

HIV/AIDS in Asia

HIV/AIDS in Viet Nam, Present and Future

Dr Nguyen Thanh LONG*¹ and Dr Dominique RICARD*²

*¹ Vice-Director, Viet Nam Administration of AIDS Control

*² World Health Organization, Viet Nam

Background

Viet Nam is a Southeast Asian country with a population of 82 million inhabitants of 64 cities and provinces with 74% of the population living in the countryside. In the population, 30% of people are below 15 years old and 6.5% above 65 years, life expectancy (2003) is 70 years for men and 73 for women. Since the end of the 1980's, the country has moved to a market economy with socialist orientations. This led to a strong GDP growth rate, averaging around 9% per year from 1993 to 1997. Following the 1997 Asian financial crisis, the annual GDP growth fell to 5% in 1999, and then rose to 7.7% in 2004, and 9% in 2005. In 2003 the per capita GDP was 483 USD.

In the health sector, Viet Nam has made important progress in already achieving some Millennium Development Goals (MDG) ; poverty has more than halve since 1990 and continue to decline as child and maternal mortality. In general if the incidence of communicable diseases has decreased in recent decades, pneumonia, respiratory tuberculosis and HIV/AIDS remain the leading causes of mortality in the recent years with non-communicable diseases (cancer, diabetes, cardiovascular diseases) that have increased during the last two decades.

Epidemiology of HIV

The first case of HIV was identified in the country in 1990, since then HIV has emerged as an important health and development issue. In order to monitor the HIV epidemic, since 1994, Viet Nam has setup-up an extensive surveillance system that includes collection of data of detected HIV cases and annual prevalence HIV surveys in 40 provinces of the country in populations with different levels of risk for HIV. Figure 1 shows the continuous increase of cumulated detected cases of HIV over years reaching more than 100,000 cases during the last trimester of 2005. HIV has been detected in all the 64 cities and provinces of the country and in 93% of the districts. In terms of risk factors, the Figure 2 shows that most of the detected cases are among people

Received February 11, 2006

injecting drug ; the second risk factor being women associated with sex-work. Demographic characteristics of these infected people show that most of people infected are men (85%) and young (Figure 2). There are some overlaps between people injecting drug use and sex-workers with survey showing a high percentage of drug use among sex-workers in some cities of Viet Nam. Proximity of the Golden triangle make heroin the main drug that drug user inject, sharing needles and syringes with peers and therefore making them at risk of HIV and other blood born diseases such as hepatitis C. The number of injecting drug users is estimated to be around 170,000 and sex-workers 150,000 in the whole country, sex-workers mainly work in bars, karaoke or such places. The number of street-based sex-workers is limited. Injecting drug as sex-work is illegal in the country.

HIV prevalence among injecting drug users is around 33% and 6% among sex-workers nationwide. Most of people living with HIV are young people, as 53% of them are between 20 and 29 years old. Some specific studies show that sharing equipment for injecting drug users is high and use of condoms for sex-workers is low. Recent surveys have shown the risk of HIV associated to Men having Sex with Men (MSM).

Estimations and Projections

In order to better understand the epidemic and for planning purpose, in 2003, the Ministry of Health assisted by some international organizations started modeling the epidemic to better understand it. This exercise was based on the data collected from detected cases and from the surveillance system. The main results from this exercise show that the number of people living with HIV is high (Figure 1), the total number of people living with HIV was estimated to be around 250,000 at the end of 2005 ; with a number of people becoming infected doubling each year between 1998 and 2003, from 21,000 per year to more than 39,000 per year. Some cities of the country are more affected than others ; the southern Ho Chi Minh City has the highest number of people living with HIV followed by provinces such Hai Phong and Quang Ninh

