

VIET NAM

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Reach the 90-90-90 targets. Rapid testing, HIV testing and counselling (HTC) and antiretroviral therapy (ART) services are available in 90% of prisons; 95% of diagnosed prisoners are enrolled in and sustained on ART.	ON TRACK	By the end of 2020, an estimated 195 000 (85%) people living with HIV knew their status; an estimated 153 000 (78%) people diagnosed with HIV were on ART. Very high viral load suppression (at 96%) was achieved among 62% of people on ART who had a routine viral load test. <i>These figures do not include an estimated 15 000 people living with HIV on ART in the private sector (VAAC, circular 03, 2020).</i> 49 173 prisoners tested for HIV, and 3610 prisoners living with HIV on ART in prisons; 32 prisons and remand centres dispense ARV in 2020 (<i>GAM 2021</i>).
Rate of mother-to-child transmission is reduced to under 2%.	ON TRACK	ART coverage of pregnant women living with HIV for prevention of mother-to-child transmission is at 90% by end of 2020 (<i>GAM 2021</i>).
New infections through needle sharing reduced by 25% and through sexual transmission reduced by 20% compared to 2015 levels; access to methadone maintenance treatment (MMT) expanded through unified e-management system; successful pilot of Buprenorphine.	ACHIEVED	New infections through needle sharing reduced by 57% compared to 2015 level; by end of 2019, sexually transmitted new infections decreased by 34.7% compared to 2015 however, progress greatly varies across key populations (<i>AEM modelling</i>). The coverage of opioid substitution therapy (OST) is estimated at 27.7%. By end of 2020, 52 394 people who inject drugs are on OST, including 51 735 on MMT in 63 provinces and other 659 on Buprenorphine in 8 provinces (<i>GAM 2021</i>).

<p>HIV law, drug law and legislation on sex work are amended to protect the rights of people living with HIV and other key affected populations; Up-to-date evidence on HIV-related stigma and discrimination; Enhanced access to legal aid.</p>	<p>ON TRACK</p>	<p>HIV Law was amended, regulating access to comprehensive HIV prevention, testing, treatment, care, and support for all people in need including those in closed settings; the age of consent for HIV testing was lowered to above 15 years old; and introducing a sustainable financing policy for HIV testing for pregnant women. The Drug Law was amended, introducing a new terminology better aligned with international definition of drug dependence treatment. The Stigma Index 2.0 was completed with preliminary data analysed.</p>
<p>100% people living with HIV on ART are enrolled in social health insurance (SHI); domestic funds account for at least 75% of national AIDS spending; national HIV strategy for 2021-2030 embraces innovations and ending AIDS by 2030.</p>	<p>ON TRACK</p>	<p>92% of people living with HIV on ART were enrolled in SHI; 52 000 people living with HIV were transitioned to SHI-funded ART (>1/3 of all people living with HIV on ART by end 2020) (VAAC, unpublished). Dolutegravir regimen was included in SHI-funded ARVs, and support for SHI co-payment continued for people living with HIV with support from the Global Fund and local investments. Viet Nam has reached 53% of domestic AIDS spending (VAAC). The new National HIV Strategy 2021-2030, embracing innovations and ending AIDS by 2030, was approved by the Prime Minister, mandating local governments to invest in HIV.</p>

JOINT TEAM

UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Viet Nam is on track to reach its 90-90-90 targets among people living with HIV, and progress has been made for testing and treatment both in community-based ART clinics and within closed settings. Pre-exposure prophylaxis (PrEP) has been scaled up, and implementation of a five-year national plan started. Prevention among young people is supported through a comprehensive sexuality education (CSE) programme integrated into curriculum in selected schools; other vulnerable populations, such as people who inject drugs, benefit from strengthened harm reduction programmes and methadone maintenance treatment services, including a pilot take-home dose programme. Advocacy and policy dialogue, along with technical assistance from the Joint Team, successfully contributed to amendments to laws on HIV and drug prevention and control, creating a more enabling environment for people living in Viet Nam to access HIV services and their human rights. The new National HIV Strategy 2021-2030, embracing innovations and ending AIDS by 2030, was approved by the Prime Minister.

90-90-90 AND ACCESS TO TREATMENT

ADVOCACY; TECHNICAL SUPPORT; POLICY GUIDANCE

With UN advocacy, normative guidance and support combined with other stakeholders' efforts and investments, community-based testing and HIV self-testing were expanded, resulting in a substantial increase in case findings. Decentralisation of confirmatory testing and three rapid-test algorithms have shortened the turnaround time, facilitating access to ART and reducing lost-to-follow-up cases. Innovative approaches for HIV self-test distribution were also deployed (including online, secondary, and community distribution) to better reach key populations (especially in the context of COVID-19). Various approaches were implemented including same day and rapid ART initiation, multi-month dispensing of ARV and routine viral load testing. Decentralized HIV treatment is available in all 63 provinces, and ART retention rate at the 12th month was reported at 88% by the Viet Nam Administration for HIV/AIDS Control (VAAC).

