Vietnam NCPI

NCPI **Header**

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Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::
Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: In Feb 2014 the NCPI Part A questionnaire was sent to members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control. Of particular note is the consultation and data-collection process for the NCPI Part B questionnaire. UNAIDS coordinated and organized the participation of CSOs in the overall process. UNAIDS held 2 consultation meetings, 1 in Ha Noi and 1 in HCMC, in Jan 2014 to gather CSO inputs and to discuss and unify the NCPI-B questionnaire. Representatives from self-help groups, faith-based organizations, and local NGOs contributed actively to the NCPI-B. This extensive involvement of CSOs is testament to the ongoing strengthening of the role of civil society in the national response. The Joint UN Team on HIV and bilateral agencies attended separate NCPI Part B consultation meetings. At the meeting, participants provided input and reached consensus and completed the NCPI Part B questionnaire. The NCPI Part B inputs, then, was compiled into one document, 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. 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 2014. 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 52 participants from 34 organizations 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.

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):

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

Organization	Names/Positions	Respondents to Part A
VAAC	Nguyen Hoang Long/Director	A1,A2,A3,A4,A5,A6
VAAC	Phan Thu Huong/Vice Director	A1,A2,A3,A4,A5,A6
VAAC	Hoang Dinh Canh/Vice Director	A1,A2,A3,A4,A5,A6
VAAC	Vo Hai Son/ Head of M&E Dept.	A1,A2,A3,A4,A5,A6
VAAC	Do Thi Nhan/Head of Treatment Dept	A1,A2,A3,A4,A5,A6
VAAC	Nguyen Thi Minh Tam/Head of Harm Reduction Dept	A1,A2,A3,A4,A5,A6
VAAC	Do Huu Thuy/Head of IEC and Community Mobilization Dept	A1,A2,A3,A4,A5,A6
VAAC	Bui Hoang Duc/Vice head of M&E Dept	A1,A2,A3,A4,A5,A6
VAAC	Nguyen Viet Nga/Vice head of M&E Dept	A1,A2,A3,A4,A5,A6
VAAC	Pham Tuan Dung	A1,A2,A3,A4,A5,A6
VAAC	Quach Van Luong	A1,A2,A3,A4,A5,A6
VAAC	Ha Thi Minh Nguyet	A1,A2,A3,A4,A5,A6
VAAC	Nguyen Khac Hai	A1,A2,A3,A4,A5,A6
VAAC	Tran Van Thang	A1,A2,A3,A4,A5,A6
VAAC	Pham Hong Thuy	A1,A2,A3,A4,A5,A6
VAAC	Doan Thuy Linh	A1,A2,A3,A4,A5,A6
VAAC	Vu Van Chieu	A1,A2,A3,A4,A5,A6
VAAC	Pham Tuan Dung	A1,A2,A3,A4,A5,A6
National Assembly – Social Affairs	Nguyen Hoang Mai	A1,A2,A3,A4,A5,A6
Department of Health, Ministry of Transportation	Pham Thanh Lam	A1,A2,A3,A4,A5,A6
Labour Union	Vu Manh Tien	A1,A2,A3,A4,A5,A6
Department of Health, Ministry of Public Security	Pham Thi Lan Anh	A1,A2,A3,A4,A5,A6
Department of Health, Ministry of Public Security	Nguyen Dinh Van	A1,A2,A3,A4,A5,A6
Ministry of Finance	Dang Anh Tuan	A1,A2,A3,A4,A5,A6
Ministry of Public Security	Bui Xuan Long	A1,A2,A3,A4,A5,A6
Ministry of Education and Training	Le Van Tuan	A1,A2,A3,A4,A5,A6
Ministry of Justice	Nguyen Thanh Hang	A1,A2,A3,A4,A5,A6
Youth Union	Nguyen Thanh Thao	A1,A2,A3,A4,A5,A6
Women’s Union	Nguyen Thi Tuyet Mai	A1,A2,A3,A4,A5,A6
Committee for Ethnic Minorities	Le Thu Ha	A1,A2,A3,A4,A5,A6
Department of Legislation, Ministry of Health	Ha Truong Giang	A1,A2,A3,A4,A5,A6
Department of International Relation, MoH	Trinh Ngoc Linh	A1,A2,A3,A4,A5,A6
National Health Promotion Center	Nguyen Thi Hong Lua	A1,A2,A3,A4,A5,A6
VAAC	Nguyen Van Hung	A1,A2,A3,A4,A5,A6
VAAC	Nguyen Duc Long	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
CREAES	Dang Van Khoat	B1,B2,B3,B4,B5
Hai Duong MSM Working group	Nguyen Cong Duong	B1,B2,B3,B4,B5
Tinh Bien Hai Phong Group	Quach Thi Mai	B1,B2,B3,B4,B5
Kid’s Sun Group	Nguyen Thi Thanh Thao	B1,B2,B3,B4,B5
SCDI	Khuat Thi Hai Oanh	B1,B2,B3,B4,B5
VNSW	Hoang Thi Thu Huong	B1,B2,B3,B4,B5
VNPUD	Pham Thi Minh	B1,B2,B3,B4,B5
Bright Future Network	Trieu Thi Thu Hien	B1,B2,B3,B4,B5
Sunflower Network	Vu Thi Phuong Lan	B1,B2,B3,B4,B5
MSM-TG VN	Vu Bao Huy	B1,B2,B3,B4,B5
CCRD	Pham Thai Hang	B1,B2,B3,B4,B5
CCRD	Tran Mai Ha	B1,B2,B3,B4,B5
CCLPHH	Trinh Thi Le Tram	B1,B2,B3,B4,B5
ACP+	Nguyen Van Cuong	B1,B2,B3,B4,B5
Cat Trang Group	Nguyen Thi Van Ha	B1,B2,B3,B4,B5
Hy Vong An Giang	Tran Thi Thanh Van	B1,B2,B3,B4,B5
Phap Bao Counseling Clinic	Thich Dong Nguyen	B1,B2,B3,B4,B5
Phap Bao Counseling Clinic	Le Hong Hao	B1,B2,B3,B4,B5
G-Link Vinh Long	Nguyen Hoang Liem	B1,B2,B3,B4,B5
Alo Ban Me	Nguyen Thi Duyen	B1,B2,B3,B4,B5
VNP+	Nguyen Anh Phong	B1,B2,B3,B4,B5
VNP+	Lam Ngoc Thuy	B1,B2,B3,B4,B5
VNP+	Ha Thuy Xuan Hoang	B1,B2,B3,B4,B5
CARMAH	Le Quoc Bao	B1,B2,B3,B4,B5
CRCRH	Nguyen Thi Truong Xuan	B1,B2,B3,B4,B5
Safe Living	Nguyen Anh Thuan	B1,B2,B3,B4,B5
UNICEF	Jargalmaa Radnaabazar	B1,B2,B3,B4,B5
UNwomen	Frederique Bourque	B1,B2,B3,B4,B5
UNAIDS	Alankar Malviya	B1,B2,B3,B4,B5
UNAIDS	Christopher Fontaine	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is 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 National Strategy on HIV/AIDS Prevention and Control for the period 2011-2020 with a vision to 2030 was developed in appropriate with the “Getting to zero” commitment of the UNAIDS The objectives were clearer, more feasible, and based on evidences. The National Strategy recognized the role of the civil society in HIV/AIDS prevention and control and VUSTA was appointed to be the agency which coordinates CSO activities. The MSM group was paid more attention. The National Strategy indicated them as one of the vulnerable groups that need to be prioritized. There was a plan to scale up the MSM program. Treatment program: The new strategy demonstrated a more comprehensive treatment, care and support program. Action plan: Combined action plans into 4 main components: HIV prevention; Comprehensive treatment, care and support; program M&E; and HSS to ensure the sustainability of the program. Implementation: Assignment of more specific tasks and responsibilities to functional ministries, departments, social organizations in more details.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: MOH, Ministry of Police, MOLISA, MOET, MOF, MPI, Ministry of Culture, Ministry of Sport and Tourism, MIC, MOJ, Ministry of Defense, mass organizations, committees of government officials, Fatherland Front, social organizations

