Viet Nam Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:
This report was prepared with broad participation from Government, development partners and civil society. Planning for the report began in November 2011 with the development of a road map for an extensive consultation process. A total of 17 Government agencies, 84 civil society organizations (self-help groups, faith-based organizations, non-governmental organizations and international non-governmental organizations), business enterprises, bilateral, multilateral and United Nations (UN) agencies were involved in the preparation of this report. Figure 1 describes the main components of the overall report preparation process (please see the full report). A number of consultants were engaged to support the CPR writing team, which was led by the Viet Nam Administration of AIDS Control (VAAC) and consisted of a national NGO (the Viet Nam Union of Science and Technology Associations, VUSTA) and UNAIDS Viet Nam. Local consultants facilitated the collection of data for Indicators 1.1-7.2 and the National Commitments and Policy Instrument (NCPI). With regard to Indicator 6 (6.1. Domestic and international AIDS spending by categories and financing sources), a national consultant was recruited to collect and process data according to NASA methodology. The results include a database of national HIV and AIDS expenditure detailed by NASA dimensions (financing sources (FS), financing agents (FA), providers of services (PS), beneficiary population (BP) and AIDS spending category (ASC)). The data collection began in November 2011 and was completed by mid-January 2012. Although incomplete, the data collected and presented in this report is the most comprehensive available to date. In December 2011 the NCPI Part A questionnaire was sent to members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control. Fourteen Government agencies responded. Government agencies were asked to only complete the sections relevant to their work. Of particular note is the consultation and data-collection process for the NCPI Part B questionnaire. VUSTA was selected to coordinate and organize the participation of civil society organizations (CSOs) in the overall process. VUSTA held two consultation meetings, one in Ha Noi and one in Ho Chi Minh City, in January 2012 to gather CSO inputs and to discuss and unify the NCPI Part B questionnaire. In total, 86 people representing 80 CSOs from 21 provinces throughout the country participated in the two meetings. These organizations included self-help groups, faith-based organizations, local NGOs and businesses. Participants at each consultation meeting selected a three-member civil-society task force, made up of people living with HIV, people who inject drugs, men who have sex with men, sex workers and representatives of faith-based organizations to represent them at the NCPI Part B consensus meeting. This extensive involvement of CSOs is testament to the ongoing strengthening of the role of civil society in the national response. Local NGOs, international NGOs and the Joint UN Team on HIV attended separate NCPI Part B consultation meetings, while the NCPI B questionnaire was sent to bilateral agencies to collect their inputs. At each meeting, participants reached consensus and completed the NCPI Part B questionnaire. In the end there were six completed questionnaires representing the different constituencies (two questionnaires from two consultation meetings organized with CSOs in the north and in the south; one from a consultation with international NGOs; one from consultations with the Joint UN Team on HIV; and two based on donor inputs). The NCPI Part B consensus meeting was held on 09 February 2012. At this meeting, representatives from civil society organizations, bilateral and multilateral agencies and the Joint UN Team on HIV engaged in a frank discussion, with representatives of key populations at higher risk debating confidently with development partners. Together the 16 meeting participants, representing different constituencies, combined the experiences of people living with HIV and working at the local level with the perspectives of partners working at the policy level and financing the response to reach a consensus on the NCPI Part B questionnaire. The last step in the development of the progress report was the National Consensus Meeting for the Country Progress Report, hosted by VAAC in Ha Noi on 14 March 2012. The goal of this meeting was to present the findings and give participants an opportunity to review and validate the draft report. A total of 57 participants from 32organizations representing the Government, development partners and civil society were present. Civil-society participants were drawn from the task forces, which selected five individuals to represent them. Participants provided inputs to the narrative and reviewed the overall report. The amended report, based on the comments received, was then submitted through the Ministry of Health to the National Committee on AIDS, Drugs and Prostitution Prevention and Control for approval. A full list of participants is below.

The process behind the data collection for the National Commitments and Policy Instrument is described in Figure 2 in the full report.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	-	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	-	No	Yes	Yes	No	No	No
Ministry of Labor, Invalid and Social Affair	-	No	No	No	Yes	Yes	Yes
Ministry of Education and Training	-	No	No	No	Yes	No	Yes
Ministry of Transportation	-	No	No	No	Yes	Yes	Yes
Ministry of Public Security	-	No	No	No	Yes	Yes	Yes
Office of Government	-	Yes	Yes	Yes	No	No	No
Ministry of Defense	-	No	No	No	Yes	Yes	Yes
Labor Union	-	No	No	No	Yes	No	Yes
National Institute for Hygiene and Epidemiology	-	No	No	No	Yes	Yes	Yes
National Committee on AIDS, Drug and Prostitution Prevention and Control	-	Yes	Yes	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Accompany- Da Nang ACP+ (VNP+) ACP+ (VNP+)- Hai Duong Adamzone- Can Thơ AIDS Association- Viet Nam Buddism Institute- HCMC Alo Ban Me Blue belief- Hai Duong Bright Future Bac Giang Bright Future- Hanoi Bright Future Thai Nguyên Bright Future Vinh Phuc Bullet point Care group- Long An Caritas Vietnam CCIHP CCLPHH CCRD CEPHAD Children's sun- Hanoi CHP CKT- Nha Trang COHED Collective actions- Vinh Phuc Countryside- Cam Giang- Hai Duong Empathy Cluc- Thanh Xuan Trung Flamboyant- Hai Phong Future Centre of Community Research and Development G-Link- HCMC Green Pinetree- Hanoi Home- Hanoi Hope- An Giang Hope- Da Nang Hope- Long An Hope network - Bac Kan Hope network Bach Thong- Bac Kan Hope network - Thai Binh HTX Sông Lam Xanh HTX Sông Lam Xanh Immortal flowers- Van Don- Quang Ninh ISDS Light Lotus scent Phap Van Love and serve- Da Nang Mai Hoa charity clinic- Dong Nai Moon- Hai Duong Moving forward- HCMC Nang cuoi troi- Vinh Phuc New life- Can Tho New Life- HCMC Online- HCMC Outreach to MSMS- Can Tho Peaceful place- Hanoi PLHIV self help group network- Can Tho PSN MSM Youth Leadership Fellow/Hanoi focal point for National MSM Working Group (PSI) PUSTA Binh Duong PUSTA HCMC PUSTA Vinh Long PUSTA Vung Tau Quang Hanh Mine Land Club Quang Ninh Young Women Network REACOM Safe living- HCMC Sea love Hai phong Self help group network Hai Phong Self help group network- Tan Thanh- Ba Ria Vung Tau Spirit program- HCMC SPN+ (VNP+) Sunshine network- Daklak The moon- Hanoi VCCI VCSPA VCSPA- HCMC VICOMC Vinatex VNP+ VUSTA VUSTA Hai Duong VUSTA Project Management Unit- Global Fund Project on HIV/AIDS We are students/MSM network in the North White sand Women living with HIV in the South- Nha Trang- Khanh Hoa Women's Health Centre- Hanoi You and I- Dong Nai You, I, and We- HCMC AusAID- Embassy of Australia DFID PEPFAR Abt Associates Care International Catholic Relief Services Medical Committee Netherlands Vietnam (MCNV) Family Health International (FHI) Healthright International Pact Viet Nam Save the Children World Vision International Labor Organization (ILO)	-	Yes	Yes	Yes	Yes	Yes

International Organization for Migration (IOM) The Joint United Nations Programme on HIV/AIDS (UNAIDS) United Nations Population Fund (UNFPA) The United Nations Children's Fund (UNICEF) The United Nations Office on Drugs and Crime (UNODC) World Health Organization (WHO)

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2011-2020
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The new National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 has been developed in line with a new commitment to the UNAIDS "Getting to Zero" strategy. Objectives are more clear, feasible, and based on evidence. The new strategy has recognized the role of civil society in HIV prevention and control and assigned VUSTA as an implementing agency to coordinate CSO activities. More attention has been paid to MSM, who are included in the National Strategy as one of the vulnerable groups which should be prioritized. There are plans to expand the MSM programme. Treatment programme: The new strategy includes a more comprehensive treatment, care and support programme, including a pilot of Treatment 2.0. Action plan: Combine action plans into 4 main components: HIV prevention; comprehensive treatment, care and support; M&E programme; system strengthening to ensure sustainability. Implementation: Assign more specific and detailed tasks and responsibilities to ministries, departments and social organizations.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health; Ministry of Public Security; Ministry of Labour, War Invalids and Social Affairs; Ministry of Education and Training; Ministry of Finance; Ministry of Planning and Investment; Ministry of Culture, Sport and Tourism; Ministry of Information and Communication; Ministry of Justice;, Ministry of Defense; mass organizations, committees of government officials, the Fatherland Front, social organizations.

