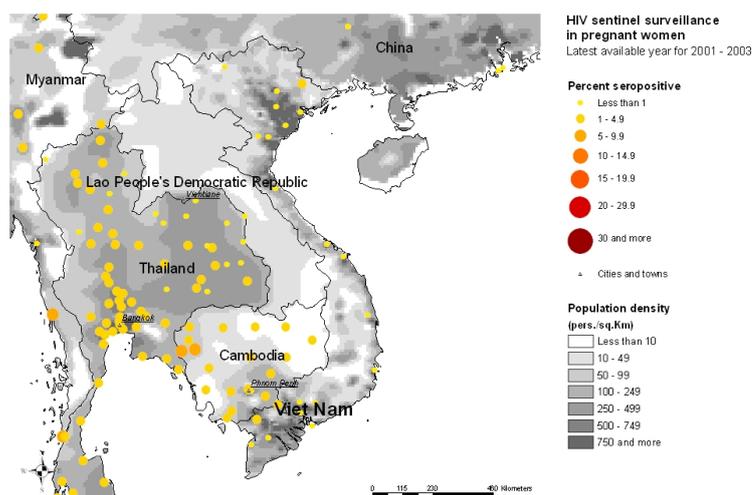


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 25 000*
 Antiretroviral therapy target declared by country: 15 000 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	82.5	United Nations
Population in urban areas (%)	2005	26.7	United Nations
Life expectancy at birth (years)	2003	71	WHO
Gross domestic product per capita (US\$)	2002	437	United Nations
Government budget spent on health care (%)	2002	6.1	WHO
Per capita expenditure on health (US\$)	2002	23	WHO
Human Development Index	2003	0.704	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National estimates indicate that the adult prevalence of HIV/AIDS was 0.5% in 2005, and 263 000 people were living with HIV/AIDS. The number of people in need of treatment was estimated to be 39 500. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

** The figure is based on the quantity of antiretroviral drugs distributed to provinces; a system to monitor the number of people on antiretroviral therapy is currently being developed. *** Multiple Indicator Cluster Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.2 - 0.8%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	110 000 - 360 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	3000-3500**	Ministry of Health
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	25 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	25	MICS***
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

Viet Nam is facing a rapidly growing HIV epidemic that is beginning to extend beyond initial concentrations in networks of injecting drug users and sex workers. The number of people living with HIV doubled between 2000 and 2005, from approximately 122 000 to 263 000. The adult HIV prevalence is estimated to be 0.5% at the national level in 2005 but exceeded 1% in several provinces. There were an estimated 37 000 new infections in 2005. Due to increased heterosexual transmission, the number of infected females compared with males is increasing each year. In 2005, the ratio was estimated to be 2 to 1, males to females. The number of AIDS-related deaths is growing and is estimated to have increased from 9000 in 2003 to 14 000 in 2005.

Major vulnerable and affected groups

Viet Nam's HIV/AIDS epidemic is largely concentrated among injecting drug users and their partners and sex workers and their clients. Injecting drug users comprise 50-60% of the people reported to be living with HIV/AIDS. The prevalence among injecting drug users has been the highest of any group since early 1990s, growing from an estimated 25% in 2000 to 34% in 2005 (sentinel surveillance). In several provinces, HIV prevalence among injecting drug users has reached 50-60%. Female sex workers have the second highest national prevalence rate of 16%.

