment for HIV vulnerable people.

- Integrate STI examination and treatment with periodic health checks for workers at massage establishments, entertainment service establishments and industrial zones.

- Periodically implement technical support activities relating to STI diagnosis and treatment at all levels..

6. **Activities of prevention of HIV transmission through social services and health services**

- Communicate to raise awareness of people on prevention of HIV transmission through social services with injection.

- Organise communication following the regulations on hospital sterilization at health establishments

- Organise periodic inspection of hospital sterilization at health establishments

- Develop guidelines, regulations on prevention of HIV transmission through social services.
- Organise training on and disseminating measures of preventing HIV/AIDS transmission through social services.
- Inspect, supervise establishments of social services with injection devices.
PROJECT II
COMPREHENSIVE CARE, TREATMENT AND HIV/AIDS IMPACT MITIGATION FOR
PLHIV AND THEIR FAMILIES

I. Objectives

1. 90% of PLHIV will receive ARV treatment by 2020; reduce deaths for TB among PLHIV by 50% by 2015 and by 80% by 2020.

2. To eliminate vertical transmission of HIV by 2015 and to reduce AIDS-related maternal mortality by 50% by 2015, keep maintaining zero vertical transmission by 2020 and after 2020.

3. To eliminate stigma and discrimination against HIV/AIDS by 2020

II. Targets

1. Targets on care and treatment for PLHIV

a) 70% of PLHIV will have access to early care and treatment when the CD4 count is above 350 TB/mm3 at the time of registration for treatment by 2015 and increase to 90% by 2020.

b) 90% of PLHIV eligible for ARV treatment will receive ARV treatment by 2015 and maintain this rate by 2020, in which
- 70% of adults infected with HIV will have the average CD4 count $>250$TB/mm$^3$
when starting ARV treatment
- 95% of pediatric patients (who need the treatment according to estimates) will be treated with ARV.

- 95% of patients who are TB/HIV diagnosed will be treated with ARV

c) 90% of patients with signs of treatment failures will be confirmed by virus measurement by 2020.

d) 85% adult and pediatric patients continue to be treated with ARV after 12 months of treatment by 2015 and maintain this rate until 2020.

a) 100% of pregnant women will be tested and receive HIV testing results by 2015 and maintain this rate until 2020.

b) 100% of pregnant women with positive HIV testing results will receive prevention treatment with ARV by 2015.

c) 100% of new born babies of HIV infected mothers will receive prevention of vertical transmission by ARV by 2015.

d) 100% of HIV infected mother will receive counseling on safe motherhood of bringing up children 2015.
e) 100% % of new born babies of HIV infected mothers will receive diagnosis on HIV before 18 months by PCR tests by 2015.

e) 100% of HIV infected mothers and their new born babies will be cared and followed up at HIV/AIDS treatment establishments by 2015.

3. Targets on HIV/AIDS impact mitigation
   a) 80% of PLHIV will receive ARV treatment services covered by health insurance by 2020.
   b) 100% of children with HIV will get access to school by 2015.
   c) 100% of families of orphans and vulnerable children will get free outside support services to bring up the children by 2020.
   d) 80% of poor PLHIV will be provided with regular social support packages by 2020.
   d) 90% of PLHIV and HIV vulnerable people will have a job in one year after receiving vocational training.
   e) 100% of social protection workers will be trained on HIV/AIDS and participate in HIV/AIDS activities by 2015.

b) All children and adults infected or affected by HIV/AIDS and HIV/AIDS vulnerable people will be managed, followed up by social work collaborators at the communal/ward level.

III. HIV/AIDS care, support, treatment and impact mitigation activities

1. Comprehensive care and support activities
   a) Activities to increase accessibility and early treatment:
      - Establish successful referral system between VCT, PMTCT, STI, TB/HIV, home-based and communication-based care services and care and treatment establishments to provide timely treatment to patients.
      - Develop models of care and treatment services appropriate to target groups and special geographical areas (mountainous areas, ethnic minority areas and island areas).
      - Cooperate with health establishments of other sectors (the labor, invalids and social affair, the police) in providing services of diagnose, treatment, care and support to PLHIV in education, treatment, social relief centers, reformatories, detention camps/prisons.
      - Scale up provision of CD4 tests to ensure the quality so that patients who are eligible for ARV treatment can receive immediate treatment.
- Expand provision of tests on virus measurement to ensure the quality for cases of more than 1,000 copied virus after six months of ARV treatment and cases with signs of treatment failures.