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Fatherland Front, Finance, Planning and Investment, Culture-tourism-sport, Communication, Justice, Farmer Union, Committee of Ethnic Minority

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

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 identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. 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

1.8. 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.: Draft versions of the National Strategy on HIV/AIDS Prevention and Control for the period 2011- 2020 with a vision to 2030 have been posted on the website of VAAC, MOH, and the Government web portal for comments. In addition to general technical group meeting, two separate meetings were held for civil society organizations to provide feedbacks: The first consultation meeting proposed the idea and content of the social organizations in order to develop the strategy. The second meeting contributed to the draft of the strategy by the Vietnam Union of Science and Technology (VUSTA). The civil society organizations actively involved in the process of building multi-sectoral strategies by providing comments on the draft strategy both in writing and directly in the meetings. The comments then were studied by the Drafting Committee to include into the strategy. VUSTA mobilized the civil society, groups of PLHIV and high risk to provide comments through its network.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]: The National Strategy on drug and prostitution prevention and control; the Child Protection Program 2011-15; The National Program on Gender equality 2011-20, the National Health Program

: Yes

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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 protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]: Child care and protection; drug and prostitution prevention and control

: Yes

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evalua¬tion informed resource allocation decisions?: 4

4. Does the country have 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 and children: The Government promulgated Decision No. 1107/QĐ-TTg dated 28/7/2009 approving the proposal to improve capacity of the HIV/AIDS prevention and control system at provincial level during the period 2010-2015. The Government annually allocates funding for the construction of HIV/AIDS prevention centers and equipment purchase for HIV/AIDS prevention and control activities.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : HIV testing is widely available but standard counseling is not a common practice in non-HIV services.

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 your country's HIV programmes in 2013?: 9

Since 2011, what have been key achievements in this area: - Control the HIV prevalence in the community at below 0.3% - The National Strategy on HIV/AIDS Prevention and Control for the period of 2011-2020 was evidence-based in more details and with clearer objectives; and was developed with involvement from many government agencies of multi sectors, various departments, unions, UN agencies, international NGOs and the civil society. - The Government approved the National Program on HIV/AIDS Prevention and Control for the period of 2011-2015 with the specifically-allocated central and local budgets for the implementation of the program. - The HIV/AIDS M&E log-frame was re-developed in accordance with the new National Strategy. Since 2012, the HIV/AIDS sentinel survey has included the MSM into its target populations. - The Ministry of

Finance approved a new regulation on cost norms of the HIV program including the cost norms for peer education activities by peer educators. - The rate of out-of-date ARV drug was low due to effective planning, coordination and use - Approved Decree on substitution treatment for opioid addiction - The Law on sanctions of administrative violation which was approved in 2012 and took effect in 7/2003 stopped sending female sex workers to the education, labor and social centres. - The MoH, Ministry of Culture, Sport and Tourism, The Fatherland Front issued a circular to enhance the HIV prevention program for the whole population. - The MoH and the Ministry of Defense issued a circular on HIV/AIDS prevention and control in bordering areas in the period of 2012-15 with a priority given to the ethnic minorities. - Improved capacity of functional staffs in most of provinces - Strengthened human and material resources for the activities

What challenges remain in this area:: - Hardly to estimate the funding committed for HIV/AIDS prevention and control in the next period. Funding for the 2014 HIV/AIDS program was reduced sharply. A lack of resources caused unable to expand the intervention programs - Limited planning and management capacity of provincial HIV/AIDS prevention and control staffs due to a lack of responsible staff, or new and junior staffs. - Limited awareness of local people and authorities at several levels - Limited data quality and insufficient data

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: For the past two years, chairman of the National Committee for AIDS, Drug, and Prostitution Prevention and Control and other member ministries/sectors have issued a variety of instructions and conclusions. At the meeting with international donors, Mr. Nguyen Xuan Phuc, chairman of the National Committee affirmed the commitments to continue to strengthen the organization and system of HIV prevention and control and creating favorable conditions for the implementation of the HIV/AIDS program. Deputy Prime Minister Nguyen Xuan Phuc- chairman of the National Committee for AIDS, Drug and Prostitution Prevention and Control- and leaders from different ministries launched the Action Month for HIV/AIDS prevention and control, presented at the National Conference on HIV/AIDS prevention and control to confirm the commitment of the Party and the State to pay special attention to HIV/AIDS prevention and control. The Deputy Prime Minister highlighted that leaders of the Party and Government from the central to local levels and social organizations should continue to raise their own awareness on HIV/AIDS prevention and control, provide instructions to development and implementation of local action programs basing on the National Strategy on HIV/AIDS Prevention and Control for the Period 2011-2020 with a vision to 2030. The provinces should promote mobilization and investment of resources for HIV/AIDS prevention and control, especially in the coming years when international resources are reduced and the central budget is limited; continue to improve people’s knowledge on HIV/AIDS prevention and control, reduce stigma and discrimination against PLHIV. The health sector together with departments, sectors and unions from the central to local levels should continue to enhance service delivery to meet urgent needs to ensure their rights to access HIV/AIDS care, support, prevention and treatment services.