Policy on HIV testing and treatment

The National Strategy on HIV/AIDS Prevention and Control in Viet Nam for 2004-2010 with a Vision to 2020 states that voluntary counselling and testing services are to be expanded to 100% of provinces and 50% of districts by 2010. At least one voluntary counselling and testing site has been established in most provinces, and more than 100 voluntary counselling and testing sites have been set up at the district level. The National Strategy also states that 70% of those needing antiretroviral therapy should have access by 2010, through price reduction and local production of antiretroviral drugs and the development of a comprehensive care, treatment and support system. The national clinical guidelines that had recommended two-drug based regimens were revised in March 2005 in line with WHO-recommended international standards.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The current national clinical guidelines recommend stavudine (or zidovudine) + lamivudine + nevirapine (or efavirenz) in accordance with international standards. The government has procured and distributed locally produced generic antiretroviral drugs (not prequalified by WHO), branded antiretroviral drugs have been distributed with support from the United States President's Emergency Plan for AIDS Relief, and WHO-prequalified generic antiretroviral drugs have been supported by Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau (ESTHER) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The first-line antiretroviral therapy regimen (stavudine + lamivudine + nevirapine) costs about US\$ 260 per person per year for the local product and about US\$ 545 for branded products.



Assessment of overall health sector response and capacity

Viet Nam is committed to ensuring a vigorous response to the HIV/AIDS epidemic. In 1995, the Standing Committee of the National Assembly adopted an ordinance on HIV/AIDS prevention and control, which provided the legal framework for HIV/AIDS prevention efforts in Viet Nam. In February 2003, the Prime Minister signed a directive on strengthening HIV/AIDS prevention and control that includes prevention, care and treatment in a multisectoral framework. The Prime Minister approved the National Strategy on HIV/AIDS for 2004-2010 with a Vision to 2020, which is the first national strategy for Viet Nam's response to HIV/AIDS and adopts most international best practices on HIV/AIDS prevention, care, support and treatment, including harm reduction for drug users and sex workers. Significant progress has been made in recent years in HIV prevention among vulnerable groups through the Preventing HIV in Viet Nam Project being implemented in 21 provinces. Overall health indicators in Viet Nam are quite good given its low gross domestic product per capita. Viet Nam has demonstrated its capacity to manage several infectious diseases, including severe acute respiratory syndrome (SARS). Viet Nam has the advantage of having an extensive network for health care and myriad community-based organizations. However, the capacity of the various levels of the government structures administering and leading HIV/AIDS work, including antiretroviral therapy scale-up, needs to be further strengthened.

Critical issues and major challenges

Although significant progress has been made in HIV prevention among vulnerable groups through several initiatives such as Preventing HIV in Viet Nam Project in 21 provinces, prevention, care, treatment and support programmes targeting vulnerable groups such as injecting drug users and sex workers remain inadequate, and their access to health services is limited. Rapidly scaling up antiretroviral therapy in Viet Nam will require paying attention to special challenges posed by injecting drug users, who comprise more than half the population of people living with HIV/AIDS. Community-based service delivery models linked to rehabilitation centres for injecting drug users and sex workers need to be developed integrating harm reduction, drug dependence treatment and antiretroviral therapy. The managerial and technical capacity of programmes at the national, provincial and local levels needs to be strengthened to support the scale-up of the national response. Antiretroviral drugs are largely available in the private sector. It is critical to develop mechanisms of working with and regulating private sector to prevent the massive occurrence of drug resistance. A variety of international initiatives including the United States President's Emergency Plan for AIDS Relief, ESTHER and the Global Fund HIV Project have begun providing support to Viet Nam in HIV/AIDS care and treatment, working with the Ministry of Health, bilateral agencies, United Nations agencies and international and national nongovernmental organizations. Coordination among partners needs to be improved to avoid fragmentation, overlap, gaps and inconsistencies in the implementation of activities supported by these different initiatives.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimated that about US\$ 14.5 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 11 000 people by 2005.
- The state budget for the National AIDS Programme has almost doubled in recent years. With extensive support from international donors, financial resources for the National AIDS Programme have now increased to about US\$ 50 million per year.
- Viet Nam submitted a successful proposal to the Global Fund in Round 1 for a total of US\$ 12.0 million. As of November 2005, US\$ 7.5 million had been disbursed for implementing activities. Round 1 funding from the Global Fund has permitted immediate start-up of activities that will lay the basis for scaling up.
- The United States President's Emergency Plan for AIDS Relief added Viet Nam to its focus countries in 2004. Under the Emergency Plan, Viet Nam received US\$ 17.3 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States committed an additional US\$ 27.5 million to support Viet Nam's fight against HIV/AIDS.
- The Norwegian Agency for Development Cooperation and the United Kingdom Department for International Development are providing funding support of more than US\$ 25 million for 2003-2008 for implementing the Preventing HIV in Viet Nam Project.
- Other partners providing financial support in the country include United Nations agencies, the World Bank, the Asian Development Bank and the Australian International Development Agency.
- Treating 70% of the people needing antiretroviral therapy in 2010 will require an estimated US\$ 30 million annually (assuming 100 000 people requiring treatment and an average annual cost of first-line, second-line and children's regimens of US\$ 450).