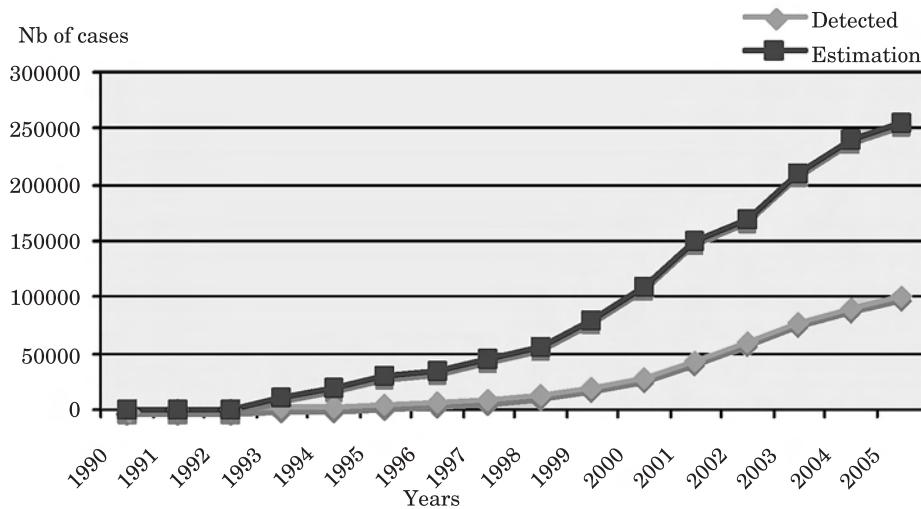


Figure 1 Number of cases of HIV detected and estimated

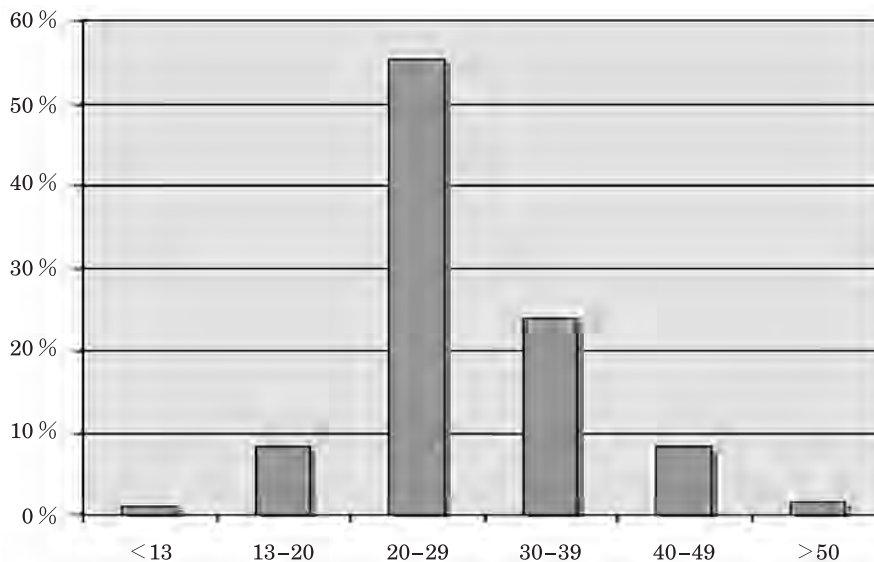


Figure 2 Proportion of HIV positive according to the age group

in the northern part of Viet Nam. Sex ratio continues to show an epidemic massively affecting male (2.3 : 1) but as sexual transmission is becoming more predominant, this ratio will be less pronounced to men in the future. In fact an increasing number of men infected through sex work or injecting drug use infect their regular female partners. Even so, the HIV epidemic in Viet Nam is still considered as concentrated even if the epidemic has started to spread beyond high-risk groups in some provinces. Finally it is expected that and additional 5,000 and 10,000 new HIV cases will emerge each year for the next few years.

Viet Nam Response to HIV Epidemic

In response to HIV/AIDS threat for the country, in 2004, the government paved the way to better control of HIV by approving “the National strategy on HIV/AIDS prevention and control in Viet Nam till 2010 with a vision to 2020”. This strategy provides guidance for the country to effectively tackle the HIV threat in a comprehensive way from prevention to care and treatment. This comprehensive strategy emphasized targeted prevention activities using harm reduction interventions to tackle the root of the epidemic with prevention activities among injecting drug users and sex-workers. Proactive promotion of condoms among sex-workers