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
Fatherland Front, Finance, Planning and Investment, Culture - tourism - sport, Communication, Justice, Farmer's Union, Committee for Ethnic Minority Affairs
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
No

People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
- PWID - Sex workers - MSM - Pregnant women - Young people - OVC - PLHIV - People living in remote areas - Mobile groups - People with STIs - Pupils and students
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
A draft version of the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 was posted on the websites of VAAC and MOH and the Government web portal. In addition to the general technical group meeting, two separate meetings were held for civil society organizations to provide feedback: - The first consultation meeting sought input from CSOs on the major concepts and general content of the strategy. - The second meeting contributed to the draft of the strategy by the Viet Nam Union of Science and Technology (VUSTA). CSOs were actively involved in the process of building the multisectoral strategy by providing comments on the draft strategy both in writing and directly at the meetings. The comments were then studied by the Drafting Committee for inclusion in the strategy. VUSTA also mobilized civil society, groups of PLHIV and members of key populations at higher risk through their network to provide comments.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
National Programme on Drugs and Prostitution Prevention and Control; National Programme on Child Protection 2011-2015; National Strategy on Gender Equality 2011-2020; National Health Programme; Strategy on Education Development 2011- 2020

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
Child care and protection; drug and prostitution prevention and control

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
- PWID - Sex workers - Pregnant women - AIDS patients - PLHIV - MSM
Briefly explain how this information is used:
- Data is entered into projection software, analysed by international and national consultants, and used to develop policies or intervention plans. - The information is also used to assess effectiveness and identify obstacles in implementing intervention activities, as well as to set priorities for interventions. - The information is used to develop targets for national HIV programmes. - The information is used to provide the basis for policy making and resource coordination.
(c) Is coverage monitored by geographical area:

Yes
IF YES, at which geographical levels (provincial, district, other)?:
- Provincial level - District level - Commune level
Briefly explain how this information is used:
- The information is used for policy making, planning, and resource coordination in order to focus on locations with high prevalence, and is also used for estimations and projections.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
Government Decision 1107/QĐ-TTg, dated 28/7/2009, approved the proposal to improve the capacity of the HIV prevention and control system at the provincial level during the period 2011-2015. The Government annually allocates funding to the construction of HIV-prevention centres and equipment purchase for HIV-prevention activities.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
9
Since 2009, what have been key achievements in this area:
- Maintenance of the national HIV prevalence rate at under 0.3%. - The National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 is currently being finalized. The strategy is evidence-based, with greater detail than the previous strategy and clear objectives; and was developed with the involvement of multisectoral government agencies/branches, mass organizations, the UN, INGOs and civil society.with the involvement of various governments, departments, unions, and civil society. - The annual plans of ministries and departments at different local levels were sent to VAAC on time. - There is an HIV and AIDS M&E logframe to measure and assess intervention activities, providing evidence for policymaking, resource coordination, and intervention planning. - The budget was disbursed as planned. - The rate of use of out-of-date ARV medicines was low due to effective planning, coordination and use. - Improved capacity of functional staff in most provinces. - Strengthened resources for activities.
What challenges remain in this area:
- It is difficult to predict the budget committed to the HIV prevention and control programme in coming years. The draft National Strategy does not yet include a plan to allocate funding to implementing agencies. - Lack of resources prevents the expansion of intervention programmes. - Limited planning and management capacity of provincial HIV-prevention staff due to lack of responsible staff, or new and junior staff. - Limited awareness of local people and authorities at several levels - Limited quantity and quality of data.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
Over the past two years, the chairman of the National Committee for AIDS, drugs and prostitution prevention and control and other ministries/sectors have issued a variety of instructions and conclusions. Notably, during the Review Conferences on HIV prevention and control, ministries and sectors were requested to develop their HIV prevention plans in line with the new situation, to allocate appropriate funds to complete programmes, to finalize related legal documents and to increase intersectoral collaboration to implement comprehensive interventions and enhance international cooperation. In December 2011, at a meeting with international donors, Deputy Prime MInister Nguyen Xuan Phuc, the current chairman of the National Committee, affirmed his commitment to continue improving the political framework for HIV prevention and control to bring about favourable conditions for the implementation of the HIV prevention and control programme. The Ministry of Health was assigned by the Government to develop the Programme on AIDS, drugs and prostitution prevention and control for the period 2011-2020; to consolidate the Committee at the central and provincial levels to ensure consistent coordination and performance; and to appeal for the involvement of the whole political system in activities. In June 2011, high-ranking leaders attended the UN High-Level Meeting on AIDS in New York, and committed to the new Political Declaration: "Intensifying our Efforts to Eliminate HIV/AIDS", which aims to bolster national political commitment and the engagement of leaders in a comprehensive response at the community, local, national, regional and international levels to halt and reverse the HIV epidemic and mitigate its impacts. Deputy Prime Minister Truong Vinh Trong – the former chairman of the National

Committee, who retired in 2011 – and leaders from different ministries visited a variety of methadone maintenance therapy and ART facilities for adults and children, as well as self-help groups and PLHIV in the community. In March 2012, Deputy Prime Minister Nguyen Xuan Phuc convened a National Conference to review the implementation of activities in 2011 and plan for 2012. The conference was attended by leaders at the ministerial/sectoral level, People's Committees from 63 provinces/cities and heads of international organizations in Viet Nam.

2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Deputy Prime Minister Nguyen Xuan Phuc
Have a defined membership?:
Yes
IF YES, how many members?:
28
Include civil society representatives?:
Yes
IF YES, how many?:
7
Include people living with HIV?:
No
Include the private sector?:
No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
- The Government promulgated many regulations to guide and improve intersectoral collaboration with regard to HIV/AIDS prevention and control; to encourage organizations and individuals to be involved in HIV/AIDS prevention and control; and to allocate funds for related activities. The provinces have their own mechanisms for intersectoral collaboration. - There is increasing and efficient involvement of civil society organizations in HIV/AIDS prevention and control. These organizations are invited by the Government to take part in the development of new policies and strategies for HIV prevention and control and provide technical assistance to projects. - Some HIV-related activities, such as treatment and care, are now the responsibility of local NGOs. - Social organizations, coordinated by VUSTA, are actively involved in Global Fund Round 9 projects. - PLHIV receive better treatment and care. - The private and business sectors are mobilized in the HIV response. - The Country Coordination Mechanism of the Global Fund in Viet Nam includes members from civil society organizations and the private sector.
What challenges remain in this area:
- The exchange of information for policy framework development is only a formality; sufficient feedback is not provided regularly. - Lack of operational budget. - Limited capacity of civil society.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
-

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
Development of policies which facilitate civil society involvement in HIV-prevention programmes. Involvement of civil

society in national TWG meetings.