- Implement HIV early diagnostic tests among children nationwide.

- Provide OI prevention treatment services to PLHIV.

b) **Activities to improve quality and scale up coverage of ARV treatment services:**

- Amend and supplement, develop policies relating to expand HIV/AIDS treatment services:
  
  + Improve the functions of the hospitals in providing HIV / AIDS diagnostic and treatment services. Take district hospitals as centers of HIV / AIDS care and treatment.
  
  + Establish ARV distribution sites basing on the grassroots-level health network.
  
  + Institutionalize and integrate step by step activities of monitoring and care of HIV infected people in the community into the primary health care system at the grassroots level.

- **Promote combination in treatment of HIV/AIDS**
  
  + Integrate the combination of HIV / TB in diagnosis, treatment and monitoring of patients at all levels, especially the district level. Strengthening diagnostic and antiretroviral treatment capacity for workers in tuberculosis prevention; capacity of diagnosing TB and TB preventive therapy for workers in HIV / AIDS. To take measures to control TB transmission in treatment facilitis. Set a referral system between the two programs on HIV / AIDS and TB to ensure patients are diagnosed and treated promptly.

  + Implement activities to expand ARV treatment for residents at treatment, education, social labor centers, prisons, detention camps; , developing a mechanism of referring patients with HIV/AIDS treatment when going out / in the center.

  + Develop a model to associate the care and treatment service with prevention programs such as VCT, methadone and communication to increase the reach and effectiveness of treatment.

  + Cooperate with the private health system in providing care and treatment to patients with HIV / AIDS.

  + Mobilise participation of the civil society, peer clubs and the community to reduce stigma and help patients stay with the care and treatment service and increase treatment adherence among patients with HIV / AIDS.

Develop short- and long-term training plans on care and treatment; establish national and regional teams of trainers. Provide training for provincial trainers to train the staff on HIV/AIDS at the district level.

Expand the system of drug resistance surveillance and monitoring, increase investment in researches relating to HIV/AIDS care and treatment.

Update, revise and issue standards and appropriate ARV treatment regimes.

Organize periodical national and international scientific meetings, workshops and conferences on AIDS treatment in Vietnam.

Cooperate with universities, AIDS hospitals of countries in the world and the region to share and exchange experience in treatment, training and coordinating to implement researches, evaluations.

Promote international cooperation in accessing ARV drugs. Organize study tours to learn and share experience, update information on HIV/AIDS prevention, care and support of other countries.

c) Provide comprehensive HIV/AIDS care and treatment services to adults and children infected with HIV.

- Provide services of OI diagnosis (TB, hepatitis B, hepatitis C, mental disorders…) among PLHIV prior to ARV treatment and among patients under ARV treatment in order to have proper treatment to reduce deaths.

- Provide early treatment for PLHIV whose wives or husbands are not infected with HIV.

- Provide TB preventative treatment by INH to adults and children with HIV who have not been infected with TB, other OI preventative treatment by Cotrimoxazole in accordance with the MoH’s updated guidelines.

- Provide periodic supportive tests to diagnose and follow up treatment effectiveness for adults and children infected with HIV. The CD4 test will be provided for at least once per 6 months, basic test once per 3 months.

- Provide virus measurement for all cases of getting ARV treatment for 6 months and follow up every 6 months for cases with virus measurement’s results above the detection level. Provide virus measurement to all cases with signals of clinical treatment failures and immunity before deciding to move to the 2nd-level treatment regime.

- Provide counseling, care and treatment to adults and adolescents with HIV và care givers of children with HIV including counseling on health, treatment adherence, nutrition ...

- Provide periodic assessment and counseling on nutritious situation of PLHIV
- Cooperate with the Ministry of Labor, Invalids and Social Affairs and NGOs to provide nutritious support to PLHIV suffering medium and heavy malnutrition, especially children.

- Implement community-based and home-based counseling and care services.

d) Implement supportive services to ensure maintaining ARV treatment for patients

- Establish a continuous and effective ARV treatment provision system for HIV/AIDS patients.

- Implement services of following-up, referral appropriate with patients under ARV treatment.

- Support accessing to mitigation services and harm reduction interventions for special groups such as programs of condoms, S&N, opioid substitution treatment.