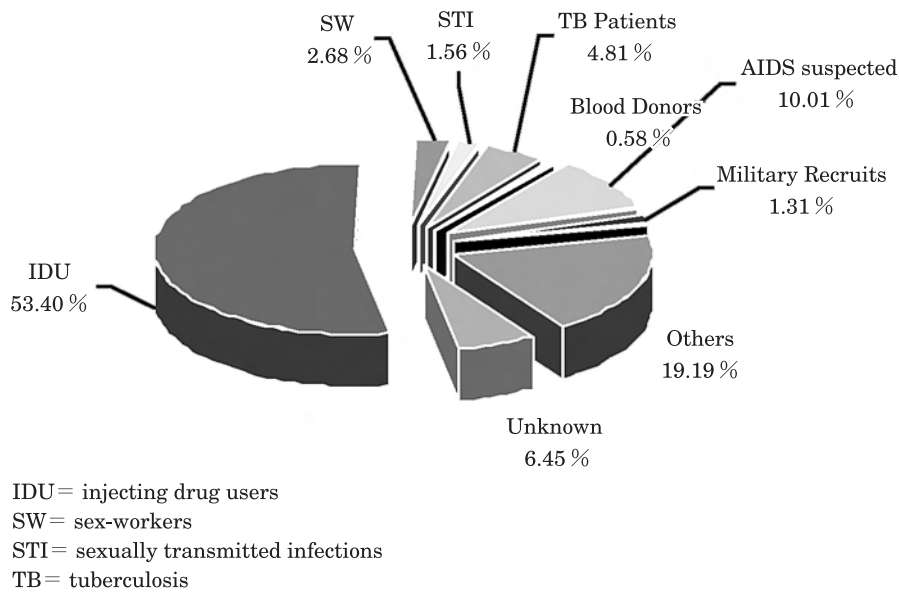


Figure 3 Risk factors for HIV infection in percentage

and their clients by targeting entertainments establishments, better management of sexually transmitted infections (STI) for sex-workers and, outreach work with access to information, distribution of needles and syringes for injecting drug users are the endorsed strategies for harm reduction among these vulnerable groups. All prevention activities proposed by the strategy follow international best practices. Implementation of harm reduction activities since the release of the strategy has started on a limited scale in many affected districts of the country. First attempts show that implementation of such activities including free distribution of condoms and needles and syringes are possible. In a harm reduction project run by the Ministry of Health and the World Health Organization (WHO) implemented in 100 districts of 21 provinces, ten of thousands of injecting drug users and sex-workers are reached by targeted prevention programmes with million of condoms distributed through social marketing and needles and syringes distributed. Condoms are mainly distributed through small selling outlets and outreach peer-educators at province level. However still some difficulties have been encountered in the implementation of harm reduction activities in particular due to the absence of strong legal framework. In order to resolve this issue, in 2005, the government sent a proposition of law on HIV/AIDS to the National Assembly. This draft law that will be discussed at the next session of the National Assembly includes, in its draft form, all effective HIV measures of the national strategy and expects, as soon as endorsed to reinforce all activities by the force of law.

Stigma and discrimination are present in the country and are hampering prevention and, care and treatment programmes. The government is fighting this stigma and discrimination by getting away from a social evil policy and putting in place some legal framework protecting the right of people living with HIV/AIDS. Clubs of people living with HIV are increasing in the country as space to do that has been allowed by the government. But still involvement of people living with HIV is limited at many levels.

The government is also committed to care and treatment including the provision of antiretroviral drugs (ARV). With more than 20,000 patients requiring ARVs, there are still many challenges ahead ; scaling-up treatment is at an early stage in the country, the main barrier being the cost of drugs. Advantages of Viet Nam are the extensive network of community based health structures and the experience of the country in dealing effectively with communicable diseases. The World Health Organization and other technical agencies are supporting the Ministry of Health to fulfill the objective of Viet Nam concerning access to ARVs. Another challenge ahead is that most of the people living with HIV are injecting drug users ; this fact will pose many challenges in terms of reaching them, maintaining them on a long term treatment and providing a full prevention and treatment package including pharmaceutical treatment of drug use.

Management of HIV/AIDS

To respond to the requirement for better management of HIV/AIDS, Viet Nam is adhering the "3 by

one” promoted by UNAIDS (one HIV/AIDS framework, one coordinating body and one monitoring and evaluation system). In mid-2005, the country created the VAAC (Viet Nam Administration of Aids Control). The new structure is a full department of the Ministry of Health in charge of leading HIV/AIDS control as well as the administration and coordination of HIV/AIDS between all ministries and government’s agencies.

International Cooperation

In this fight against HIV, an important number of international and local organizations are helping the countries. Lately some important international (multilateral and bilateral) funds have been mobilized.

Conclusion

Viet Nam is facing many challenges in terms of control of HIV/AIDS on both prevention and care and treatment. On the prevention side, targeted interventions for vulnerable groups should be fully implemented and have enough coverage to make a difference on the future of the epidemic. Interventions for injecting drug users and sex-workers should be implemented in all districts and communes of Viet Nam where there is a need to fight effectively the HIV/AIDS epidemic.

In terms of care and treatment, there are still many challenges ahead at all levels in order to deliver effectively ARV to people in need. Challenges include provision of drugs, strengthening the health system and

working with vulnerable groups.

In order to meet these challenges, Viet Nam has, during the last few years, reinforced its legal framework and elaborated technical tools for HIV/AIDS, the next step would be the delivery of both prevention and, care and treatment on a scale that will allow being effective. Viet Nam has demonstrated its skill in fighting other communicable diseases and HIV can be another success story for the country.

References

- 1) World Health Organization, country information ([http : //www.who.int/countries/vnm/en/index.html](http://www.who.int/countries/vnm/en/index.html))
- 2) HIV/AIDS estimations and projections 2005–2010, Ministry of Health, 2005.
- 3) The national strategy on HIV prevention and control in Viet Nam till 2010 with a vision to 2020, 17th March 2004.
- 4) Understanding and AIDS-related stigma and discrimination in Viet Nam. KT Huong and N T V Anh. Institute for Social development studies, Hanoi. J Ogden, International Center for research on women, Washington DC, 2004.
- 5) Second country report on following-up to the declaration of commitment on HIV/AIDS, January 2006.
- 6) World Health Organization, The “3 by 5” country information, Viet Nam, epidemiological fact sheet about HIV and STIs ([http : //www.who.int/3by5/countryprofiles/en/index1.html](http://www.who.int/3by5/countryprofiles/en/index1.html))