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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?: DPM 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

IF YES, how many?:

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 coordinationbetween government, civil societyorganizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: - The Government promulgated many regulations to instruct and establish the inter-sectoral collaboration in HIV/AIDS prevention and control, encourage the organizations, individuals to involve in HIV/AIDS prevention and control; allocate funds for this activity. The provinces had their own mechanism of inter-sectoral collaboration. - There is increasing and efficient involvement of the civil society organizations in HIV/AIDS prevention and control. These organizations are invited by the Government to take part in the development of policies and strategies for HIV prevention and control in a new period and provide technical assistance to the projects. - Some HIV/AIDS prevention and control activities are now under the responsibility of local NGOs such as care, support and treatment for HIV-infected patients. - Social organizations, under the co-ordination of VUSTA, actively involved in the Project of Global Fund which was financed since the 2nd phase of the 9th round - PLHIV receive better care and treatment services, - Enterprises and individuals are mobilized to actively involved in HIV/AIDS prevention and control activities - The National Co-ordination Committee of Global Fund in Vietnam (CCM) consists of members who are the representatives of the civil society and the private sector.

What challenges remain in this area:: - Many social organisations engage in HIV/AIDS prevention and control in a spontaneous way without a support, guidance and coordination to involve these organizations in a systematic manner in order to promote and maximize the potential of community resources. - Currently there is no regular and systematic coordinating mechanism for the activities of social organisations to integrate them into the available health programs and social security programs of the country. At the central level, the VAAC organized quarterly meetings with social organisations. However this activity only focused on sharing information, providing strategic directions and updating activities of the organization. It has not been connected to the key issues of national strategies such as community resources, capacity building, creating a favorable environment for social organisations and high-risk groups. - The exchange of information in policy framework development is only formality, feedbacks from management agencies are not very regularly and sufficiently provided. - Lack of operational budget - Many social organizations such as community-based groups (self-help groups of PLHIV) have not been aware of the importance of legal registration, therefore they have had limited opportunities to participate in policy forums and access to resources of the State and international organizations. - 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. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

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]: Development of policies which facilitate civil society involve in HIV prevention programs. Invitation to national TWG meetings

: Yes

6. Has the country reviewed national policies and laws to determine which, if any, are incon-sistent 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: - The National Program for HIV/AIDS Prevention and Control in the period of 2011-15 with an attached budget was passed by the National Assembly. This has helped the country to have better coordination of HIV/AIDS prevention and control activities between ministries, sectors and stakeholders as well as clearly identify the ensured budget, until 2015 at the latest. - The Law on Sanctions of Administrative Violations which was approved in 2012 and took effect in 7/2003 stopped sending female sex workers to the social, education, labor and centres. The law regulated sending drug users to compulsory detoxification centres must be judged and decided by the People's Court at the district level. - People who are applied by this article have the right to know about evidences against them and to invite a legal representative; the judge has the final decision. The law created a legal framework for the transition from punitive approaches to community-based harm reduction interventions. - Decree 96/2012ND-CP on substitution treatment for opioid addiction with methadone (MMT) which was approved in 11/2012 simplified administrative procedures to increase accessibility to methadone treatment services. - Decision issued by the MoH late 2012 on gradual transition of the management of the PMTCT program from the VAAC to the Department of Mother and Child Health. This transition will help pregnant women to have easier access to HIV services which are integrated with available obstetrical services in the community. The implementation of this decision will help to ensure the sustainability of the program.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: - The Decree on juridical procedures to send injecting drug users to compulsory detoxification establishments have not been completed yet. The Project to redevelop compulsory detoxification establishment into community-based and evidence-based voluntary and friendly treatment establishments is still under construction and waiting for approval. Therefore, the newly promulgated Law on sanctions of administrative violations have not been implemented yet. A fear of stigma and application for sanctions remain barriers for IDUs to access HIV prevention, diagnosis and care services. - The Project to redevelop compulsory detoxification establishment into community-based and evidence-based voluntary and friendly treatment establishments should be approved and implemented soon in order to help IDUs choosing better treatment methods. - Develop legal documents to create a legal framework for the implementation of the Law on sanctions of administrative violations, including an Ordinance on juridical procedures to send injecting drug users to compulsory detoxification establishments.

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 2013?: 9

Since 2011, what have been key achievements in this area:: - Revised and issued some legal documents which are aligned with Law of AIDS prevention and control, facilitate the HIV/AIDS prevention practices - Ministries and sectors closely worked with the Ministry of Health to develop legal documents and policies for HIV/AIDS prevention and control - Enhanced the monitoring of the National Committee for AIDS, drugs and prostitution prevention and control to HIV prevention activities being done by provinces - Strong commitment and strict instructions of the Party and State were made; - Facilitated and had active engagement of civil society organizations to HIV prevention and control

What challenges remain in this area:: - Funds for HIV/AIDS prevention and control are not sufficiently allocated to expanding and scaling up prevention, care and treatment services. - Some legal documents are still under the progress of development or revision, not yet been finalized. - The discrimination against HIV-infected people still exists.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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:: Constitution of the Social Republic of Vietnam shall provide all citizens economic, politic, social equality, and no discrimination and division.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: The Constitution is elaborated by different legislation.

