HIV/AIDS EPIDEMIC IN 2010-2013 PERIOD AND FUTURE PROJECTION IN VIỆT NAM

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Director – National Institute of Hygiene and Epidemiology
1. HIV/AIDS CASE REPORTING
HIV/AIDS REPORTED CASES

HIV/AIDS/Dead reported case (up to 30/9/2013)

Source: VAAC
TREND OF HIV TESTED AND HIV REPORTED CASES

Source: VAAC
10 provinces with highest number of HIV cases – 9/2013

Source: VAAC

10 provinces with highest HIV infection rate per 100,000 population – 9/2013

Legend:  
- Orange: High number of HIV cases
- Green: Moderate number of HIV cases
- Blue: Low number of HIV cases

Source: VAAC
DISTRIBUTION OF HIV CASES BY AGE GROUP

Source: VAAC
DISTRIBUTION OF HIV CASES BY GENDER

Source: VAAC
TREND OF DISTRIBUTION OF HIV REPORTED CASES BY TRANSMISSION ROUTE AND REGION

Source: VAAC
HIV/STI PREVALENCE
SURVEILLANCE
HIV PREVALENCE AMONG IDU
(HIV Sentinel surveillance)

Source: NIHE
HIV PREVALENCE AMONG IDU IN SELECTED PROVINCES (IBBS)

<table>
<thead>
<tr>
<th>Province</th>
<th>2005</th>
<th>2009</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ha Noi</td>
<td>65.8</td>
<td>58.7</td>
<td>55.7</td>
</tr>
<tr>
<td>HCMC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hai Phong</td>
<td>58.7</td>
<td>55.7</td>
<td>50.0</td>
</tr>
<tr>
<td>Hai Phong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can Tho</td>
<td>48.0</td>
<td>46.1</td>
<td>40.1</td>
</tr>
<tr>
<td>An Giang</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quang Ninh</td>
<td>34.0</td>
<td>23.3</td>
<td>23.8</td>
</tr>
<tr>
<td>Dien Bien</td>
<td>23.9</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>Nghe An</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yen Bai</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: NIHE
HIV PREVALENCE AMONG FSW (HSS)

Source: NIHE
HIV PREVALENCE AMONG FSW IN SELECTED PROVINCES (IBBS)

Source: NIHE
HIV PREVALENCE AMONG (HSS)

Source: NIHE
HIV AMONG MSM IN SELECTED PROVINCES (IBBS)

Source: NIHE
HIV PREVALENCE AMONG MALE STI PATIENTS (HSS)

Source: NIHE
HIV PREVALENCE AMONG PREGNANT WOMEN AND MILITARY RECRUITS (HSS)

Source: NIHE
HIV PREVALENCE AMONG MINORITIES AND SEX PARTNER OF IDU

* WB survey
** Provincial survey
*** HSS
DTTS - Minority

<table>
<thead>
<tr>
<th>Location</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTTS-Lai Châu</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTTS-Sơn La</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTTS-Thành Hóa</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTTS-Nghệ An</td>
<td>3.3</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Sexual partner of IDU</td>
<td>2.5</td>
<td>4.5</td>
<td></td>
</tr>
</tbody>
</table>

- DTTS-Lai Châu
- DTTS-Sơn La
- DTTS-Thành Hóa
- DTTS-Nghệ An
- Sexual partner of IDU
STI PREVALENCE AMONG MARP (HSS)

Nhóm PNBD
FSW

Syphilis
Gonorrhea
Trichomonas
Clamydia

Nhóm nam STI
STI patient

Tỷ lệ nhiễm giang mai - Nhóm NCMT
Syphilis - IDU

Tỷ lệ nhiễm Giang mai - Nhóm MSM
Syphilis - MSM

Nhóm nam STI
STI patient

Giang mai
Trung roi
Clamydia
Syphilis
Trichomonas
Clamydia
RISK OF HIV TRANSMISSION
PERCENTAGE OF NEEDLE SHARING IN THE LAST 1 MONTH AMONG IDU (HSS+)

Source: NIHE
PERCENTAGE OF CONSISTENT CONDOM USE WITH FSW IN THE LAST 1 MONTH AMONG IDU (HSS+)

Source: NIHE
PERCENTAGE OF CONSISTENT CONDOM USE IN THE LAST 1 MONTH WITH CLIENTS AMONG FSW (HSS+)

Source: NIHE
PERCENTAGE OF CONSISTENT CONDOM USE IN THE LAST 1 MONTH WITH CLIENTS AMONG FSW (IBBS-2009)