- Improve capacity on treatment adherence of health workers by training courses, workshops, conferences.

- Implement measures to improve treatment quality including coherence surveillance, prevention and HIV drug resistance at treatment establishments.

e) Improve quality and expand HIV/AIDS testing, diagnosis and treatment services

- Develop a long-term plan for the HIV/AIDS diagnosis and treatment system.

- Strengthen, improve and expand the testing system supporting diagnosis and treatment in accordance with the national technical decentralization.

- Develop technical guidelines on HIV/AIDS testing, diagnosis and treatment.

- Provide training and refresh training to improve capacity on HIV/AIDS testing, diagnosis and treatment for staff involving in testing at all levels.

- Investing in developing laboratories for HIV/AIDS testing, diagnosis and treatment to meet the national standards on reference testing laboratory in order to ensure qualities of various tests.

- Invest, upgrade testing laboratories of institutes to ensure quality of bio-products for HIV/AIDS testing, diagnosis and treatment.

- Develop a domestic manufacturer of panel meeting WHO standards.

- Select and improve capacity of units providing and distributing equipment, bio-products for CD4, CD4%, EID tests, virus measurements at the national level.

- Develop three regional centers of providing virus measurement tests and early HIV detection among infants under 18 months.
- Develop technical guidelines relating to supportive tests to early HIV/AIDS detection and treatment follow-up
- Develop monitoring activities to provide technical support to improve the quality of HIV testing laboratories at all levels.
- Provide training to and improve capacity of staff involving in testing at the district and commune levels.
- Implement programs to control testing quality from outside for the HIV testing system.

2. Component Prevention Of HIV Transmission From Mother To Child

a) Communication to raise awareness of men and women of childbearing ages about the risk of HIV infection and the possibility of HIV transmission from mother to child.
- Periodically implement Communication Month for PMTCT, closely integrate the PMTCT communication campaign with reproductive health education and safe motherhood programs. Develop appropriate messages and diversify communication channels.
- Implement communication on HIV / AIDS, prevention of HIV transmission from mother to child, reproductive health care, maternal and child healthcare for women of childbearing age, with a focus given on disadvantaged women groups such as female sex workers, women whose husbands or sexual partners are injecting drug users, poor women in rural areas.
- Implement communication in highschools, colleges, universities, education and job training centers, increase communication about the role and participation of men in the community through organizations such as the Women's Union, Youth Union ...; increase communication in offices, factories, manufacturing facilities on the PMTCT
- Establish and consolidate networks of HIV testing at all levels, developing a model of mobile HIV testing in mountainous areas where travel is difficult. Mobilize the participation of other departments, sectors and unions such as the youth organizations, the Women's Union in counseling and social support for HIV-infected pregnant women or disadvantaged women, to ensure coverage to the entire pregnancy management establishments to meet pregnant women’s needs of HIV testing.

Diversity models of PMTCT services in accordance with social and geographical characteristics with a focus to areas where are difficult to access.
- Increase the role of the private health sector in providing HIV tests for pregnant women
b) To scale up comprehensive PMTCT services
- Establish, strengthen the referral system between commune health centres and district health facilities to ensure early detection of HIV infection in pregnant women and provide comprehensive prevention of HIV transmission from mother to child.
  - Provide of comprehensive PMTCT services at the district level, bao gồm:
    + Provide HIV tests to pregnant women early in the first months of pregnancy;
    + Provide CD4 tests to 100% of pregnant women infected with HIV.
    + Provide ARV treatment or preventative treatment with ARV to pregnant women infected with HIV in accordance with updated guidelines of the Ministry of Health; gradually move towards providing ARV treatment to every pregnant women infected with HIV regardless the number of CD4 cells.
    + Provide preventative treatment with ARV to new born babies of women infected with HIV or suspected to be infected with HIV.
    + Provide advices for safe feeding new born babies of HIV infected mothers. If caregivers are eligible for feeding the infants with alternative-breast milk, the alternative milk will be provided to the infants until they get 12 months at least.
    + Provide diagnosis tests for infants under 18 months by PCR tests so that they will have opportunities to early access to special treatment drugs.
  - Supply with adequate ARV drug for PMTCT to establishments with obstetric faculty from the district level upwards.
  - Coordinate closely between reproductive health care establishments and HIV/AIDS treatment facilities to ensure that HIV-infected pregnant women and their children have access to appropriate and timely care and treatment of HIV / AIDS.
  - Capacity building for health workers in providing interventions for comprehensive PMTCT through constant training courses.