Briefly comment on the degree to which they are currently implemented:: Moderate results

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: No

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

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: There has not yet been regulations that facilitate access to health services for transgender groups and mobile populations. The Law on Sanctions of Administrative Violations which was approved in 2012 and took effect in 7/2003 stopped sending female sex workers to the social education and labor and centres and regulated that sending drug users to compulsory detoxification centres must be judged and decided by the People's Court at the district level, nevertheless, decrees providing guidance for the implementation of the law are still under development and have not come into effects yet. Decree 67 required information disclosure to the social security sector and people cannot access to social services and assert their rights unless they disclose their HIV status. Stigma and discrimination prevented PLHIV from disclosing their HIV status, therefore they cannot access to social security. There remain many challenges in implementation of Decree 13/2010/ND-CP due to administrative procedures and changes in the definition of "being poor"

Briefly comment on how they pose barriers:: As stated above

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?:

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]:: No stigma and discrimination against PLHIV. Avoid to expose blood and body fluid

: Yes

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

a) age-appropriate sexual and reproductive health elements?: Yes

b) 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 communi-cation and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: - The Law of HIV/AIDS Prevention and Control includes one chapter mentioning IEC for behavioral change and harm reduction as technical contribution to HIV/AIDS prevention and control. - Decree No. 108/2007/NĐ-CP provides details of the implementation of harm reduction for HIV prevention - The national action plan on IEC for behavioral change was included in the national strategy on HIV/AIDS prevention and control for the period of 2011 – 2020 with a vision to 2030. - Regulations of multisectoral coordination assigning tasks to different ministries and departments in the implementation of the national action plan on IEC for behavioral change. - The National Strategy also includes a plan to strengthen direction of the Party, departments and organizations at different levels as well as promote community participation in implementation of the national action plan on IEC for behavioral change. - Development of the Action Plan on HIV Prevention and Control for Education Sector reflects a national commitment on HIV prevention and control, in the context of complicated HIV epidemic and reduction on international aid.

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

People who inject drugs: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

Sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

Prison inmates: HIV testing and counseling,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

Other populations [write in]:: PLHIV, people of mobile groups, sex partners of members of the above groups, STI patients, pregnant women, young people

: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

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 2013?: 8

Since 2011, what have been key achievements in this area:: - More instructions from the Party and State, increased financial fund and inter-sectoral collaboration - Highly agreement of the society and in the implementation of inter-sectoral prevention activities - HIV prevention and control is integrated in the general development plan of the nation - The Law on Sanctions of Administrative Violations which was approved in 2012 and took effect in 7/2003 created a legal framework for the transition from punitive approaches to community-based harm reduction interventions. - Decree 96/2012ND-CP on substitution treatment for opioid addiction with methadone (MMT) which was approved in 11/2012 simplified administrative procedures to increase accessibility to methadone treatment services. The MMT program was socialized and scaled up. - HIV prevention and control has been included in the training curriculum in education setting.

What challenges remain in this area:: - Some provinces have not yet paid due attention to the prevention activities; limited budget holds back the expansion in the scope of intervention. - The discrimination against PLHIV and MSM is still a matter to be addressed. The awareness of managers and policy-makers towards some sensitive matters such as MSM should be improved so that the proper policies and interventions would be made to reduce harms caused to this group - The Decree on juridical procedures to send injecting drug users to compulsory detoxification establishments have not been completed yet. The Project to redevelop compulsory detoxification establishment into community-based voluntary and friendly treatment establishments is still under construction and waiting for approval. Therefore, the newly promulgated Law on sanctions of administrative violations have not been implemented yet. A fear of stigma and application for sanctions remain barriers for IDUs from accessing HIV prevention, diagnosis and care services.

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

IF YES, how were these specific needs determined?: Needs are determined based on: - Identifying the program target groups and number of beneficiaries of the prevention activities - Results of the HIV/AIDS epidemic surveillance, HSS, HSS+, IBBS - Need assessment surveys - Program routine reports - The capacity of financial budget and human resource in meeting the demands - The feasibility of prevention activities. - Development of goals basing on evidences relating to knowledge,

attitudes and the practices of HIV prevention.

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Disagree

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

Reduction of gender based violence: Agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: 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 2013?: 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: - ARV, 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 precaution - HIV screening of blood transfusion Prioritized elements: - PMTCT - TB - OVC care and treatment - Health insurance for PLHIV

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Expand and implement HIV/AIDS care and treatment services at all levels, from the local to the central ones. o OPCs under national hospitals at the central level o OPCs under provincial general hospitals at the provincial level o OPCs under district general hospitals, preventive health care centers, and preventive HIV/AIDS centers at district level o Communal health centers and village health systems manage the number of PLHIV who are under care and treatment. Some locations have organized home-based care groups at this level. o Expand the pilot of the Treatment 2.0 Initiative to provide better determination and diagnosis to PLHIV and provide them with the earliest treatment. The initiative result in better treatment effectiveness with involvement of social organisations. o Start the pilot of synthetic ARV drugs (1 tablet/ day) at the district level to enhance treatment adherence. This is a part of the Treatment 2.0 Initiative. The number of patients under treatment d4t has been gradually reduced.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Disagree

Family based care and support: 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

Palliative care for children and adults Palliative care for children and adults: 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: Disagree

Sexually transmitted infection management: Strongly 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: Disagree

Treatment of common HIV-related infections: Disagree

Other [write in]:: Post-exposure prophylaxis for occupational exposures to HIV, Psychosocial support for people living with HIV and their families

: Agree

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: - HIV-infected children from poor households, HIV-infected persons without working ability and from poor households, families or individuals who adopt HIV-infected children, persons who bring up the HIV-infected persons aged under 18 years old receive the monthly social allowances, health insurance, exemption of tuition fee when attending any training program/vocational training, and expense for funeral - Besides that, PLHIV at the social security facilities also receive financial support to buy the outfits, medicines for normal diseases, treatment for opportunistic infection, monthly hygienic activities for women at the child-bearing age. - The Aid Fund for PLHIV also provide the financial support and loan offered and job created for disadvantage 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 substitu-tion medications?: Yes

IF YES, for which commodities?: - ARV : by SCMS and VPP - Methadone: by SCMS For ARV in specific: currently 5% of ARV supply is purchased in the country, 95% is imported through foreign-funded programs/projects, such as PEPFAR (purchase through SCMS system), Global Fund (purchase through VPP). These projects and programs follow international procurement mechanism.