Development and implementation of the provincial action plan for triple elimination of mother-to-child transmission (eMTCT) of HIV, Hepatitis B and Syphilis were supported in 20 and 58 provinces respectively. Besides, thanks to technical support, guidance on the prevention of mother-to-child transmission in prison settings is now available and was disseminated along with e-training for national stakeholders.

Thanks to UN advocacy, guidance and support, greater access to HIV counselling, testing and treatment in prison settings was made possible, including through a healthcare worker training in HIV testing, counselling and ART in 45 prisons and 40 pre-trial centres by end 2020. Also, 15 prisons are supported to serve as ARV dispensing units, providing HIV treatment maintenance for prisoners who are on ART before prison entry.

HIV PREVENTION

ADVOCACY; POLICY GUIDANCE; TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY ENGAGEMENT

Support was provided for the initiation of PrEP target-setting for key populations, implementation of a five-year national plan for PrEP scale-up until 2025, and the update of guidelines for PrEP implementation. Technical inputs were also provided for guidelines on behavioural interventions among men who have sex with men and transgender women in the context of unsafe sex, drug use and HIV. By the end of 2020, 18 841 people received PrEP at least once (including 15 238 men who have sex with men) and 12 544 people received PrEP for the first time in their lives, during the reporting period. In addition, a community-led innovative app and campaign were launched to promote healthy lifestyles and the uptake of HIV services among young men who have sex with men. In three months, the app "Hunt" attained 368 downloads and 3554 hits.

With support from the Joint Team, the Ministry of Education and Training developed a guideline on CSE integration in selected school subjects for teachers; support was also provided to the Ministry of Labour for the development of a similar online component for vocational students. Support was also provided for an e-learning course, materials and teacher training for lower secondary school teachers to conduct gender-responsive school counselling including HIV knowledge.

Advocacy, policy guidance and technical support informed the guidelines on MMT service provision, and the introduction of a take-home dose MMT pilot project, including the standard operating procedure and training manual, supported by provincial planning and training workshops in late 2020. The pilot was approved by the Ministry of Health and is expected to benefit 2000 people who inject drugs in 2021-2022. Other achievements to further improve treatment quality and client adherence included the review of the MMT management system, the development of a new manual on MMT software data quality assurance and analysis, and conduction of a training for 32 provincial MMT software managers.

Capacities to address the expanding use of amphetamine-type stimulants (ATS) and HIV-related risk increased thanks to technical assistance to develop national guidelines on HIV interventions for people who use stimulants, approved by the VAAC, which were accompanied by training and policy dialogue on challenges and opportunities of providing harm reduction for people who use stimulants. With 68 people participants, including central/provincial policymakers, health managers from health, law enforcement, labour/social affairs sectors, government and NGO harm reduction service providers, and representatives of key populations, the training increased awareness and deepened understanding on ATS-use-related disorders and other health issues, and for implementation of the guideline at local levels.

GENDER INEQUALITY, HUMAN RIGHTS, STIGMA AND DISCRIMINATION ADVOCACY; POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Joint Team led continuous advocacy for better human rights and gender equality among HIV key affected populations and greater empowerment of community networks and community-based organizations (CBOs) for meaningful engagement in the HIV response. Public awareness and knowledge of HIV, zero discrimination, gender diversity and gender-based violence (GBV) were supported through Joint Team input into public events such as the Stronger Together summit, livestreamed with more than 100 community participants, a social media campaign #BeTheForceForChange on Zero Discrimination Day and International Women's Day, World AIDS Day celebrations, and a television campaign to mark 30 years of the HIV response in Viet Nam.

Support for the draft amendments to the HIV Law included an in-depth analysis, advocacy and support for policy dialogues with National Assembly members, key ministries, provincial authorities and people's elected representatives and civil society, as well as in-depth expert consultation. The supplement and amendment to the HIV Law was approved by the National Assembly in late 2020, including amendments for a lower age of consent for HIV testing, inclusion of people in closed settings and transgender people among key populations, provision of HIV continuum of care services in prison settings -from prevention to treatment, care, and support, free HIV testing for pregnant women in need of screening ensured by the Social Health Insurance and Government budget, and more explicit regulation regarding the role of communities affected by HIV in service provision.

The Joint Team submitted a set of detailed comments to align the proposed Law on Drug Prevention and Control with the latest evidence and international human rights guidance and good practice to ensure better protection for people who use drugs, including affected women and girls.

TOWARDS A SUSTAINABLE RESPONSE POLICY DIALOGUE; TECHNICAL SUPPORT

By the end of 2020, the Joint Team had supported significant progress in the transition of ART to SHI thanks to intensive technical support for implementation at provincial level and close monitoring of the implementation of Prime Minister 2016 Decision on provinces' responsibility to ensure SHI cards and support for ARV co-payment for all people living with HIV on treatment.

Technical assistance was provided to VAAC, to guide the target setting effort for the new national strategy to end AIDS by 2030, which was subsequently approved. This strategy has institutionalised the 95-95-95 target, and innovative approaches such as community-based and self-testing, PrEP, OST and the effective funding mechanism for community service provision, including from the Government budget, mandating all provincial governments to invest local budget in the HIV response.