c) Develop a system of following up, referral after HIV test of HIV infected mothers and their babies
- Consolidate the connections between obstetric facilities, HIV testing establishments and HIV/AIDS treatment establishments for adults and children, mother and child health care system and social relief networks to reduce the losses of tracks of mothers and their babies after the births.
b) Establish an effective referral system between the PMTCT establishments and ARV treatment facilities to ensure early treatment for HIV infected pregnant women and their infants.

c) Strengthen the links between relating ministries and sectors to establish centers of HIV-infected and homeless orphans in big provinces and cities. To ensure adequate conditions for the care and nurturing of children abandoned due to HIV / AIDS.

3. HIV/AIDS impact mitigation activities

a) Activities to improve accessibility to social services of poor adults and children with HIV/AIDS, people affected by HIV/AIDS and HIV/AIDS vulnerable people in difficult economic circumstance.
   - Review and revise legal documents and policy to remove barriers preventing PLHIV, their families and people vulnerable to HIV/AIDS infection to access social services
   - Periodically monitoring the enforcement of legal regulations to protect the rights of PLHIV and combat stigma and discrimination against PLHIV and people vulnerable to HIV infection to help them easily access to social services.
   - Develop legal counseling centers for PLHIV and people vulnerable to HIV infection to protect them from human rights violations including those violation relating to stigma and discrimination
   - Raise awareness among health workers about PLHIV’s rights to health
   - Awareness raising among teachers and parents of children about child’s rights for education.
   - Increase the community’s participation not only in providing social services but also in monitoring social protection activities.
   - Develop HI benefit package for PLHIV participating in HI.
   - Communication to help PLHIV and HIV vulnerable people to have proper awareness of health insurance benefits
   - Monitor the enforcement of the Law on Health Insurance with PLHIV.
   - Encourage the establishment of community based PLHIV care and support centers. Encourage faith-based, humanitarian, charitable organizations to establish areas to care for AIDS patients at their ends and homeless AIDS patients
- Provide training on HIV/AIDS care and support for health workers, staff involving in HIV/AIDS. Training on combating against discrimination, ensuring confidentiality and privacy and providing quality services.

b) Activities to support poor adults and children with HIV/AIDS, people affected by HIV/AIDS and HIV/AIDS vulnerable people in difficult economic circumstance to receive social allowances.
   - Develop incentive policies for the poor including impoverished adults and children infected with or affected by HIV and people affected by HIV who are close to the poverty level.
   - Conduct evaluations on accessibility of PLHIV and people affected by HIV/AIDS to the Government's incentive policies.
   - Implement activities to guide and help PLHIV and children affected by HIV and their care givers to improve awareness and access to available social protection services.
   - Promote better understanding among social workers, health workers that the Law on HIV/AIDS does not allow revealing information of PLHIV and protects their rights to access social protections services.

c) Develop models of sustainable livelihood for poor people with HIV/AIDS, IDU and FSW.
   - Develop employment policies for PLHIV and monitor corporate social responsibilities on PLHIV employment and against stigma and discrimination in recruitment
   - Provide exemption/reduction of taxes for those companies hiring PLHIV and recovering drug users and sex workers.
   - Provision of vocational and entrepreneurship training responsive to labour market needs and follow up support in job search.
   - Develop models, policies on job-creation and back-to-home program at localities.
   - Encourage legal registration of Self-help groups.
   - Develop preferential micro-credits for PLHIV.
   - Implement activities to supervise the enforcement of HIV Law regarding employment
   - Develop measures to enable and encourage HIV infected people to participate in social insurance.
d) Promote the social security to provide it more effectively to adults and children living with and affected by HIV/AIDS, and HIV/AIDS vulnerable groups.

- Provide training HIV in-service training for staff involved in “social work’ related activities.
- Build knowledge and skills on HIV, sex work and drug use among social workers
- Strengthen integration of HIV, drugs and sex work prevention and control component in social management
PROJECT III
HEALTH SYSTEM STRENGTHENING

1. Objectives

Create an enabling legal environment with an effective financial mechanism together with a comprehensive system of infrastructure, health equipment, pharmacy and technologies to ensure all activities of the HIV/AIDS program integrate more with the health system, mobilize sufficient resources through maximizing sectoral cooperation and participation of the whole society to ensure the speed of the program scaling up and increase its accessibility, effectiveness and sustainability in the period of 2011 – 2020.