5. Treatment and prevention coverage

- In 2003, WHO estimated Viet Nam's total treatment need to be 22 000 people based on the estimated number of people living with HIV/AIDS of 140 000 at that time, and the WHO "3 by 5" treatment target was calculated to be 11 000 people (based on 50% of estimated need). As of November 2005, about 800 people were on treatment supported by bilateral agencies including ESTHER and the United States President's Emergency Plan for AIDS Relief. In addition, the Ministry of Health procured and distributed locally produced antiretroviral drugs that would be able to cover around 2700 people in 2005. The Global Fund Round 1 grant aims to put 650 new people on antiretroviral therapy in early 2006.
- The government declared a national treatment target of 15 000 people by the end of 2005.
- Services for preventing mother-to-child transmission, counselling and testing and care and support for people living with HIV/AIDS are available in national and provincial hospitals; however, these services are inadequate in number and capacity. Effective interventions for prevention or harm reduction that reach vulnerable communities of sex workers, drug users or mobile populations have been implemented; however, they remain limited in outreach and are not adequately linked to health services.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Health in collaboration with other relevant ministries and institutions is responsible for the overall coordination and management of the national antiretroviral therapy programme, including the legal and policy framework, determining the costs of scaling up and raising funds, human resource planning and strengthening the health system. WHO has been expected to serve as a focal point among many partner agencies involved in care and treatment to ensure coordinated and harmonized support for the development of the national care and treatment programme.

Service delivery

The Ministry of Health takes the lead in delivering HIV prevention, care and treatment services. WHO is supporting the Ministry of Health for the implementation of the Preventing HIV in Viet Nam Project in 21 provinces. Other partners supporting implementation of the national response include UNDP, UNAIDS, UNICEF, UNODC, World Bank, Australian Agency for International Development, World Vision and CARE International. The Global Fund HIV Project, the United States Centers for Disease Control and Prevention, the United States Agency for International Development, ESTHER, the Viet Nam CDC (United States Centers for Disease Control and Prevention)-Harvard Medical School AIDS Partnership (V-CHAP), Family Health International, POLICY Project, PACT, WHO and other agencies have been jointly supporting the development of the national normative guidelines, protocols and training programme. Under the leadership and coordination of the Ministry of Health, there is a growing consensus that continuum of care should be established as an essential foundation for successfully scaling up antiretroviral therapy, through networking from the home and community level to the tertiary care level and linking with other relevant health services (such as tuberculosis) and other sectors (such as rehabilitation centres for injecting drug users and sex workers and mass organizations). The number of comprehensive care sites at the district level (such as community counselling and support centres in Ho Chi Minh City) is being expanded as the "hub" or "heart" of continuum of care. People living with HIV/AIDS and their peer support groups are playing a great role in this context. WHO and Management Sciences for Health have been involved in supporting the Ministry of Health in establishing the national procurement and supply system for HIV-related medicines, and UNICEF and WHO have been supporting procurement for the Global Fund HIV Project. The Global Fund HIV Project has focused on developing home- and community-based care and voluntary counselling and testing in 20 provinces, which should serve as the foundation of antiretroviral therapy service delivery, which will start in early 2006. ESTHER supports small-scale antiretroviral therapy provision in Hanoi, Ho Chi Minh City and Haiphong. The United States President's Emergency Plan for AIDS Relief focuses its support to six high-burden provinces, and the Life-GAP (Global AIDS Program) Project of the Ministry of Health and the United States Centers for Disease Control and Prevention has been assisting 40 provinces in setting up outpatient clinics.