CONTRIBUTION TO THE COVID-19 RESPONSE **TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY ENGAGEMENT**

About 180 people participated in a national workshop organised by the Joint Team and VAAC to review the HIV response in the context of COVID-19 and facilitate cross-learning among community groups on emergency peer-support initiatives. The Joint Team provided strategic policy, technical and capacity support to ensure uninterrupted continuum of care and access to HIV services, including in prison settings. Technical advice contributed to guidance developed for local authorities for continuity of HIV testing, ART and PrEP services; online counselling, online HIV self-test distribution, multi-month dispensing of ARV and PrEP were accelerated.

Educational materials on COVID-19 were provided for prison officials, prisoners and their families in all 54 national prisons and six reformatory centres, accompanied by COVID-19 preparedness and response training for 180 leaders and healthcare officials.

Community-led initiatives to strengthen resilience were supported through an assessment on COVID-19 social impacts on sex workers in Vietnam. As a result, the Joint Team was able to mobilise resources from the multi-partners trust fund for COVID-19 recovery, used to provide emergency health/HIV/STIs and daily necessity support for HIV key populations including sex workers. Three virtual training sessions on COVID-19 and harm reduction were delivered to over 250 CSO members working with people living with HIV and 15 000 people who use drugs; information on health/HIV and COVID-19 for various vulnerable groups including networks of women living with HIV (54 000 viewers were reached with COVID-19 messaging via social media); and emergency health/STI/HIV services and subsistence support were provided in collaboration with the Viet Nam network of people living with HIV, the Viet Nam network of self-help groups of sex workers and community-friendly clinics, directly benefiting 1500 people living with HIV and key populations.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team is directly contributing to the implementation of the United Nations Sustainable Development Cooperation Framework towards the achievement of the 2030 Agenda in Viet Nam, including through the implementation of the UN Joint Programme on HIV 2020-2021 signed by the Resident Coordinator.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>HIV combination prevention remain insufficient with key gaps in some locations, for some services and key populations: declining new infections among people who inject drugs and female sex workers risk being offset by rapid increase of new infections among men who have sex with men and women infected by intimate partners.</p> <p>Capacities to address the growing ATS use are low, and harm reduction programme is not yet available in closed settings and unmet needs remain high.</p>	<p>Guide, support and monitor PrEP scale-up, and expansion of innovative approaches including community-based testing and self-testing.</p> <p>Advocate for and support sustained expansion of quality OST services including MMT take-home doses pilot project, and policy and capacity building for interventions to address HIV among ATS users.</p> <p>Guide/support capacities for expansion of HTC and ART in closed settings.</p> <p>Guide and monitor the implementation of comprehensive guidelines covering all HIV services for transgender people.</p>
<p>The implementation/integration of CSE in curricula and lessons delivery is not yet a mandatory requirement; there is a need to sensitize and build capacity of teachers. Different approaches are required for dissemination in non-school settings.</p>	<p>Guide and support the implementation of CSE and youth knowledge on GBV both in and out of schools.</p>
<p>Varying degrees of implementation at provincial level affects funding priorities; additionally, there is a need to strengthen coordination and collaboration between the mother and child health authority and the HIV authority across various levels of the health system and across provinces.</p>	<p>Continue to guide/support implementation of the National Action for Triple eMTCT of HIV, Hepatitis B and Syphilis by 2030 including eMTCT piloting in selected provinces and a costing exercise for eMTCT.</p>
<p>The transition of ART to SHI and HIV integration within the general health system is complex.</p> <p>Sustainability challenges remain significant, especially for prevention. Most CBOs providing critical HIV services to communities lack legal status. Public funding of CBO-led HIV services needs to be articulated by the Government leadership and the mechanism to operationalize it, is yet to be determined.</p>	<p>Support effective national coordination and capacities with quality technical assistance to strategically position HIV as part of universal health coverage (UHC).</p> <p>Advocate for and guide sufficient, prioritized sustainable domestic and external investments including introduction of social contracting.</p>
<p>Stigma and discrimination remain important obstacles for HIV service uptake and related interventions remains fragmented and uneven; more gender-sensitive interventions are needed.</p> <p>Existing punitive approaches including compulsory drug detoxification and rehabilitation remain major barriers for some key populations' access to and uptake of HIV services as well as human rights.</p>	<p>Support development of a gender-responsive M&E framework of the new national HIV strategy.</p> <p>Advocate for/guide human rights-informed legal and policy framework including the implementing decrees and circulars of the revised HIV law and drug law, and related monitoring with key populations.</p> <p>Support community empowerment and monitoring to reduce stigma, discrimination, gender inequalities and other rights' violations faced by people living with HIV and key populations.</p>

More granular strategic information on the HIV epidemic, risk factors among key populations and gaps analysis including gender are needed to refine strategies and targeting.

Support and guide further generation and use of high-quality granular strategic information including reporting, updated estimates, cascade analysis, key populations' size estimates, and other studies to optimise resources for impact.

Report available on the
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