3. Targets

- To ensure mobilizing sufficient human resources for the HIV/AIDS control and prevention system. 80% of staff working in the HIV/AIDS prevention and control system hold university, post university degrees. 100% of staff working on HIV/AIDS will be trained under the consistent curriculum on skills on management, planning and policy analysis.

- To develop a proper financial mechanism to mobilize sufficient resources for effective intervention services from the government, civil society organizations and service delivery establishments to fill in the shortage of resources due to a cut of international funding. To increase coverage of health insurance for infected people to 70% by 2020 and reduce the proportion of patients’ expenditure of to less than 14%

- To ensure consistent provision of commodities to the program, moving towards the target of 70% of ARVs, Methadone will be produced by domestic pharmaceutical producers by 2020.

- 100% of provincial AIDS Control Centers will be invested in infrastructure construction, renovation, and upgrade and necessary equipment in the list provided by the Ministry of Health. To ensure 100% of the system of testing, monitoring and evaluation provided with sufficient equipment in accordance with regulations.

4. Capacity improvement activities

a) Policy development/ governance
- Institutionalize policies to promote solutions to ensure the sustainability of the program based on needs of partners to the program.

- Improve the capacity of program management/operation of implementing units at the central and local levels with management decentralization and integration at levels.

- Promote strengths on management of the National Committee on AIDS and drug use prevention at all levels.

- Improve the capacity of management, planning and developing evidence-based policies at central and local levels.

- Promote and enhance effective implementation of the Law and guidelines under the Law, including monitoring law enforcement and solving conflicts among legal documents.

- Develop an action plan to strengthen political commitments and resources from the Government, social organizations and the private sector in policy implementation.

- Provide training, improve capacity of Government agencies, non-governmental organizations, and the private health sector in HIV/AIDS prevention and control.

- Create a favorable legal framework and environment for social organizations to participate in HIV/AIDS prevention activities.

- Develop a proper mechanism for equality between the Government and the private sector in investment in and implementation of HIV/AIDS prevention activities.

- Monitor and strengthen coordination and cooperation between donors and NGOs to ensure scaling up services effectively.

b) Solutions to ensure health finance

- Develop a roadmap to implement solutions to maintain sustainability of financial sources for the HIV/AIDS program.

- Continue advocacy to ensure the Government’s fund for the HIV/AIDS program increase annually with the key goal to keep the HIV/AIDS prevention program as the independent national target program.

- Develop guidelines for developing and expanding the health insurance program for people with HIV/AIDS with a priority for HIV/AIDS care and treatment and methadone programs.
- Conducting researches on National AIDS Spending Assessment (NASA), analysis of national health accounts for HIV / AIDS to have information about resources, the budget deficit gap in order to have timely solutions.
- Continue to mobilize and maintain sufficient resources for ARV, methadone and harm reduction programs, the surveillance, monitoring and evaluation program.
- Develop plans and pilot models on participation of the private sector and social organizations in some intervention programs
- Make solutions on harmonizing mechanisms of financial support from donors and the country

c) Activities to improve human resources
- Evaluate current human resources of the program with a focus on both the Governmental system, social organizations, local and international NGOs.
- Develop a HR development plan for HIV/AIDS prevention and control program in the coming time with special attention to capacity of the communal and village health systems.
- Develop measures and incentive mechanisms to attract trained human resources
- Cooperate with medical universities to improve training programs to meet national standards.
- Integrate the issues of HIV and stigma and discrimination in curricula of medical schools, law schools and social training establishments. Support legal counseling centers in providing legal support to PLHIV who experienced discrimination.
- Improve and standardize training centers in providing services. Develop and set up regional training centers to become model training establishments providing training to the entire system of HIV/AIDS prevention and control.
- Strengthen coordination in order to unify the standards of training of donors / non-governmental organizations.

d) To ensure access to affordable ARV drugs and national security on ARVs
   - Enhance the management, distribution, storing and instruction for use of ARV, ensuring quality drugs are provided to patients properly, avoiding improper use of the drugs which lead to reduced effectiveness of the treatment, drug resistance or ineffective use of the resources.
   - Develop policies to access affordable ARVs.
   + Encourage pharmaceutical companies to cede copyright license to domestic pharmaceuticals companies or operate under the forms of joint ventures or branch
companies in Vietnam to produce ARVs, providing the drug not only for Vietnam, but also for other countries in the region;