Community mobilization

A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. People living with HIV/AIDS and their peer support groups are increasingly seen as essential players in HIV/AIDS prevention, care and treatment. They are especially playing a vital role in adherence and psychosocial support with contributions from international nongovernmental organizations in the context of continuum of care. The Ministry of Health provides leadership for programme communication and advocacy at the community level as well as nutrition support.

Strategic information

The Ministry of Health provides leadership in the areas of surveillance, monitoring and evaluation including patient monitoring, antiretroviral drug resistance, information management and operational research, with support of several agencies including the United States Centers for Disease Control and Prevention, United States Agency for International Development, Family Health International, POLICY Project and WHO.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting Ho Chi Minh City for more than three years in developing a district-focused model of service delivery (comprehensive care site or day care centre as the "hub" and "heart" of the continuum of care)
- Supporting the development of a successful HIV proposal for the Global Fund in Round 1
- Collaborating with the Ford Foundation in 2004 to develop a report on Affordable ARV drugs for people living with HIV/AIDS in Viet Nam: legal and trade issues
- Providing technical assistance since 2004 for developing a national implementation guide for HIV/AIDS care and treatment (based on HIV/AIDS care and treatment: guide for implementation of the WHO Regional Office for the Western Pacific).
- Supporting the Ministry of Health in performing relevant normative works and in coordinating and harmonizing the different initiatives and administering funds provided by the United States President's Emergency Plan for AIDS Relief to accelerate the development of the national care and treatment programme
- Serving as a focal point among many partner agencies involved in care and treatment for ensuring harmonized support for the Ministry of Health and Ho Chi Minh City to develop unified care and treatment programme in the areas of continuum of care, case management procedures, TB/HIV, training, procurement and supply of HIV-related medicines and patient monitoring
- Providing technical support to the Global Fund HIV Project managed by the Ministry of Health and ensuring consistency between the Project and other international initiatives, including the United States President's Emergency Plan for AIDS Relief
- Providing technical assistance and advice on legislation on matters related to intellectual property
- Playing a critical role in advocacy for the harm reduction as well as supporting the implementation of harm reduction interventions in 21 provinces through the Preventing HIV in Viet Nam Project with funds from the United Kingdom Department for International Development and the Norwegian Agency for Development Cooperation
- Supporting the Ministry of Health in implementing a 100% condom use programme, social marketing of condoms, provision of services for sexually transmitted infections for vulnerable populations using syndromic management and services for injecting drug users including outreach and needle and syringe programmes
- Providing technical support and advice on pharmacotherapy treatment of injecting drug users

Key areas for WHO support in the future

- Providing continued support for advocating, planning, implementing, monitoring and evaluating harm reduction interventions for rapid scale-up by developing a multisectoral legal and policy framework; developing technical guidelines; and providing technical assistance to the Preventing HIV in Viet Nam Project, including supporting innovative and inclusive approaches to prevention activities to reach vulnerable groups and to involve civil society, people living with HIV/AIDS etc.
- Providing continued support as a focal point among many partner agencies for the development of the national care and treatment programme in the areas of continuum of care, case management procedures, TB/HIV, training, procurement and supply of HIV-related medicines and patient monitoring
- Providing appropriate and timely guidance for developing HIV/AIDS care and treatment among injecting drug users and integrating this with HIV prevention
- Developing community-based approaches that will integrate harm reduction, drug dependence treatment and antiretroviral therapy
- Providing support for strengthening laboratory services, including counselling and testing
- Supporting the development of communication and advocacy strategies
- Providing support for reviewing surveillance systems, developing reporting mechanisms and standardizing indicators
- Supporting the development of a national monitoring and evaluation system for HIV/AIDS prevention, care and treatment

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Care and Treatment Officer, one Medical Officer, one Technical Officer and one Senior Adviser for HIV/AIDS.