Source: NIHE
PERCENTAGE OF EVER DRUG USE AMONG FSW (IBBS-2009)

Source: NIHE
THE ASSOCIATION BETWEEN DRUG USE AND HIV AMONG FSW (IBBS)

<table>
<thead>
<tr>
<th>Drug use</th>
<th>High HIV prevalence provinces</th>
<th>Low HIV prevalence provinces</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AOR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Never drug use</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Non-injecting drug use</td>
<td>1.73</td>
<td>1.17–2.56</td>
</tr>
<tr>
<td>Injecting drug</td>
<td>3.18</td>
<td>2.25–4.49</td>
</tr>
</tbody>
</table>

AOR: Adjusted odd ratio CI: Confident Interval

Source: NIHE
EVER DRUG INJECTION AMONG MSM

Source: NIHE
PERCENTAGE OF CONSISTENT CONDOM USE WITH MALE PARTNER IN THE LAST 1 MONTH AMONG MSM (IBBS)

Source: NIHE
PERCENTAGE OF SELLING SEX IN THE LAST 12 MONTH AMONG MSM (HSS+)

Source: NIHE
## PERCENTAGE OF DRUG USE AMONG SELLING SEX MSM

<table>
<thead>
<tr>
<th></th>
<th>Meth drugs</th>
<th></th>
<th></th>
<th></th>
<th>Drug injection</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TP HCM</td>
<td>Nha Trang</td>
<td>Hà Nội</td>
<td></td>
<td>TP HCM</td>
<td>Nha Trang</td>
<td>Hà Nội</td>
</tr>
<tr>
<td>LIFE (2009)</td>
<td></td>
<td>13%</td>
<td></td>
<td>5.5%</td>
<td>IBBS (2009)</td>
<td>5.3%</td>
<td>8.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>HAIVN (2010)</td>
<td></td>
<td>27%</td>
<td></td>
<td></td>
<td>HAIVN (2010)</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMU (2011)</td>
<td></td>
<td>36%</td>
<td>18%</td>
<td>14%</td>
<td>HMU (2011)</td>
<td>5.5%</td>
<td>11%</td>
<td>8.8%</td>
</tr>
<tr>
<td>LIFE (2011)</td>
<td></td>
<td>37%</td>
<td></td>
<td></td>
<td>LIFE (2011)</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIFE: dự án cho nhóm MSM
HAIVN: Dự án AIDS của DH Y Harvard
HMU: ĐH Y Hà Nội
# THE ASSOCIATION BETWEEN DRUG INJECTION, SELLING SEX AND HIV INFECTION AMONG MSM (HSS+)

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>UOR-Drug Injection</th>
<th>95% CI</th>
<th>UOR-Selling Sex</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Tp.HCM</td>
<td>9.5</td>
<td>(4.7 - 19.2)</td>
<td>0.9</td>
<td>(0.5 - 1.7)</td>
</tr>
<tr>
<td></td>
<td>An Giang</td>
<td>4.0</td>
<td>(0.5 - 29.5)</td>
<td>1.4</td>
<td>(0.2 - 10.1)</td>
</tr>
<tr>
<td></td>
<td>Hà Nội</td>
<td>2.1</td>
<td>(0.7 - 6.6)</td>
<td>1.3</td>
<td>(0.5 - 3.1)</td>
</tr>
<tr>
<td>2011</td>
<td>Tp.HCM</td>
<td>5.3</td>
<td>(2.6 - 10.8)</td>
<td>0.9</td>
<td>(0.5 - 1.9)</td>
</tr>
<tr>
<td></td>
<td>An Giang</td>
<td>5.2</td>
<td>(0.9 - 30.4)</td>
<td>8.2</td>
<td>(1.4 - 46.5)</td>
</tr>
<tr>
<td></td>
<td>Hà Nội</td>
<td>1.4</td>
<td>(0.3 - 6.7)</td>
<td>0.5</td>
<td>(0.2 - 1.4)</td>
</tr>
<tr>
<td>2012</td>
<td>Tp.HCM</td>
<td>1.9</td>
<td>(0.6 - 6.3)</td>
<td>1.6</td>
<td>(0.8 - 3.3)</td>
</tr>
<tr>
<td></td>
<td>An Giang</td>
<td>5.5</td>
<td>(0.5 - 55.4)</td>
<td>7.7</td>
<td>(1.1 - 56.5)</td>
</tr>
</tbody>
</table>

UOR: Un-adjusted odd ratio  
CI: Confident Interval  
Source: NIHE
PERCENTAGE OF HAVING MULTIPLE SEX PARTNER IN THE LAST 12 AMONG GENERAL POPULATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009*</td>
<td>2.4%</td>
<td>0.1%</td>
</tr>
<tr>
<td>2011**</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