+ Encourage Vietnamese pharmaceutical companies to invest in improving production capacity and product quality. Association of pharmaceutical manufacturers and business have a responsibility to connect pharmaceutical companies participating in WHO evaluation and other standards to ensure quality of the drugs;

- The State allocates budget to ensure the national security of ARV drugs through the building a national ARV stock house for use in emergencies.

e) Activities relating to pharmaceutical products, vaccines, equipment, technology and infrastructure

- Evaluate the commodity supply system of the program (make plans, distribution management, set up standards on quality for the entire supply system)

- Cooperate with donors to develop a unified distribution channel and moving towards an unified plan on commodity distribution for the HIV program

- Develop a unified procurement system based on a quality system for the program

- Make a plan on needs of ARV, methadone for the entire period in order to develop a roadmap for making orders to local pharmaceutical enterprises so that they can plan for research, production and supply.

- Improve capacity of domestic manufacturers to produce ARV, methadone in the direction to reach global pharmaceutical production regarding issues on production license, protection to improve competition in international bidding for ARV, methadone supply

- Issue a policy with incentives for ARV, methadone production, meeting the domestic demands and moving towards export.

- Check and ensure provincial HIV/AIDS prevention centers are well equipped.
PROJECT IV
SURVEILLANCE, MONITORING AND EVALUATION

I. Goal:
To ensure a unique, effective, comprehensive surveillance, monitoring and
evaluation system appropriate with the real situation, capable to provide updated information
of good quality and effective support to the HIV/AIDS prevention and control.

II. Objectives:
1. Target 1: To strengthen the national surveillance, monitoring and evaluation
   system.
2. Target 2: To provide reliable and updated evidences to the HIV/AIDS prevention
   and control program to ensure timely response in HIV/AIDS.
3. Target 3: To promote guidance, coordination, and effective sharing and use of
   strategic information for the leadership, policy development of and investments in the
   national HIV/AIDS prevention and control program.

III. Targets:
- 100% of AIDS control centers M&E units meeting national standards
- 100% of M&E staff at district and provincial levels are trained and implement M&E
  activities in accordance with the national standards by 2015 and maintain the target rate until
  2020
- 100% of M&E units capable to collect sufficient data, study reports, evaluations of
  the epidemic and HIV/AIDS activities in their provinces.
- 30% of the provinces representing for the 7 ecological regions report data on
  knowledge, behavior, drug resistance and effectiveness of the program every two years.
- 100% of M&E unit at the regional, provincial and district level apply information
  technology in HIV/AIDS data management to ensure information connection and sharing
  between activities and the levels.
- 100% of HIV/AIDS units at the central, provincial, district level have evidence-based
  plan development, implementation and management.

IV. Activities:
1. Strengthening the national surveillance, monitoring and evaluation system.
   a) Strengthening and developing the M&E organizing system
- Strengthening and establishing new provincial units for surveillance, monitoring and evaluation.
- Establishing district-level units for surveillance, monitoring and evaluation.
- Planning for HR development for the surveillance, monitoring and evaluation system.

b) Improving technical capacity
- Providing training and refresh training for staff on epidemic surveillance, epidemiology, research, and M&E appropriate with the actual demands of each regions
- Developing intensive training materials on epidemic surveillance, epidemiology, research, and M&E
- Strengthening training and refresh training on surveillance, monitoring and evaluation for staff at all levels.
- Sending staff to short-term and long-term training courses on surveillance, monitoring and evaluation at home and abroad.

c) Coordinating, making plans for and managing the surveillance, monitoring and evaluation system.
- Strengthening the systems of HIV surveillance, monitoring and evaluation at all levels.
- Continuing to promote the role of the national M&E technical group in developing technical guidelines, conducting researches and evaluations as well as supporting surveillance at localities.
- Organizing periodic technical meetings to review and compare the program data.
- Promoting international cooperation on HIV/AIDS surveillance, program M&E.

d) Promoting and regularly updating the national M&E plan.
- Revising, supplementing and developing national guidelines on surveillance, monitoring and evaluation.
- Revising and supplementing the national M&E indicators supporting the HIV/AIDS program and harmonizing with international and donors’ reports.
- Revising, supplementing report forms and guidelines on data collection, consolidation in accordance with the new period, classifying data by ages and genders, ensuring the analysis requirements to evaluate, improve the program quality, evaluate the program effectiveness and gender equity report analysis.
- Investing in equipment, resources, human resources for surveillance, monitoring and evaluation units at all levels, depending on demands of each level, and giving priorities to each period.