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
Yes
IF YES, name and describe how the policies / laws were amended:
- A new Decree (122/2011/ND-CP) has been issued to replace Decree 124/2008/ND-CP, which provides for exemptions from corporate income tax for HIV-related activities in the workplace. - Approval of Decree 69/2011/ND-CP on handling administrative violations in health prevention, the medical environment and HIV/AIDS prevention and control, which provides crucial support to the enforcement of the Law on HIV. The Ordinance on sex work is currently being revised to support the implementation of harm-reduction interventions.
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
Despite provisions in the Law on HIV enabling greater access to prevention services for key populations at higher risk, Viet Nam still faces considerable policy barriers in establishing and scaling up effective interventions such as the Needle and Syringe Programme and the Condom Use Programme at the local level. While the Law on Drug Prevention and Control No.16/2008/QH12 (Law on Drugs) has been amended to decriminalize drug use, under the Ordinance on Administrative Violations, drug use still remains an administrative violation and results in detention for up to two years in 06 Centres. Decision 96 mandates the provision of HIV prevention, treatment and care in correctional facilities and 05/06 centres; however under Decree 108, the provision of opiate substitution therapy is prohibited in these facilities. There are also difficulties in implementing Decree 13/2010/ND-CP due to administrative procedures and changes in the definition of poverty.
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
9
Since 2009, what have been key achievements in this area:
- Revision and issue of legal documents consistent with the Law on HIV. - Ministries and sectors work closely with the Ministry of Health to prepare legal documents and policies for HIV/AIDS prevention and control. - Enhancement of National Committee monitoring of HIV-prevention activities in provinces. - Strong commitment of the Party and Government. - Support provided to and engagement of civil society organizations in HIV prevention and control.
What challenges remain in this area:
- Funds for HIV/AIDS prevention and control are not sufficient to expand the scope of prevention activities and treatment services for PLHIV. - Some legal documents are still being developed or revised, and are not yet finalized. - Discrimination against PLHIV still exists.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
The Constitution of the Socialist Republic of Viet Nam provides all citizens with economic, politic and social equality, and forbids all discrimination.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
The Constitution is supported by various policy documents.
Briefly comment on the degree to which they are currently implemented:
Implementation is moderate.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
There are no regulations that facilitate access to health services for transgender and mobile groups. Under the Ordinance on Administrative Violations, drug use still remains an administrative violation and results in detention for up to two years in 06 Centres. Under Decree 94, which guides the implementation of the Law on Drugs, drug users are subject to an additional period of 'post-detoxification management' for between one and two years. Due to limited access to HIV services, including treatment, in 06 Centres, this is a barrier to PWIDs accessing effective HIV prevention, treatment, care and support services. The Ordinance on Prostitution Prevention and Combat 2003 prohibits "availing oneself of business service to carry out commercial sex work" or "lending a hand to commercial sex work". Anyone selling sex is subject to administrative detention in 05 Centres. Due to limited access to HIV services, including treatment, in 05 Centres, this is a barrier to FSWs accessing effective HIV prevention, treatment, care and support services. A recent draft amendment to the law prevents sex workers from being detained without judicial process. Under Decree 108, the provision of opiate substitution therapy is prohibited in closed settings. As residency in the district of a treatment centre is one of the eligibility criteria for the current national pilot methadone maintenance therapy (MMT) programme, migrants without official residency are not able to access these services. Decree 67 requires disclosure to social security and people cannot access social services and benefits unless HIV status is disclosed. Stigma and discrimination prevent PLHIV from disclosure and therefore from receiving social support. There are also difficulties in implementing Decree 13/2010/ND-CP due to the administrative definition of poverty.
Briefly comment on how they pose barriers:
Since 2010, restrictive policies have been added to the Law on Drugs Prevention and Control requiring drug users to be undergo compulsory treatment (with a compulsory period of 2 years in an 06 Centre and another compulsory 2 years after that in a rehabilitation centre). Access to treatment in these centres is very limited and confidentiality is not normally respected. PLHIV who are also drug users or sex workers are affected by the amendments to the Law on Drugs Prevention and Control and the Ordinance on Prostitution Prevention and Control. In addition to this legislation, the laws on sex work and drugs mentioned above prevent PLHIV from accessing services.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
No
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
No stigma and discrimination against PLHIV Avoid exposure to blood and body fluids

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
Yes
Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
- The Law on HIV includes a chapter on IEC/BCC and harm reduction as technical contributions to HIV prevention and control. - Decree No. 108/2007/NĐ-CP guides the implementation of harm-reduction programmes for HIV prevention. - An IEC/BCC national action plan is included in the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 - The regulations of multisectoral coordination assign tasks to different ministries and departments for the implementation of the IEC/BCC national action plan. - The National Strategy also includes plans to strengthen the direction of the Party, departments and organizations at different levels, as well as increase community involvement, in relation to the implementation of the IEC/BCC programme. - The development of the Strategic action plan for the education sector on HIV/AIDS prevention 2011-2020 with a vision to 2030 also demonstrates national commitment to the HIV response in the context of complicated

developments in the epidemic and reducing funding for HIV from the international community.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	No	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people
Yes	Yes	Yes	Yes	Yes	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people
Yes	Yes	Yes	Yes	Yes	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people
Yes	No	Yes	No	No	PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

- More instructions from the Party and Government, increased budget and intersectoral collaboration. - High levels of consensus among communities and in the implementation of prevention programmes by intersectoral bodies. - Issue of a joint circular on information dissemination through the mass media. - Development of documents on prevention. - HIV prevention and control are integrated into the general national development plan. - Discrimination against PLHIV by employees has significantly decreased compared to 2005. - Sympathy and better support from the community for workers living with HIV, which better addresses their needs. - Increase of methadone maintenance therapy for drug users. - The organizational system with regard to HIV in the education sector has been consolidated and is functioning. It ensures that knowledge and information appropriate to HIV prevention and control are communicated and focuses on the elimination of stigma and discrimination against PLHIV and children affected by HIV in education establishments. HIV activities have also been integrated into other educational activities.

What challenges remain in this area:

- Public knowledge about HIV prevention is still limited. - Some provinces have not yet paid enough attention to prevention activities; the limited budget holds back the expansion of prevention services. - Discrimination against PLHIV and MSM still needs to be addressed. The awareness of managers and policymakers of sensitive issues, such as man-on-man sex, should be improved so that appropriate harm-reduction policies and interventions can be implemented. - There are insufficient funds to expand coverage. - Ineffective staff performance. - The number of migrant workers in industrial zones has dramatically increased, resulting in increased needs for HIV prevention, while resource and capacity are still limited. - IEC on HIV is still not targeted at specific populations. In addition, some Directing Committees of Education and Training Provincial Departments and education establishments have not performed effectively. As staff working on HIV are only part-time, they do not have much time for HIV activities; the capacity of staff is also not uniform, with many staff lacking experience. Some unit leaders have not paid enough attention to HIV, and some implemented programmes and projects still overlap and lack overall coordination.

4. Has the country identified specifc needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Needs are determined based on: - Identification of the programme target groups and the number of beneficiaries of prevention activities. - Results of the HIV case reporting system, sentinel surveillance, HSS+ and IBBS. - Needs assessment surveys. - Programme routine reports. - Financial and human resources capacity to meet demands - The feasibility of prevention activities. - The setting of specific targets, based on evidence, relating to HIV-prevention knowledge, attitudes and practices.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Strongly Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
Elements: - ART, OI treatment - Nutrition care - STI, family planning care - Home-based care - Pain management - VCT - TB screening for PLHIV - TB preventive treatment for PLHIV - TB control at HIV treatment clinic - Universal precautions - HIV screening of blood transfusions Prioritized elements: - PMTCT - TB treatment - OVC care and treatment - Health insurance for PLHIV
Briefly identify how HIV treatment, care and support services are being scaled-up?:
- Expansion and implementation of HIV treatment and care services at all levels, from the local to the central, in: a. OPCs at national hospitals at the central level b. OPCs at provincial general hospitals at the provincial level c. OPCs at district general hospitals, preventive health care centres, and preventive HIV centres at the district level d. Communal health centres and village health systems, where a number of PLHIV receive treatment and care. Some home-based care groups have been organized at this level in some locations.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Agree
HIV care and support in the workplace (including alternative working arrangements):
Disagree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Disagree
Nutritional care:
Agree
Paediatric AIDS treatment:

Agree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
Disagree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
- Children living with HIV from poor households, PLHIV who are unable to work and from poor households, families or individuals who adopt children living with HIV and people who are raising PLHIV under 18 years old receive monthly social benefits, health insurance, exemptions from tuition fees when attending training programmes or vocational training and funeral expenses. - People living with HIV at social protection centres also receive financial support to buy clothes and medicines for everyday illnesses, treatment for opportunistic infections and menstruation-related supplies. - The aid fund for PLHIV also provides financial support, offers loans and creates jobs for disadvantaged people.
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
Yes
IF YES, for which commodities?:
- ART medication: through the Supply Chain Management System (SCMS) and Voluntary Pooled Procurement (VPP) - Methadone: through SCMS For ART: currently 5% of ART medications are purchased in-country, while 95% are imported through foreign-funded programmes/projects, such as PEPFAR (through SCMS) and the Global Fund (through VPP). These projects and programmes use international procurement mechanisms.
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
- Enhanced access to ART: 318 medical facilities (PKNT) have been established (of which 289 facilities for adults, 118 facilities for children, 89 integrated facilities, 4 OPC at the national level, 155 OPC at the provincial level and 195 OPC at the district level); 60,924 patients have undergone ART (of whom 57,663 adults and 3,261 children). - Management of ART distribution to ensure that recipients receive the medicine regularly. - Management and coordination of testing and medical equipment for treatment, including the Early Infant Diagnosis test of viral load. - Prevention of mother-to-child transmission: 38% of pregnant women took an HIV test and received their result, of whom 0.26% received a positive result; 49% of pregnant women living with HIV received ARV medicines for PMTCT prophylaxis; 46% of children born to women living with HIV received ARV medicines for prophylaxis; 45% of children born to women living with HIV were treated with Cotrimoxazole to prevent opportunistic infections. - Treatment and care services for children: The PKNT system is established in 54 provinces, and 121 children have been able to access ART (by September 2011); 1,601 children living with HIV in 45 provinces have been provided with a health insurance card. - HIV/Tuberculosis (TB): 35 provinces and 34 districts are implementing the integration of HIV and TB services. The number of PLHIV also being treated for TB every year is between 2,500 to 2,700 persons. - Health insurance: VAAC is collaborating with the Department of Health Insurance to draft a Circular on Guidelines for Health Insurance for PLHIV. - Pilot of Treatment 2.0 and the introduction of quality improvement(QI) activities for care and treatment services.
What challenges remain in this area:
- The sustainability of ART provision in the context of reductions in funds from international donors. - The guidelines on health insurance for PLHIV have not yet been issued. - An e-reporting and management system has not yet been developed - There is not a wide coverage of PMTCT. - Staff capacity at district level is limited.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other

vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
No
IF YES, what percentage of orphans and vulnerable children is being reached? :
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
8
Since 2009, what have been key achievements in this area:
- Many policies on treatment and support for children and adults living with HIV have been developed. - Treatment and care services have continuously expanded. The number of OVC receiving treatment care services has increased. - A policy on health insurance for children living with HIV is being developed. - More children born women living with HIV receive preventive treatment.
What challenges remain in this area:
- Coverage of care and support services for children is not broad enough. - Sustainability of ART in the context of decreasing donor resources. - Discrimination against children living with HIV has had negative consequences, with some children not be able to attend school. - Lack of statistics about OVC and children benefiting from interventions.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
Difficulties in reaching consensus on the measured indicators and M&E tools and to get commitment to sharing and submitting data across ministries, agencies and projects.
1.1 IF YES, years covered:
5
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, all partners
Briefly describe what the issues are:
Donor and government requirements for and definition of indicators are different and change over time.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
No
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
-
4. Is there a functional national M&E Unit?:
Yes

Briefly describe any obstacles:
Lack of staff; existing staff lack capacity.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Head	1	-	2007
Vice head	2	-	2005
Vice Head	1	-	2010
Officer	1	-	2007
Officer	1	-	2008
Officer	4	-	2010
Officer	2	-	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
The data-sharing mechanism operates through: - The National HIV Prevention System submits reports following routine reporting. - Internationally funded programmes submit reports to PACs. PACs then report to VAAC. - Information-sharing takes place through the National M&E Technical Working Group, where updates are provided on M&E activities undertaken by various organizations and donors.
What are the major challenges in this area:
- The national M&E unit has not yet been able to harmonize the project-funded M&E system with the national M&E system - Some data have not been collected as required. - Reports were not submitted in time, the duplication of statistics in the reports among different projects still exist. Lack of M&E staff, and in some organizations their capacity is limited. - Limited budget for M&E.
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes
6. Is there a central national database with HIV- related data?:
Yes
IF YES, briefly describe the national database and who manages it.:
- HIV case report and sentinel surveillance results are recorded and managed by HIV Info software - Reports on HIV prevention and control are periodically updated through online reporting software. - VCT statistics are reported using specialized VCT management software. - VAAC currently manages the databases for the abovementioned datasets.
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
National, provincial, district and commune

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
- To develop annual plans and provide recommendations to improve interventions - To provide recommendations to the Government on budgetary increases. Provincial AIDS Centres do not pay sufficient attention to data, as limited budgets mean that they cannot use the data to improve programme performance.

9. In the last year, was training in M&E conducted

At national level?:
Yes
IF YES, what was the number trained:
10
At subnational level?:
Yes
IF YES, what was the number trained:
154
At service delivery level including civil society?:
Yes
IF YES, how many?:
-

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
More support was provided to the provinces to assist in evaluating the quality of statistics.
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
9
Since 2009, what have been key achievements in this area:
- Provision of an overview on HIV prevalence in the country and an evaluation of the efficiency of policies and strategies. - Improved analysis of prevalence by location and key population at higher risk.
What challenges remain in this area:
- The capacity of M&E staff in some organizations is still limited. A high turnover of staff has led to an increase in demand for training. - Lack of budget and resources for M&E activities.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
3
Comments and examples:
Areas of improvement: There has been a notable increase in the recognition of civil society by the Government since 2010. Civil society is now invited to events and planning, and has been encouraged by PACs to participate in HIV programmes from the commune to the district levels. For example, CSOs were invited to all workshops held by the HCMC PAC, and were also invited to participate in the advisory board, network for care and support, vocational training and loan programmes. VNP+ continues to play a role in policy advocacy and the number of groups and networks of MSM, SW and PWID has increased with Global Fund support, especially in provinces. There has also been more positive recognition from leaders of these groups, and a change in attitude from considering that members of these groups are committing 'social evils' to focusing on solving social issues. For example, the Government consulted with the community of people who use drugs in the development of Decree 94 on community-based detoxification at the commune level in HCMC. Civil society was also invited to provide inputs into the National HIV and AIDS Strategy, and two consultation meetings were organized, giving CSOs the opportunity to provide comments. VUSTA has become an official member of the National Committee, and will now be in a better position to promote the voice of civil society. The Viet Nam Civil Society Partnership Platform on AIDS (VCSPA), established in 2007, has also contributed to a stronger CSO voice. There has been an increase in participation from organizations representing workers, which have participated in the Technical Working Group on Migrants and HIV in the Workplace alongside government, CSO, business and donor representatives. The Technical Working Group on Law conducts joint HIV and AIDS efforts and its contributions are valued by the Government. CSOs were also included as official members of the delegation that attended the UN General Assembly High-Level Meeting on AIDS in New York in June 2011. Challenges: Despite increased recognition from the Government in recent years, Vietnamese civil society contributions to strengthening political commitment remain limited, and civil society lacks real and meaningful involvement, particularly when compared to other

countries. Unfortunately the achievements noted in the last report have not sustained, with VNP+ unable to provide a strong voice in the current political environment and the Global Fund Round 9 dual track process failing, as civil society was not found to be strong enough to take on the role of PR. Legal barriers and a lack of government funding remain challenges for CSOs in Viet Nam, and the CSOs that do operate are dependent for financing and protection on the international donor community. As Viet Nam is now a middle-income country, donors are phasing out their support and thus the sustainability of civil society participation is a concern. Civil society also requires capacity building in strategic and lobbying skills in order to influence political commitment and processes.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2