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 2013?: 8

Since 2011, what have been key achievements in this area:: - Rapidly expanded the access to ARV treatment. - Managed and coordinated the ARV distribution to ensure uninterrupted provision of ARV drugs to the patients - Managed and coordinated the test, medical equipment in HIV/AIDS treatment including the virus measuring test, EID - Results from the pilot Treatment 2.0 Initiative launched by WHO and UNAIDS showed that decentralization and integration of the HIV counseling and testing services, management and supervision of ARV provision for HIV treatment are feasible and appropriate with mountainous and remote areas. The counseling and testing services for sexual partners and provision of early treatment for PLHIV who have HIV-uninfected sexual partners are feasible. - PMTCT: among 1,045,005 pregnant women took HIV tests and 0.14% of them had positive HIV test results, 56.5% of pregnant women received prophylaxis for PMTCT, 1,758 of children born by HIV-infected women have been treated for prevention of HIV transmission, nearly 40% of children have been treated with Cotrimoxazole for opportunistic infection prevention. - Pediatric care and treatment services: the OPC system has been established in 54 provinces, 4,204 children had access to ARV. - Develop Guidance on diagnosing active TB and TB prophylaxis with INH for PLHIV and Decision of the MoH on regulations and a plan of cooperation between the National Target Program on HIV/AIDS prevention and control and the TB Program.

What challenges remain in this area:: - The coverage and quality of ARV treatment remained limited. The Initiatives “Treatment 2.0” and “Treatment as Prevention” are still at the pilot period, therefore, only a limited number of patients can be benefited from them. There is a lack of connect and referral between the ARV treatment systems in the community, detention establishments, and detoxification establishments to ensure uninterrupted treatment when sending patients from these establishments to other ones. - There is a matter of ARV provision in the context of aid reduction. The country has a limited capacity in procurement of ARV drugs at high quality. - The e-reporting and management system have not yet been developed. The improvement has been delayed due to a small budget, difficult traffic situation in mountainous areas, unavailability of health services, stigma and discrimination against HIV/AIDS. The delay to go for HIV tests remained common among pregnant women, therefore, HIV-positive pregnant women had limited accessibility to optimal regimes for PMTCT. This has led to a high rate of HIV transmission from mother to child. - The rate of new-born babies of women who received tests within two months after giving births to diagnose the HIV status remained limited, only at 25%. - The capacity of the staff at district level is limited

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

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

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

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 2013?: 8

Since 2011, what have been key achievements in this area:: - Treatment and care services are continuously expanded. Number of OVC children receiving treatment and taking-care services increases - An increasing number of children who were born by HIV-infected women receiving treatment for HIV prevention.

What challenges remain in this area:: - The coverage of care and supporting services to children is remain limited. - Fund to maintain the ARV treatment when the international resources are cut down is a significant challenge. - There remains discrimination against the HIV-infected and HIV-affected children, some children are not be able to go to schools when reaching the schooling age

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:: Many difficulties in reaching a consensus on measuring indicators, M&E tools and a commitment on sharing and unifying data between ministries, organisations and projects.

1.1. IF YES, years covered: 5

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indi-cators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are:: Requirements of the Government and donors, definitions of each indicator are very different and change always.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

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:: A lack of staff, current staff lacks of 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?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
2 Managers	Full-time	2005
1 Manager	Full-time	2007
1 Officer	Full-time	2007
1 Officer	Full-time	2008
5 Officers	Full-time	2010
2 Officers	Full-time	2011

POSITION [write in position titles]	Fulltime or 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 the routine reporting system - Foreign-funded programs submit reports to PACs. PACs then report to VAAC. - Sharing information is through the national M&E technical working group, in order to update M&E activities implemented by various organizations and donors.

What are the major challenges in this area:: - The National M&E unit has not been able to harmonize the M&E systems of funded projects with the national M&E system - Some data have not been collected sufficiently as requested - The reports were not submitted in time, the data duplication in the reports among different projects still existed. There was a lack of M&E staff, and the capacity of current M&E staff in some organization was still 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.: - The results of HSS and case reporting surveillance are archived and managed by HIV info software - Reports on HIV/AIDS prevention and control are periodically updated through the online-reporting software - The VCT data is reported using the specialized VCT management software - Vietnam Administration of AIDS control is currently managing the databases of the above mentioned data sets

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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Provincial level

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(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?: - IDU - FSW - Pregnant women - AIDS patients - PLHIV - MSM

Briefly explain how this information is used:: - The information entry was made with estimation and projection software, then the information was analyzed by a group of local and international experts and used for policy development, intervention planning. - The information has also been used for evaluating effectiveness, identifying barriers in the process of implementing intervention activities as well as identifying intervention priorities. - The information has been used to develop targets of the National Program on HIV/AIDS prevention and control. - The information has been used to provide evidences to policy development and resource coordination.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: - The provincial level - The district level - The communal level

Briefly explain how this information is used:: - The information has been used for policy development, planning, and resource coordination with a focus given to localities with a high number of PLHIV, for estimation and projection of future needs.

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

9. 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]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Develop annual plans, provide recommendations for the improvement of intervention program Recommendations to the Government on financial increase and be integrated in the instructions of the Government. Provincial AIDS Control Centre (PAC) has not paid adequate attention to data, moreover, due to limited financial budget these agencies cannot use the data to improve the program’s quality.

10. 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?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: More supervision and support were provided to provinces and assisted in evaluating data quality

11. 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 2013?: 9

Since 2011, what have been key achievements in this area:: - Development of an overview on the HIV epidemic of the country and evaluate the efficiency of the policies and strategies - Development of comments on the situation of HIV-infection, analyzed by ecological areas and high groups. - Successful organization of the National AIDS Conference to collect and share lessons learnt in HIV/AIDS prevention and control.