2. Implementing activities of HIV/AIDS epidemic surveillance, program monitoring and evaluation.

   a) Surveillance of HIV/AIDS/STI detection
      - Implementing HIV/AIDS/STI detection surveillance in accordance with technical guidelines.
      - Continuing to strengthen HIV/AIDS detection surveillance, periodically check the data of HIV/AIDS infected people.
      - Implementing periodic supportive surveillance and HIV/AIDS detection surveillance.
      - Increasing active surveillance activities for early detection of HIV/STI infected people.
      - Improving quality and expanding VCT services, health-workers-proposed HIV testing services, mobile counseling and testing services, HIV testing services in close settings in order to encourage people vulnerable to HIV infection to have HIV tests.

   b) HIV/STI sentinel Surveillance
      - Developing and modifying routine sentinel surveillance, developing guidelines and manuals for the sentinel surveillance;
      - Increasing investment and supervising to ensure the sentinel surveillance adhere to the national guidelines.
      - Integrating surveillance data and questions about the behavior and access to the program.
      - Studying piloting application of diagnosis tests of new HIV infection in HIV sentinel surveillance and gradually expand to provinces with sentinel surveillance.
      - Annually analyzing and developing publications to report results of the sentinel surveillance to disseminate and share information on the sentinel surveillance.

   c) ARV drug resistance surveillance
      - Developing guidelines on ARV drug resistance surveillance.
      - Implementing ARV drug resistance surveillance in accordance with the national guidelines, ensuring at least 50% of the treatment establishments have data on ARV drug resistance surveillance.
- Strengthening of surveillance activities in support of the ARV drug resistance surveillance.
- Developing data on ARV drug resistance surveillance.

d) Researches and surveys on HIV/AIDS
- Integrating questions relating to HIV/AIDS into the national surveys to ensure periodic data collection on HIV/AIDS and more effective use of resources.
- Integrating questions relating to HIV/AIDS into household surveys and other surveys of General Statistics Office. Conducting household surveys on HIV/AIDS every two years.
- Conducting the survey on biological indicators including questions on behaviors among high risk groups in 10 key provinces, cities.
- Intensifying special researches to provide indicators for the HIV/AIDS program.

e) Development of appropriate strategic information
- Implementing population size estimation researches with different methodologies, developing sociological maps of HIV vulnerable groups. Ensuring all provinces will have data on population size estimates of vulnerable groups and the data will be upgraded every two years.
- Estimating and projecting the HIV/AIDS epidemic.
- Maximizing capacity to collect data by genders to support evaluation on gender equity in HIV/AIDS prevention and control.

f) Developing the management information system for HIV/AIDS
- Developing information standards in the management information system for HIV/AIDS.
- Developing online reporting systems.
- Researching patient identifying cards to integrate different systems in HIV/AIDS.
- Developing a centralized data management system integrating current soft wares, systematically managing surveyed data and applying the geographical information system in the management information system to improve the data quality, measuring coverage, improving data sharing and using.
- Applying information technology, strengthening and improving the management information system.
- Developing standard PLHIV information management processes and programs and ensuring confidentiality to intensify referral between services of the program to minimize the possibilities of losing tracks of patients and data duplication.
  - Intensifying and expanding application of online HIV/AIDS reporting softwares
  - Intensifying and expanding application of PLHIV management softwares to the district level.
  - Developing and applying other specialized softwares such as ARV patient management softwares, VCT and community outreach softwares, Methadone management softwares.

**g) Data collection and report of HIV/AIDS program’s activities.**
- Periodically revising, supplementing report forms, and guidelines on data collection in accordance with the real circumstance.
- Developing evaluation tools for data collection, consolidation and report at all levels.
- Every districts will be checked data by the upper level once per year and 80% of provinces will be checked data once each year.
  - National reporting data will be cross-checked once per year.
  - Implementing support surveillance activities between various levels.
  - Enhancing data comparison to improve data quality of HIV/AIDS activities.