Comments and examples:

Planning: There was a consultation process with civil society in the planning and development of the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 in 2010 and 2011: CSOs were invited to a brainstorming session at the outset of the process, as well as to meetings of Technical Working Groups to discuss specific sections of the report. They were also involved in two meetings that took place towards the end of the process and were consulted on the fifth draft of the Strategy. However, not all issues raised by CSOs have been addressed. VUSTA has recently become a member of the National Committee and will therefore have a chance to participate in planning and be allocated funds from the national budget. Whilst there is some degree of civil society involvement in planning at the provincial level in some provinces, there has been none at all in other provinces. As the provincial plans feed into the national plans, there is thus also a (very limited) civil society involvement in national planning. Budgeting: Civil society has had no real involvement in the budgeting process at the national level. The limited involvement includes the participation of CSOs in the development of the Global Fund Round 9 budget plan, while in some provinces CSOs were consulted and informed about project financial issues. It should be noted that the budgeting process for budgeting makes it difficult for civil society to participate, as it takes place within the Ministry of Planning and Finance and the National Assembly makes final decisions (representing all people in Viet Nam).

3.

a. The national HIV strategy?:

2

b. The national HIV budget?:

1

c. The national HIV reports?:

2

Comments and examples:

Despite the increase in Government dialogue with civil society, there has been no real change in terms of meaningful participation, and the extent to which civil society has been involved in the strategy, budgeting and reports has not changed much. Strategy: The National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 includes a role for civil society in providing services, and this is gradually receiving greater acknowledgement, albeit in very general terms, e.g. "community-based treatment and care". Some mass organizations, such as the Women's Union, and VUSTA were identified as implementing partners. CSOs are requesting a further section of the report to be devoted to their role. It is hoped that the new Strategy will be revised after VUSTA make their official contributions. CSOs requested a chapter in the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 on their participation but have not yet received feedback. Budget: While the State budget for the HIV programme has increased annually, there is no budget allocated to CSOs, and CSO activities remain funded by international organizations. While the government does recognize civil society, there is still no clear definition of civil society and no mechanism to direct budgets to organizations that do not officially 'exist'. It is therefore important to note barriers to legal registration and the importance of defining civil society. Reports: Government reporting remains focused on government activities, not the general HIV response, and therefore civil society activities are not captured. A report on 20 years of the response released in 2011 contains no examples of civil society activities. The M&E framework also does not target civil society, only the government sector.

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

2

c. Participate in using data for decision-making?:

2

Comments and examples:

There has not been any national M&E plan developed in the reporting period. Whilst the new National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 does specify the role of civil society organizations in evaluation and supervision, it does not clarify the mechanism for participation in this process. There is little provincial planning and civil society is also not involved in this process. Whilst INGOs are very involved in national- and local-level monitoring and evaluation, local NGO participation in M&E activities is largely limited to the community level, though local NGOs are playing an increasing role in some provinces. HCMC and Hai Phong city, for example, involve various groups in their M&E processes. In general, however, participation in M&E is limited to the role of CSOs in monitoring their own project work, they often record and report M&E in order to protect themselves and to adhere to donor requirements. M&E project-based activities carried out by CSOs are not fed into the national M&E system. In addition, project data obtained

from M&E activities conducted by CSOs have not yet been used for planning or decisionmaking. Whilst PACs have working relationships with peer networks and are exposed to their opinions, their participation in data use for decision making is passive and not clear. In 2011, one CSO (the Institute for Social Development Studies, ISDS) participated in the National M&E Technical Working Group (TWG) meetings and was also involved in surveillance and the development of tools. CSO involvement in the M&E TWG has otherwise been limited. Whilst the TWG welcomes local CSO participation, their lack of technical M&E capacity makes it difficult for them to participate. There is therefore a need to strengthen this capacity, and to ensure that CSOs are aware of the roles they can have in, and contributions they can make to, national M&E activities. International NGOs play a crucial role in M&E in Viet Nam, but more effort is needed to improve the capacity of local civil society on monitoring and evaluation.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

The level of CSO representation has increased and there are a number of capacity-building activities supported by PEPFAR and the Global Fund. There has also been an increase in the number of CSOs, particularly in HCMC, Binh Duong, Vung Tau, Vinh Long, Can Tho, Vinh Phuc, and in the participation of faith-based organizations (faiths include: Buddhism, Hoa Hao, Cao Dai and Catholicism). The representation of PLHIV has been improving steadily and the national network (VNP+) is increasingly vocal and influential. However, whilst PLHIV representation in particular has improved, the representation of different constituencies and key affected populations has not, and the types and mechanisms of inclusion are not meaningful. There has to date been almost no real involvement of sex workers and drug users and members of these groups remain highly stigmatized as a result of committing "social evils". In addition, legal registration and regulations continue to exclude meaningful participation of these groups. MSM networks have continued to grow, but meaningful participation of this group is also limited.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Financial support: The majority of funding comes from donors, predominantly PEPFAR, the Global Fund and DFID/the World Bank. International donor funding, however, is decreasing, making it much more difficult for civil society organizations to access funds. There is still no budget allocation for CSOs from the government as the budget law does not allow government funds to be allocated to civil society. Administrative barriers to accessing funds for self-help groups and civil society organizations are a significant obstacle, as many groups find it difficult to comply with the requirements needed to legally register. Some CSOs received small one-off grants from the HCMC PAC to organize events such as on World AIDS day. There is also only minor participation by the private sector, and more efforts to engage the private sector in providing funding and other resources are needed. Whilst the Viet Nam Chamber of Commerce and Industry has shown interest in participating, and Decree 122 provides for corporate tax exemptions for HIV-related activities, guidelines on the application of the Decree have not yet been developed. Technical support: There is no structure or programme to improve the technical capacity of local CSOs. Technical support for organizational capacity strengthening is very limited, and comes from INGOs to hand-picked local CSOs. Technical support will also decrease with the overall reduction in international funding.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
25-50%
Men who have sex with men:
51-75%
People who inject drugs:
<25%
Sex workers:
<25%
Transgendered people:
25-50%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
51-75%
Clinical services (ART/OI)*:
<25%
Home-based care:
51-75%
Programmes for OVC:**
25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
8
Since 2009, what have been key achievements in this area:
- Government bodies have a greater recognition of the role of CSOs in the HIV response and CSOs have a stronger voice. For example, they were invited to participate in the development of the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030. - The expansion of networks, in particular PLHIV networks (for example, the membership of VNP+ has increased from 70 to 150) and networks of PWID, FSW and MSM, and improved coverage. There is also a new network of sexual partners of PWIDs, MSM working groups continue to grow and efforts to increase the participation of sex workers also increased. The capacity, collaboration and coordination of these groups have improved. - VUSTA has become the 28th member of National Committee and represents civil society. - Implementation of the civil society component of Global Fund Round 9. - CSO representatives were part of the high-profile delegation that participated in the UN General Assembly High-Level Meeting in New York in June 2011. - The number of CSOs with legal entity status has increased, and a small but growing number of local NGOs have demonstrated increased capacity for national advocacy, technical leadership and implementation. - Increased recognition of and/or resource allocation to self-help groups by local AIDS administrations and authorities in some provinces - Efforts to increase participation by civil society and the international community have been particularly strong.
What challenges remain in this area:
Whilst there has been some progress, there is no significant change from the previous reporting period, and challenges and limitations remain, with civil society still unable to participate meaningfully: - There is still no government budget allocation for CSOs, and the Government still does not recognize CSOs as partners in planning, budgeting or implementing activities in the HIV response. - CSO networks have increased in quantity, but not in diversity, and there remains a notable lack in representation of key populations at higher risk, particularly PWID and sex workers, but including other vulnerable groups such as people with a disability and people living in remote areas. CSOs also continue to lack a common voice and advocacy strategies. - The existing legal framework and difficulties in legal registration are important barriers to civil society involvement. Furthermore, widespread stigma and discrimination and the lack of entitlement to form a legal entity due to their illegal status limits the participation of MSM, PWID and sex workers in the national response and groups from forming their own organizations. - The capacity of CSOs in organizational development, financial management, programme management and monitoring and evaluation needs to be strengthened. - The majority of financial and technical support to civil society comes from international donors. This is a significant issue as donors reduce their support. It is also important to note the lack of clarity around the definition of civil society in the Vietnamese context. The government considers that mass organizations (such as the Women's Union and Youth Union) represent civil society; however, these organizations are not entirely separated from the government and thus do not genuinely represent civil society.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
In 2010-2011, CSOs had some participation in the development of: - Guidelines on reproductive health and sexual health for PLHIV - Decree 69/2011/ND-CP on administrative sanctions - Decree 61/2011/ND-CP on medical treatment establishments - A draft Decree on Substitution Treatment for Opioid Addiction which elaborates the conditions for the recipients and delivery of MMT. - Guideline on Substitution Treatment by Methadone and Implementation Instructions, as approved by Decision 3140/QD-BYT. - Decree 122/2011/ND-CPon corporate income tax - Decree 13/2010/ND-CP on social protection for OVC and people in difficult situations However decision-making and planning are still top-down and not yet based on the reality in Viet Nam. Government engagement is case by case, passive, disconnected and informal. There is still a lack of opportunities for dialogue with the relevant government bodies, and authorities still stigmatize and discriminate against PLHIV and vulnerable groups. There is some limited engagement of PLHIV in consultation processes to develop strategies and policies, although this is usually facilitated (and always financed) by international donors, and the selection of people to represent PLHIV often happens without a fair nomination process. However, the authorities are now also beginning to engage MSM networks in programme design. There is relatively limited involvement of PLHIV in the implementation of Government programmes, which is mostly conducted at the local level by provincial and district authorities.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes

People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
No laws on discrimination for Sexual partners of PWID/SW/MSM

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
In the Constitution of the Socialist Republic of Viet Nam from 1992, amended in 2001, the chapter on the rights and obligations of citizens has a provision that all citizens have equal rights without discrimination. Non-discrimination has also been included in the following policy documents and laws: - Decree 108/2008: endorses harm-reduction interventions, including the provision of needles and syringes, condoms and opiate substitution treatment. The following subpopulations are entitled to harm-reduction interventions under the Decree: sex workers and their clients, people who use drugs, PLHIV, homosexual people, migrant and mobile populations and sexual partners of all these subpopulations. - Law on disability 51/2010/QH12 Article 14: forbidden activities include the stigmatization of and discrimination against people with a disability. - Under national labour law, all people have the right to work, and to choose a job, career and vocational training, without being discriminated against on the grounds of gender, ethnicity, social class, religion or belief. - National laws on domestic violence forbid domestic violence of all kinds and protect and provide support to victims. - Under Article 4 of the Law on child protection, care and education (25/2004/QH11), children are protected, provided with care and education and enjoy the rights prescribed by law, irrespective of sex, legitimacy, adoptive status, race, creed, religion, social class, or the opinions of their parents or guardians. - Decree 69/2011/ND-CP, updating Decree 45/2005/ND-CP, which makes provisions for administrative sanctions against those who discriminate against PLHIV or people affected by HIV in the fields of education, employment and health care. - Law on Gender Equity (dated 29/11/2006 of the 10th National Assembly meeting 73/2006/QH11): under Article 10, forbidden activities include gender-related discrimination in all types of situation. - Under the 1989 Law on the care and protection of people's health, people shall enjoy the right to health care when they are sick. In emergencies, people have the right to seek health care at any health facility, which has to receive patients and provide medical treatment in all cases. - Decree 96/2007/QD-TTg of the Prime Minister includes provisions on the rights of prisoners to access to HIV treatment. Some gaps in non-discrimination laws for some populations are also noted. There are provisions regarding HIV prevention for mobile people, particularly for mobile populations that are employed; however, there are no provisions for non-discrimination and protection of mobile populations who are not employed. Furthermore, transgender is a term that has not been included in any regulation, and there are therefore no laws or policies specifying the protection of this group.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Laws are implemented after the Government issues a Decree and the relevant Ministry issues instructions. However, the Government often delays the promulgation of laws and decrees generally from 6 months to 1 year. For example, while Decree 108/2008 mentions interventions for MSM and harm reduction for PWID, such as needle and syringe distribution, the implementation of the Decree has been limited in some provinces and some sectors (e.g. public security), and also differs from province to province depending on funding levels. There is also limited knowledge about Decree 69/2011/ND-CP (on administrative sanctions for discrimination against PLHIV) among people at the commune level, or in health facilities and enterprises etc., and thus it is not effectively implemented. There are also difficulties in implementing Decree 13/2010/ND-CP due to administrative procedures and changes in the definition of poverty. It has also been found that mechanisms to ensure the implementation of laws vary from group to group. In general, PLHIV enjoy the full benefits of the law, as do women and children, especially orphans. However, prisoners cannot always access their entitlements (e.g. timely and appropriate treatment), and anyone who falls into the "social evils" category (e.g. sex workers and people who use drugs) are often discriminated against. There are also no mechanisms for CSOs to monitor or give feedback to help ensure that laws are enforced.
Briefly comment on the degree to which they are currently implemented:
Barriers to the implementation of laws include delays in promulgating decrees and in disseminating the law to law-enforcement agencies and the public, as well as a generally insufficient knowledge of laws among law-enforcement agencies and officers. The mechanisms of law enforcement are very weak, with the vast majority of issues related to legal sanctions not taken seriously; overall mechanisms for law-enforcement monitoring are weak.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
There remain inconsistencies between public security measures to control drug use and sex work and public health messages to reach the populations engaged in these activities. - While the Law on Drug Prevention and Control No.16/2008/QH12 (Law on Drugs) has been amended to decriminalise drug use, under the Ordinance on Administrative Violations, drug use still remains an administrative violation and results in detention for up to two years in 06 centres. - While the amendment of the Law on Drugs improves its overall consistency with the Law on HIV, contradictions remain. Under Decree 94, which guides the implementation of the Law on Drugs, drug users are subject to an additional period of 'post-detoxification management' for between one and two years. This is after completing compulsory detoxification in 06 centres for a period of up to two years. Due to the limited access to HIV services including treatment in 06 centres, this is a barrier to PWIDs accessing effective HIV prevention, treatment, care and support services. - The Ordinance on Prostitution Prevention and Combat 2003 prohibits "availing oneself of business service to carry out commercial sex work" or "lending a hand to commercial sex work". Anyone selling sex is subject to administrative detention in 05 centres. Due to the limited access to HIV services including treatment in 05 centres, this is a barrier to PWIDs accessing effective HIV prevention, treatment, care and support services. Recent draft amendment to the law however would stop sex workers from being detained without judicial process. Decision 96 mandates the provision of HIV prevention, treatment and care in correctional facilities and 05/06 centres however under Decree 108 the provision of opiate substitution therapy is prohibited in these facilities. Currently, antiretroviral therapy (ART) is not available in any prisons, and only a few are providing tuberculosis (TB) treatment. As residency in the specific district of the treatment centre is one of the eligibility criteria for the current national pilot methadone maintenance therapy (MMT) programme, migrants without official residency are not able to access these services. Legal provision on confidentiality regarding HIV conflicts with regulations in other sectors; for example, the regulation on carrying ID which prevents access to services.
Briefly comment on how they pose barriers:
- Under the Law on Social Evils, sex work and drug use are classified as social evils. The associated stigma and discrimination prevent or delay drug users and sex workers from accessing drug-treatment, harm-reduction and other social services. The fear of being detained also poses a barrier. - Access to HIV prevention, treatment and care services (particularly harm-reduction interventions such as condoms, needles/syringes and opiate substitution therapy) is essentially nonexistent in prisons. By 2011, ART had been provided in 05/06 Centres in 29 provinces through Global Fund project activities implemented by MOLISA. Voluntary counselling and testing (VCT) and information, education and communication (IEC) services are provided in 05/06 Centres in 31 provinces through Global Fund and HAARP projects. - Migrants and mobile populations continue to experience difficulties accessing treatment and care as a result of their mobility, long work hours, location of work sites and lack of official residency. While it is not official policy, there have been reports of PLHIV having to provide their identity card and proof of household registration before they can access treatment and there is the perception among PLHIV that this is the official policy. In addition, provincial budgets and services are planned using the household registration system. Therefore, migrants and mobile populations are often not included in local HIV plans and/or may need to pay more for services. - Decree 67 requires disclosure to social security and people cannot access social services and benefits unless HIV status is disclosed. Stigma and discrimination constrain PLHIV from receiving social support. - Although carrying needles, syringes and condoms is not illegal, in some provinces local authorities still consider this practice unlawful. - Policies that require parents to disclose children's HIV status in order to access support threaten confidentiality and the protection of HIV-positive children. - The absence of laws can also be a barrier. For example, there are no employment rights for MSM, so if they disclose they are at risk of being fired. In addition, there are no laws that mention lesbians and transgender persons.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes

Briefly describe the content of the policy, law or regulation and the populations included:
The laws on domestic violence and gender equality have general provisions on domestic violence and sexual violence. The 2011 anti-trafficking law and the regulations on the prevention of cross-border trafficking mention the protection of women with HIV. However, women in vulnerable groups are not treated equally and sanctions for disadvantaged groups such as sex workers are more severe than for other people. There is also no specific article mentioning the protection of women living with HIV and FSW.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
The newly developed National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 states clearly that respect for human rights needs to be ensured; stigma and discrimination countered; the responsibility of families and society for taking care of PLHIV increased; equity in treatment and care for PLHIV ensured; gender equity ensured; and care for children and vulnerable groups, as well as ethnic minorities and people living in remote areas provided. Under Article 4 of the Law on HIV, PLHIV have the right to live within the community and society; to receive medical treatment, care, education and employment; to keep private their HIV status; to refuse medical examination and treatment for full-blown AIDS [sic] and other rights as stipulated in the Law on HIV and other related laws.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly describe this mechanism:
Decree 07/2007/ND-CP provides guidance on legal aid legislation, and article 3 states that PLHIV are eligible to free legal aid. Under the Decree on administrative sanctions for violations in the health sector, fines can be issued if provisions in the Law on HIV are violated. Five donor-funded legal aid clinics exist to provide free or reduced-cost legal support services for PLHIV whose rights have been violated under the Law on HIV. In addition, support is provided by the Government at Centres for Legal Support under the Department of Justice. A policy document states that the Department will provide this support free of charge in some provinces where PLHIV are a target group for receiving legal assistance. There continued to be increased efforts to improve PLHIV's awareness of their rights in the reporting period.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	Yes	-
-	Yes	-
-	Yes	-

If applicable, which populations have been identified as priority, and for which services?:
The Law on HIV stipulates that the State should provide ART free for charge to the following groups of PLHIV: 'people who have been exposed to or infected with HIV due to occupation, people who have been infected with HIV due to risks of medical techniques, HIV-infected pregnant women and HIV-infected under-six children'. It also stipulates that government- and donor-funded ART should be provided to these groups as a priority, with other PLHIV receiving ART once these populations have been treated. This means that some PLHIV do still pay for treatment. Currently, most of the funding for ARV medicines comes from international sources. As international organizations gradually withdraw their aid, there is a concern that access to medicines and other services will no longer be free.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:
The Law on HIV mandates the equitable access to prevention, treatment and care to all populations in need of these services, regardless of their socio-economic status.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
Under the Law on HIV, key populations at higher risk are given priority with regards to access to IEC on HIV prevention and control (Article 11); and harm reduction interventions (Article 21). However, the Law on HIV does not specify targeted approaches for the following key populations at higher risk: MSM, female PWIDs, prisoners, people in administrative detention, and migrant and populations. The eight Programmes of Action (POA) provide guidance on the needs of key populations at higher risk. For example the Harm Reduction POA provides specific guidance for PWIDs, SW and

detainees in 05/06 centres. Decree 108 stipulates harm reduction services for all key populations at higher risk. Decision 96 on support to PLHIV in prisons and administrative detention centres provides for the provision of HIV prevention, treatment and care in these settings. However, access to HIV prevention, treatment and care services (particularly harm-reduction interventions such as condoms, needles/syringes and opiate substitution therapy) is basically non-existent in prisons. ART services in closed setting are improving slightly: by 2011, ART had been provided in 05/06 Centres in 29 provinces through Global Fund project activities implemented by MOLISA. Voluntary counselling and testing (VCT) and information, education and communication (IEC) services are provided in 05/06 Centres in 31 provinces through Global Fund and HAARP projects. PWID and SW are discriminated against under other legislation (see above). This means in practice that they do not have equal access.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
Yes
IF YES, briefly describe the content of the policy or law:
The Law on HIV and Decree 108 contain provisions that HIV tests are not required for recruitment, with the exception of pilots and a number of special careers in national security and defense (under Article 20 of Decree 108). However, in practice there are instances where HIV screening does occur.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
No
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No
IF YES on any of the above questions, describe some examples:
-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
Yes
Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
7
Since 2009, what have been key achievements in this area:
There are several newly passed laws on human rights issues related to HIV and existing laws were updated and revised in the reporting period, including: the 2011 anti-trafficking law (66/2011/QH12); the Law on Disability (51/2010/QH12); Decree No. 69/2011/ND- CP on administrative sanctions in health care; Decree 91/2011/ND-CP on administrative sanctions in the field of protection, care and education for children; and Decree No.13/2010/ND-CP on school-fee exemptions for children with special circumstances. There has also been some noticeable progress on the decriminalization of sex work. There is also an

increased recognition of drug users as patients who require medical assistance, and a small reduction in drug users in 06 Centres.

What challenges remain in this area:

While there has been progress, with new laws promulgated and existing laws amended, inconsistencies between laws and their effective implementation remains a challenge. All key populations at higher risk remain highly stigmatized despite legal documents. Despite the amendment to the Law on Drugs in the previous reporting period, the following issues remain of concern: - Although drug use has been decriminalized, drug users are still subject to administrative detention for up to two years. - Under Decree 94, drug users can be detained for an additional one to two years after they have already served up to two years in 06 Centres. Although a review of the implementation of the Ordinance on Sex Work is underway, the Ordinance as it currently stands poses a barrier to SW accessing HIV services as they are subject to administrative detention in 05 Centres. There also continues to be a basic lack of human rights, including HIV treatment, care and prevention services, for people in closed settings. Low compliance with the Law on HIV, especially in the area of stigma and discrimination, continues. Compliance with regulations is low among law-enforcement agencies and monitoring mechanisms and sanctions are very weak. Decree 45 (2010) guides the development of social associations but creates a barrier to the establishment of associations of vulnerable groups, as a group cannot register with a name or terms of reference which overlap with those of an existing organization. As the Viet Nam HIV/AIDS Association has been formally established, no PLHIV self-help group is able to register. Under Decree 12/2003/ND-CP, PLHIV are currently barred from accessing fertility treatment, including “sperm washing” and IVF, making it more difficult for them to conceive children safely.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

There is increased knowledge within civil society about the law in general and human rights in particular compared with the previous reporting period (which has led to greater criticism of the national response). Efforts to reduce stigma and discrimination in schools and health care systems have also improved. However, while the Government increasingly enshrines human rights issues relating to HIV in law and policy, compliance with the law is not universal, and stigma and discrimination still exist.