What challenges remain in this area:: - The ability of M&E staff in some organizations is still limited. Personnel arrangement which regularly changes has led to the increase of demand on re-training. - A 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 contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: A significant improvement is the establishment of SW and VNMSM-TG networks as well as the expanding of existing VNP+ and VNPUD networks. At the opening ceremony of the networks, MOLISA representative attended and gave a speech to support the establishment. In Sep 2013, the VUSTA in collaboration with the National Committee on AIDS prevention and control, and drug abuse, prostitution prevention and control; and the MoH organized a workshop to enhance the participation of CSOs into the national response to HIV. DPM Nguyen Xuan Phuc attended the workshop to confirm that the Government would pay attention to remove the difficulties, create enabling environment for CSO's operation; and that the Government considers CSO as an important partners in the fight against HIV/AIDS. CSOs have contributed their opinions and positions to the draft revised Constitution. Representatives of CSOs have participated in the Vietnamese delegation that attended the 11th International Congress on AIDS in Asia and the Pacific in 2013. In addition, a CSO representative had an opening speech at the plenary session of the 5th National Scientific Conference on HIV AIDS in 2013 and as part of this conference, a satellite workshop on CSOs was organised, attracting the wide attention of the community of organizations working in HIV/AIDS. VNP+ continues to play a role in policy advocacy, conducting research to provide evidence for improvement of intervention programs, as well as strongly advocating for articles relating to ARV in the Free Trade Agreement. The GF project implemented by VUSTA has not only established but also expanded the essential service package on HIV prevention and harm reduction, contributed to reduction of HIV prevalence among vulnerable groups. Legal barriers, limited capacity and a lack of government funding remain the biggest challenges for CSOs in Viet Nam, and the CSOs that do operate are dependent for financing and protection on the international donor community.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society repre¬sentatives 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 HIV/AIDS Prevention and Control program at national level. VUSTA has a chance to participate in planning and be allocated funds from the national budget. There was good participation of civil society in planning at the provincial level, but only in some provinces. As the provincial plans feed into the national plans, there is thus also a (very limited) civil society involvement in national planning. Budgeting: As reported in the previous GARPR, civil society has not yet had real involvement in the budgeting process at the national and provincial level. However, the participation of CSOs in the development of the Global Fund Round 9 budget plan has been more effective than in the previous year.

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 1

c. The national HIV reports?: 3

Comments and examples:: Despite the increase in Government dialogue with civil society, 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 for the period 2011-2020, with a vision to 2030 was developed in 2011 and approved in May 2012. As reported in the previous GARPR, this national strategy includes a role for civil society in providing services, 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. The term CSO has been specifically mentioned. Budget: During the period 2012-2013, the State budget for the HIV programme has increased significantly; however, there is only small budget allocated directly to CSOs. A majority of CSO activities remains funded by international organizations. While the government recognizes civil society, there is still no mechanism to direct budgets to CSO. Reports: The Government's reports have mentioned CSO activities. Notably, this year the National Scientific Conference on HIV/AIDS had a satellite workshop on CSOs to discuss about achievements, challenges as well as solutions for empowerment of CSOs the coming period.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 2

Comments and examples:: In the reporting period, VUSTA could participate as a member of the national advisory group, representing CSOs working on M&E elements of the national HIV/AIDS program. During 2013-2013, the MoH in collaboration with UNAIDS conducted 2 trainings on M&E for members of self-help groups of PLHIV and people who have high risk of HIV infection. The M&E framework has included civil society, however the application of this document remains limited. However, 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, local NGOs are playing an especially active 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 undertake M&E activities 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 always been used for planning or decision-making. 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 unclear. CSO involvement in the national M&E TWG has 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 civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: The presence and representation of the networks in HIV/AIDS prevention and control gave a voice to the community, contributing to the Government’s amendment of the following policy documents: - The Law on sanction of administrative violations and documents providing guidance on its implementation, decrees on sending drug addicts to compulsory detoxification establishments which require the court’s files and specific enforcement process. - Decree 110/2013/ND-CP dated 24/9/2013 with an amendment that does not regulate a sanction on same-sex marriage. - The role of civil society is critically important in advocating for sexual rights and rights to healthcare. The representation of PLHIV has been improving steadily. The national network VNP+ and VNPUD are increasingly vocal and influential. The VNMSM-TG and VNSW networks were newly established during these years and participated actively in HIV response. In 2012-13, the LGBT/MSM groups organised events and ceremonies to call for support to same-sex marriage and non-stigma and non-discrimination against this community. However, the draft Law on Marriage does not yet recognize same-sex marriage and it will still take more time for the advocacy efforts to see real results. The voice of this group is still considered to be very limited. 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 Da, Catholicism and Islam). In the next 2 years, there is a need to expand and improve capacity for VNPUD, VNSW, VNMSM-TG for their greater contribution to the Three Zero.

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 and the Global Fund. International donor funding, however, is significantly decreasing, making it much more difficult for civil society to access funds. There were some self-help groups in the community which ceased operations during the reporting period and there is not yet local funding to continue using these community resources which have been trained by international funded projects. As noted in the previous GARPR, 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. 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. Technical support: Technical support for organizational capacity strengthening is very limited due to the reduction of funding to these activities.

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

Prevention for key-populations:

People living with HIV: 51–75%

Men who have sex with men: 51–75%

People who inject drugs: 51–75%

Sex workers: 51–75%

Transgender people: 25-50%

Palliative care : 51–75%

Testing and Counselling: <25%

Know your Rights/ Legal services: 51–75%

Reduction of Stigma and Discrimination: 51–75%

Clinical services (ART/OI): <25%

Home-based care: 51–75%

Programmes for OVC: 51–75%

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 2013?: 8

Since 2011, 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. The Government’s representatives participated in some CSO workshops and recognized civil society contribution in HIV/AIDS prevention and control. - As of the increase in participation of CSO, some policies on support to OVC (Decree 136/2013/ND-CP which took effect on 01/01/2014 in replacement of Decree 67/2007/ND-CP and 13/2010/ND-CP) had positive changes with an increase of allowances for the children affected by HIV and an addition to allowances to care givers of these children. There was a change from requiring wide publication of HIV-infected children who receive allowances to keeping the information confidential within the Approval Council without publishing it. - There was an expansion of the networks and their coverage, in particular the networks of VNMSM-TG and sex workers. VNP+ and VNPUD were strengthened and improved. The capacity and organisation of these groups have been improved. - The GF project implemented by VUSTA has contributed to improve capacity and position of CSOs, particularly when the 2nd stage of the project has started to be implemented. - The number of CSOs with legal entity status has increased, and a small 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 - Great efforts to increase participation by civil society and INGOs. - CSO representatives attended the 11th International Congress on AIDS in Asia and the Pacific and the 4th National Scientific Conference on HIV and AIDS in 2013. - Faith-based organisations participated in the network of Asia Pacific faith-based organisations working on HIV/AIDS.