**h) Establishing the national HIV/AIDS research program**
- Establishing and coordinating the national HIV/AIDS research program to provide data to the program most effective.
  - Implementing special researches to support HIV/AIDS program.
  - Conducting IBBS among high risk groups.
  - Conducting high risk population size estimation survey to provide data to the program.
  - Conducting qualitative researches.
  - Researches to evaluate effectiveness of the program, national AIDS spending research.

3. **To promote guidance, coordination, and effective sharing and use of strategic information for the leadership, policy development of and investments in the national HIV/AIDS prevention and control program.**

   a. Information dissemination:
- Promoting dissemination and information sharing activities such as organizing events, conferences... and publications and websites.

- Organizing periodic or extraordinary meetings to evaluate the program activities and increase awareness on the HIV/AIDS epidemic.

- Developing periodic reports and evaluations on implementation of HIV/AIDS activities.

- Providing information to the mass media.

b. Impact evaluation:

- Checking and comparing data from various sources for planning and impact evaluation

- Developing models of impact evaluation of HIV/AIDS programs.

c. Report:

- Developing reports on the HIV/AIDS epidemic and periodic reports on HIV/AIDS prevention activities.

- Developing UNGASS reports, universal access reports and MGD reports.

d. Improving the usage of strategic information

- To improve capacity for people who implement the program, policy makers, planners, to use the data to improve the program and conduct policy advocacy

- To cooperate with mass media organizations to disseminate accurate and update information.
PART VII. ORGANIZATION OF IMPLEMENTATION

1. The Ministry of Health shall be responsible for providing guidance on implementation of the National Strategy on HIV/AIDS Prevention and Control from now till 2020 with a vision to 2030; coordinating with other ministries and branches being members of the National Committee for AIDS, 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 the 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, final reviews and report on the performance results to the Ministry of Health for sum-up and reporting to the Prime Minister.

2. The Ministry of Information and Communication shall assume the prime responsibility for, and coordinate with other ministries, branches, and 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 special difficulties as well as groups of people with high-risk behaviors.

3. 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;

4. The Ministry of Labor, War Invalids and Social Affairs (MOLISA) shall assume the prime responsibility for, and coordinate with other relevant ministries, branches to implement and promote supervision of communication on HIV/AIDS prevention at workplaces. Implement communication on HIV/AIDS prevention, treatment for PLHIV at treatment, education and social labor establishments. Implement and supervise the implementation of incentive policies for PLHIV
5. The Ministry of Labor, War Invalids and Social Affairs shall coordinate with the Ministry of Health, the Ministry of Finance and other concerned ministries and branches in formulating social protection policies to support PLHIV, people vulnerable to HIV/AIDS, children and women affected by HIV/AIDS. Develop appropriate policies to encourage organizations, enterprises to participate in vocational training and recruit PLHIV, people vulnerable to HIV and wives or husbands of PLHIV.

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

7. The Ministry of Finance shall cooperate with MOLISA, MOH and other concerned ministries, branches in studying and formulating appropriate policies and regimes to support HIV/AIDS prevention and control. Develop regulations on import tax exemption and reduction in regards of equipment, materials directly or indirectly serving for HIV/AIDS prevention and control.


9. The Ministry of Defense shall cooperate with the MoH to expand the model of military – civilian cooperation to communicate, disseminate knowledge on HIV/AIDS prevention for ethnic minorities, people in bordering areas, implement counseling, care and treatment with ARV for PLHIV in bordering areas, and areas with difficult travel conditions. Communicate on HIV/AIDS prevention and control for its staff and officers.

10. The Vietnam Social Protection shall cooperate with concerned ministries to develop proper enabling policies to encourage PLHIV, people vulnerable to HIV to participate in social and health insurance.

11. The Ministry of Justice shall supervise the development of sub-law documents which include regulations opposite to the Law on HIV/AIDS and other laws concerning HIV/AIDS prevention and control.

12. The Vietnam Union of Scientific and Technical Association shall cooperate with the MoH to improve capacity, support the implementation, monitoring an evaluation of
HIV/AIDS activities of civil society organizations, NGOs participating in HIV/AIDS prevention and control.

13. 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 HIV/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 HIV/AIDS prevention and control.

14. 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.

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

16. The People’s Committees of the provinces and centrally-run cities shall be responsible for directly directing and implementation of the contents and action programs of the National Strategy on HIV/AIDS Prevention and Control from now till 2020 with a vision to 2030 in the provinces, cities. 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;