* SAVY: National survey on adolescent and youth/Diều tra quốc gia trong nhómyclopedia thanh niên và thanh niën (15-24 tuổi)
** MICS4: Multiple indicator cluster survey/Diều tra theo cụm các chỉ số (15-49 tuổi)
INTERVENTION PROGRAMS
NATIONAL STRATEGIC PROJECTS ON HIV/AIDS PREVENTION AND CONTROL TO 2020 WITH VISION TO 2030

1. HIV transmission prevention program
2. Comprehensive HIV/AIDS care, support, and treatment project
3. HIV/AIDS prevention and control capacity strengthening project
4. Project on HIV/AIDS surveillance, monitoring and evaluation of HIV/AIDS prevention and control programs
METHADONE MAINTENANCE TREATMENT

Source: VAAC
COVERAGE OF NEEDLE AND SYRINGE PROGRAM AND CONDOM PROGRAM

Needle and syringe program

Condom program

Source: VAAC
HARM REDUCTION PROGRAM AND HIV PREVALENCE AMONG IDU AND FSW

Source: VAAC

Needle and syringe

Condom

HIV prevalence among FSW
NUMBER OF AIDS PATIENTS ON ARV AND DEAD CASES DUE TO AIDS

Dead due to AIDS

Patients on ARV

Source: VAAC
PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

- Percentage of HIV infected pregnant women received PMTCT
- Percentage of pregnant women tested for HIV and know the test result

Source: VAAC
HIV/AIDS ESTIMATION AND PROJECTION
ESTIMATION AND PROJECTION OF HIV INFECTED CASES IN VIET NAM
(Estimation and projection of HIV/AIDS-2012)

Source: VAAC
ESTIMATION AND PROJECTION OF HIV PREVALENCE IN VIỆT NAM
(Estimation and projection of HIV/AIDS-2012)

Source: VAAC
ESTIMATION AND PROJECTION OF HIV CASES BY GENDER AND MALE–FEMALE RATIO

(Estimation and projection of HIV/AIDS-2012)

Source: VAAC
ESTIMATION AND PROJECTION OF HIV INFECTED PREGNANT WOMEN IN VIỆT NAM

(Estimation and projection of HIV/AIDS-2012)

Source: VAAC
ESTIMATION AND PROJECTION OF HIV CASES (>15 YEARS) WITH NEED FOR ARV IN VIỆT NAM (Estimation and projection of HIV/AIDS-2012)

Source: VAAC
6 CONCLUSIONS
CONCLUSIONS

1. HIV prevalence tends to decrease in high risk populations and low risk populations.
2. Prevention and intervention programs effectively reduces HIV prevalence among populations.
3. HIV epidemic in Việt Nam is still in HIV concentrated epidemic: High HIV prevalence among IDU, MSM, FSW and low HIV prevalence among pregnant women and military recruits.
   - HIV epidemic in North-West mostly among IDUs.
   - HIV epidemic in South-West mostly heterosexual.
HIV TRANSMISSION PATTERN IN VIỆT NAM

- Clients
  - Low risk men
  - Low risk women

- MSM

- FSW

- IDU
4. HIV transmission risks:

- IDUs: Sharing of needles and syringes and non-consistent condom use with FSWs
- Injecting drug FSWs is much higher risk for HIV transmission than non-drug injecting FSWs.
- MSM: Unsafe drug injection and selling sex
- Estimated more than 50,000 HIV case in the community are unaware of their HIV status

5. Projection in 2015: HIV prevalence is 0.29% in general population, with about 260,000 HIV case, about 140,000 HIV cases need for ARV treatment.
7 RECOMMENDATIONS
RECOMMENDATIONS

1. Raising awareness on HIV/AIDS and behavior change, HIV prevention practices among people, particularly among vulnerable people, most at risk populations, remote and isolate people, and minorities

2. Expanding Methadone program for IDUs.

3. Strengthening HIV sexually transmission prevention from high risk populations such as FSWs, IDUs and men with multiple sex partners to their primary sex partners.

4. Expanding coverage, strengthening quality, and promoting HIV prevention services to all people
RECOMMENDATION

5. Strengthening counselling, care, and treatment for PLHIV, particularly for HIV infected pregnant women.

6. Strengthening support from family, society for PLHIV and responsibility of PLHIV to their family, society, particularly in HIV prevention programs and participating in HIV/AIDS prevention and control activities.
Thank you