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: - Civil society can only participate partly in providing services such as: counselling and referring clients of VCT and counselling on ART adherence. - 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. - The existing legal framework has not yet been appropriate for legal registration of civil society 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, while this source of funding is reducing.

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: - Amendment of the Law on Sanction of Administrative violations, the changes mean that now to send drug users to compulsory detoxification centres, their case must be assessed and decided on by the People's Court at the district level. People who are detained under this article have the right to know about the evidence against them and to invite a legal representative; the judge still has the final decision. The law no longer provides for the sending of female sex workers to the social education, and labour centres. The law has also created a legal framework for the transition from punitive approaches to community-based harm reduction interventions. - Decree 96/2012ND-CP on methadone substitution treatment for opiate addicts, which was approved in 11/2012, simplified administrative procedures to increase accessibility to methadone treatment services. - The National Strategy on HIV/AIDS prevention and control until 2020 with a vision to 2030 provides that the Government will promote MMT, include ARV drugs on the list of medicines covered by the national health insurance and mobilize and improve the capacity of community-based organisations. - Decree 136/ND-CP on social protection - Draft Law on Marriage and Family - The National M&E Framework for the HIV/AIDS program. However, there is still not many opportunities for dialogue with the relevant government bodies, and authorities still not yet paid adequate attention and give opportunities for CSO to frequently giving their comments. There is some limited engagement of PLHIV in consultation processes to develop strategies and policies, and mostly at the provincial and district levels.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:: Sexual partners of PWID/SW/MSM

: No

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:: Since 2013, the National Assembly has approved the Constitution which will be effect by 01 Jan 2014, to replace the Constitution of the Socialist Republic of Viet Nam in 1992. The Constitution has a chapter on the rights and obligations of citizens and has a provision that all citizens have equal rights without discrimination. Non-discrimination has also been included in the following policy documents and laws; such as Decree 108/2008/ND-CP to endorse harm-reduction interventions, the Law on disability 51/2010/QH12 Article 14 prohibits a number of activities including the stigmatization of and discrimination against people with a disability, the National Labour law 10/2012/QH13 on people's right to work without being discriminated, National Laws on domestic violence 02/2007/QH12 forbid domestic violence of all kinds and protect and provide support to victims, the Law on child protection, care and education (25/2004/QH11), Decree 176/2013/ND-CP on administrative sanctions in health sector regulates the administrative sanctions against those who discriminate against PLHIV, Law on Gender Equity (73/2006/QH11) forbidden activities include gender-related discrimination in all types of situations, the Law on the care and protection of people's health dated 11/7/1989, Decree 96/2007/QD-Tag 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 unemployed by enterprises. 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:: According to regulations, a law will be effective six month after the promulgation. There should be detailed guidance for implementation of some articles of the law which will be promulgated by the level and agency as regulated in the law. Therefore, agencies assigned to develop legal documents guiding the implementation of the law's articles have to implement the work after the promulgation of the law and the development process have to be in accordance with the Law on the Promulgation of Legal Documents approved by the National Assembly on 03/06/2004. In addition, the Law on the Promulgation of Legal Documents also regulates the application of legal documents in Article 83 as following: 1. Legal documents shall be applied since their effective dates. 2. In the event of legal documents having different rulings on the same issue or problem, those legal documents taking superior legal effect shall be applied. 3. In the event of legal documents promulgated by the same State agency but having different rulings on the same issue or problem, the rulings of the legal documents promulgated later shall be applied. 4. In the event of new legal documents imposing no liability or imposing lesser liability on those behaviors taking place prior to their effective dates, the new legal documents shall be applied. However, during the development of sub-law documents, there have been often delays in the promulgation of decrees, circulars which often takes from six months to one year. The Government often delays the promulgation of laws and decrees generally from 6 months to 1 year. It has also been found that mechanisms to ensure the implementation of laws vary from group to group. 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:: In general, basically the terms of the law are enforced by state agencies, all citizens must abide by and comply with the constitution and the law. However, there are delays in promulgating decrees and in disseminating the law to law-enforcement agencies and the public. Law-enforcement agencies generally have insufficient knowledge of relevant laws and mechanisms of implementation of these laws and issues relating to legal sanctions have not been respected. The general 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 also 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?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:: PWID in detention centers have limited access to HIV treatment services

: No

Briefly describe the content of these laws, regulations or policies:: - Additionally 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

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 still limited in detention centres. - 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.

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.: In 2013, the Decree 167/2013/ND-CP regulated the administration sanction in regards to domestic violence. As reported previously: The laws on domestic violence and gender equality have general provisions on domestic violence and sexual violence. The anti-trafficking law 66/2011/QH12 and the regulations on the prevention of cross-border trafficking mention the protection of women with HIV. On 11/12/2013, Decree 167/2013/ND-CP promulgated regulations on administrative sanction, including the article 49, 50, 51 and 52 for infringement health, tortured, abused, insulted the honor and dignity; isolation, shunning or put pressure on family members.

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:: As reported in the previous round, the newly developed National Strategy on HIV/AIDS Prevention and Control for the period 2011-2020, 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 other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: As reported previously: 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 176/2013/ND-CP on administrative sanctions for violations in the health sector, fines can be issued if provisions in the Law on HIV are violated. The Centres for Legal Support under the Department of Justice also provides legal support to PLHIV for free of charge.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

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 of 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 where donor funding is not available. 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. At present, there are discussions on domestic production of ARV and payment mechanism through health insurance to deal with the future shortage of funding.

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. National Strategy reflects the government's viewpoints on ensuring equity in the HIV prevention and control.