What challenges remain in this area:

The implementation of laws remains weak due to: - The late introduction of developed policies to commune authorities, law enforcement agencies and the community, and a limited understanding of HIV-related policies among those who implement them. - The remaining inconsistencies between public security measures to control drug use and sex work and public health measures to reach the populations engaged in these activities. - Stigmatization of and discrimination against key populations at higher risk and PLHIV continues. - A lack of remedies and penalties for violations of the law.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Specific prevention programme needs are determined by reviewing available epidemiological data and ensuring geographical prioritization in close collaboration with key partners. This is an ongoing process that happens at national/provincial/district/commune level and takes into account the current epidemiological situation as well as evidence to ensure the scale-up of effective prevention services. However, there need to be greater efforts to prioritize and scale up HIV-prevention services and ensure they are sustainables.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Disagree
Other [write in]:
Disagree with: Prevention services in closed settings Prevention services for mobile groups (truck drivers, seasonal migrant workers and migrant workers in industry)

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
There have been a number of notable achievements in the reporting period: - Prevention programmes for key populations at higher risk have been included in the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030. - Prevention programmes for youth in schools were officially introduced in curricula at secondary schools. - The methadone maintenance therapy programme has been expanded to 11 provinces. - In recognition of the rising incidence among MSM, a problem that until recently was largely hidden except in the larger cities, many provinces are now implementing programmes explicitly targeted at prevention among MSM. Prevention programmes for MSM have been included in the National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030 and the National MSM Technical Working Group continues to grow. - Business law has encouraged enterprises to recruit PLHIV by reducing tax and HIV prevention strategies in the workplace are obligatory, thereby also strengthening HIV prevention measures in enterprises. - Networks of PLHIV, PWID, SW and MSM have been recognized and mobilized to be more active in the HIV response. - The incidence of new cases among PWIDs has been declining steadily and incidence/prevalence among SWs has remained low. This indicates a degree of success of the prevention programmes, and is largely due to large-scale (donor-funded) needle and syringe programmes and 100% condom use programmes among PWIDs and SWs. - Surveys now show very high rates of condom use among SWs and indicate quite a high level of awareness about the risk of HIV and how to prevent infection. - PMTCT, HIV testing and counselling and blood transfusion have also improved.
What challenges remain in this area:
Whilst prevention programmes in the past two years have made notable achievements they have yet to fulfill the needs of the community: - Whilst there has been a scale up of harm reduction and there is a greater recognition that people who use drugs need medical care, services are still limited and PWID do not access services due to fear of being detained in compulsory 06 Centres. - Prevention programmes for sexual partners of PLHIV and people who use drugs were not formally included in the new National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030. - Whilst there has been progress in the response for MSM, rising incidence among MSM remains a concern. Challenges remain in accessing prevention services, in particular for MSM located in rural areas. - Testing and counselling services differ in availability and quality from province to province, and with little availability in rural areas. In general, counselling services are of particularly low quality. - IEC for risk reduction is mostly project oriented, targeting just some key populations at higher risk and not necessarily reaching all people in need. - There is a lack of integration of reproductive health/STI and HIV services and there is no separate HIV prevention programme for PLHIV as it is integrated with testing and counselling. - There are significant differences throughout the country in terms of HIV prevention programmes; provinces with greater donor support have a better quality of services. As there is significant dependence on international donor support, the sustainability of HIV prevention activities is a concern.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
Treatment guidelines specify the package of services. Existing support for PLHIV includes: psychological support; legal and social support; support for OPC registration; stigma- and discrimination-reduction activities; economic development: loans, job creation; group meetings for capacity building; nutrition support, particularly for children; home-based care; education support; OVC programme; palliative care; sexual and reproductive health; TB treatment; OI prophylaxis; treatment for STIs and other infections. There are also national guidelines for the early treatment of hepatitis B and for PMTCT. Treatment, care and support services have expanded in recent years.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree

ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):
Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Disagree
Nutritional care:
Agree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
Agree with: - Home base care - Palliative care Disagree with: - Treatment in close settings

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
The coverage of services (such as ART, PMTCT, livelihoods support and STI treatment) has expanded, and the services provided are more comprehensive, with an increase in programmes that recognize the value of a holistic response to treatment and care, including for families affected by HIV. Care and support services have been expanded, with an increased number of CSO support groups; the capacity and knowledge of CSOs to provide these services has also increased. Steps have also been taken to work across government ministries and departments to ensure cooperation and a coordinated response. Treatment 2.0 will be piloted in Viet Nam, helping to increase the number of people able to access treatment and care services. TB screening for PLHIV is also now available in almost all provinces and an Early Infant Diagnosis Test for children has also been initiated.
What challenges remain in this area:
Whilst there has been significant progress, a number of treatment-related challenges remain: - Stigma and discrimination still exist, with health service staff particularly guilty. Stigma and discrimination are challenges for ART access as many patients refuse treatment because of the risks of unintended disclosure. In addition, some PLHIV do not want to start ART because of associated financial costs and the perceived complication of ART. - TB treatment services for PLHIV are still not adequate and in most provinces, ART regimens are not changed when patients undertake TB treatment; in addition, many TB patients are unable to access ART early enough. In some provinces, 2-line regimen ARV medicines or medications for HepB/C treatment are unavailable. - Post-exposure prophylaxis is only available to some professionals (such as military and health staff) and in the case of rape no treatment is provided. While early testing for infants is provided in some provinces, in others only some infants get tested, while others do not know their results. - Treatment inside 05/06 Centres and prisons remains very limited. PLHIV often have to transfer medicine from outside, which costs a considerable amount, or interrupt their treatment, which increases the risk of drug resistance. - Whilst it is foreseen that the Treatment 2.0 pilot will increase the number of patients on ART, there are concerns that as medicine provision will be decentralized to wards/communes, patients will be afraid to disclose their HIV status. The capacity of staff at the commune level is also a concern. - The role of CSOs in treatment, care and support has not been fully recognized. The obstacles faced by CSOs, such as difficulties in legal registration, make it difficult for them to provide services. - Sustainability is an issue in light of reductions in international funding. In addition, when Viet Nam signs the Asia-Pacific Trade Agreement, which will mean that generic ARV medications are no longer available due to rules on intellectual property rights, patients will face more difficulties in accessing treatment because of increased prices of

ART. Improving the quality of services requires a comprehensive solution, including professional training to enhance the quality of the workforce, retaining health professionals working in HIV, institutional reform for better management (such as relocating OPC to hospitals), etc.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

7

Since 2009, what have been key achievements in this area:

- The number of HIV-positive infants born to HIV-positive mothers has reduced significantly due to the expansion of PMTCT, and early testing for infants born to mothers with HIV has been initiated. There has also been an expansion of nutritional support, and infants born to HIV-positive mothers receive formula milk. The accessibility and coverage of ART for OVC is high.Better collaboration between the Government and CSOs in the provision of treatment, care and support for OVC and the expansion of CSOs providing these services. There is continued commitment to the National Plan of Action on Children affected by HIV (NPA), despite a rapid decline in international donor funding for OVC.

What challenges remain in this area:

- There is still strong stigma and discrimination, which poses a barrier to school attendance for many children. - Some families prevent children from accessing treatment due to poor knowledge. - There is a lack of data on OVC, which makes planning and evaluation of OVC programmes difficult. - The ongoing institutionalization of OVC and the limited development of alternative models, such as foster care and community-based care, other than small-scale pilots and the commitment in the NPA. - The NPA remains unfunded.