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 mobile populations. The four Programmes Of Action 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 06 centres. Decree 108 stipulates harm reduction services for all key populations at higher risk. Decision 96/2007/CP dated 28/6/2007 on management, counseling, care and support to PLHIV and HIV prevention 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. 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:: As reported previously, 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 defence (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 enforcement46 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]::

: No

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 2013?: 8

Since 2011, what have been key achievements in this area:: There are several newly passed laws and policies on human rights issues related to HIV and existing laws were updated and revised in the reporting period, including: Law on sanctions for administrative violations, Decree 96/2012/ND-CP on substitution treatment with methadone to addiction of opiate substances (MMT), the National Strategy on HIV/AIDS Prevention and Control until 2020 with a vision to 2030, the National Target Program on HIV/AIDS, Decree 136/2013/ND-CP on social protection and the National M&E Framework for the HIV/AIDS program, decree 110/2013/ND-CP dated 24/9/2013. 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, and their effective implementation remains a challenge. All key populations at higher risk remain highly stigmatized despite legal documents. - There also continues to be a basic lack of human rights, including HIV treatment, care and prevention services, for people in closed settings. - Compliance with regulations is low among law-enforcement agencies and monitoring mechanisms and sanctions are very weak. - Decree 45/2010/ND-CP dated 21/4/2010 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.

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 2013?: 6

Since 2011, what have been key achievements in this area:: As of the Law on sanctions for administrative violations, sex workers have not been allocated into detention centers. MMT patients have better access to MMT services, as the result of the implementation of the Decree 96/2012/ND-CP. There is increased knowledge within civil society about the law in general and human rights in particular, compared with the previous reporting period. Efforts to reduce stigma and discrimination in schools and health care systems have also improved.

What challenges remain in this area:: The implementation of laws remains weak due to the late introduction of developed policies to commune authorities and the community. 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. Understanding among FSW about regulations on sanctions for administrative violations remains limited. Stigma 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 levels and takes into account the current

epidemiological situation as well as other 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 to ensure they are sustainable.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Strongly 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: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Disagree

Other [write in]:: Prevention services for mobile groups

: Disagree

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 2013?: 8

Since 2011, what have been key achievements in this area:: - Prevention programmes for KAPs, particularly MSM, have been included in the National Strategy on HIV/AIDS Prevention and Control for the period 2011-2020, with a vision to 2030. - Various organizations conducted IEC/BCC sessions to reach KAPs, mobile populations, ethnic minorities, migrants, youths and teenagers, prisoners with HIV prevention messages and services. - A further geographic expansion of the NSP, 100% CUP and HIV prevention for MSM programmes. - Circular 29/2013/TTLT-BYT-BVHTTDL-BCA-BLĐTBXH guides the implementation of harm

reduction for HIV prevention by condom promotion at tourism establishments and hotels. - The Ministry of Culture, Sport and Tourism developed an action plan for the period 2010 - 2012 to implement the Condom Program for HIV and STI Prevention in tourism establishments and hotels. - The methadone maintenance therapy programme has been expanded to 30 provinces/ cities with 80 sites providing services to 15,542 patients. - In the past two years, the GF project had more interventions for intimate partners of PWID and HIV discordant couples and sexual partners of MSM. - 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. - Access to condoms have become easier, clients now buy condoms proactively. However, the condoms available for free distribution are decreasing and gradually replaced by condom social marketing program.

What challenges remain in this area:: - Though the pilot models have been expanded (prevention for KAPs, PMTCT...), their quality has been decreased due to the reduction in funding. Post-test counseling quality remains week. - 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. Many MMT establishments are overloaded due to a higher demand for treatment. - Quality of sexual and reproductive health services has decreased significantly due to the impact of the funding cut. Stigma still exists in health facilitates. - Whilst there has been progress in the response for MSM, rising incidence among MSM remains a concern. - 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 low quality. - A lack of proper attention is paid to out-of-school young people who are considered a high risk population group. - PMTCT among ethnic women remained limited due to their limited knowledge of its importance and the availability of services. - A failure to manage and follow up prevention activities among the mobile group - 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. - 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 treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: 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 programmes; 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.

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?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Agree

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: Disagree

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: Disagree

Sexually transmitted infection management: Disagree

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: Disagree

Other [write in]:: Home based care

: Strongly disagree

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 2013?: 7

Since 2011, what have been key achievements in this area:: The coverage of services (such as ART, PMTCT, livelihoods support and STI treatment) has expanded, especially the Early Infant Diagnosis. The services provided are now more comprehensive than in the past. Treatment is provided at 06 center and prison. Health insurance now provides coverage for PLHIV. Guidance on PMTCT has included the treatment regime starting from the 14th week and Care and support services have been expanded, with an increased number of CSO support group. ; The capacity and knowledge of CSOs to provide these services has also increased with steps also being taken to work across government ministries and departments to ensure cooperation and a coordinated response. Treatment 2.0 has been piloted in two provinces in Viet Nam, helping to increase the number of people able to access treatment and care services. TB screening and prophylaxis for PLHIV is also now available in almost all provinces.

What challenges remain in this area:: - The HIV program is facing a severe shortage of resources. PLHIV find it difficult to access treatment and STI prophylaxis treatment. - Many women cannot access to continuous ARV treatment after delivery, particularly in remote areas. - About the Treatment 2.0 strategy, some PLHIV expressed their concern on the confidentiality of the HIV test result; this will be a barrier for the expansion of the pilot. - Guidance for treatment of Hepatitis C has been promulgated, however the drug has not been included in the health insurance list of included medicines. - The coverage of livelihood supporting services remains limited. - Stigma and discrimination still exist, with health service staff particularly identified as being responsible. - 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. 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. - The role of CSOs in treatment, care and support has not been fully recognized. - 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 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

3. 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 2013?: 8

Since 2011, 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 expanded. - Nutritional support to infants born to HIV-positive mothers is on-going and effective. Many HIV-related OVC receive allowances in accordance with Decree 67. - The accessibility and coverage of ART for HIV+ 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 HIV-related OVC.

What challenges remain in this area:: - There is still stigma and discrimination, which poses a barrier to school attendance for many children. - Data on HIV-related OVC has not been revealed, which makes planning and evaluation of HIV-related OVC programmes difficult. - Foster care is still limited to HIV infected and affected children who are abandoned, therefore these children are often sent to public social protection centers. - The NPA remains unfunded by international donors. - Some families prevent children from accessing treatment due to poor knowledge.