

VIETNAM

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Current State of the Epidemic

The very first information about the HIV/AIDS epidemic reached Vietnam just as the country began its “renovation policy” in 1986, which introduced a market economy. Since 1987, epidemiologists in Vietnam have been issuing warnings to the government and the people about this epidemic.

In 1990, Vietnam discovered its first HIV-positive case, a woman in Ho Chi Minh City who was engaged to an overseas Vietnamese from Europe. However, epidemiological proof has shown that the epidemic actually hit Vietnam much earlier, around 1986. Another case was identified in 1991, and 11 were reported in 1992. By 1993, 1,157 people had been diagnosed as HIV-positive, of whom 13 died of AIDS in that year alone. The disease was concentrated mainly among groups of drug addicts in the southern regions, including Ho Chi Minh City (formerly Saigon), Vung Tau, and the provinces of Dong Nai, Khanh Hoa, Binh Dinh, and Da Nang, where there was a long-standing practice of heroin use since the American war.

Until 1995, the HIV/AIDS epidemic was predominantly localized among injecting drug users (IDUs) as well as prostitutes and their clients in southern cities and provinces, but it started spreading swiftly to women and children. The northern provinces, which seemed to be immune to the epidemic given the long socialist tradition of associating such social evils with drugs and prostitution, also saw the appearance of HIV/AIDS,

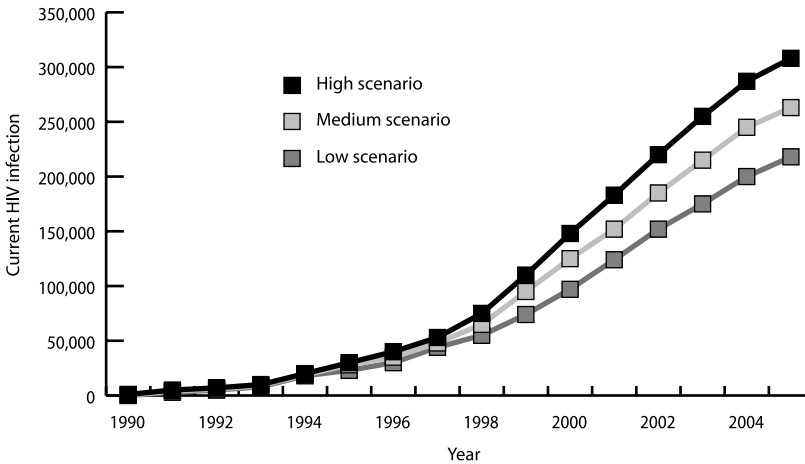
although on a more limited scale due to the lower rate of drug use in that region.

From 1996, increased cross-border trade with China led to an increase in drug trafficking and usage. Subsequently, HIV/AIDS spread throughout the country, and by the end of 1998, HIV/AIDS was found in all 64 cities and provinces of Vietnam. From 1996 to 2000, the spread of HIV/AIDS became more complicated than expected as the demand and supply for drugs increased incessantly. HIV-positive cases due to drug injection accounted for more than 80% of all cases. Before 1996, drug use was mainly associated with middle-class youths in the southern provinces, but subsequently it began to involve young adults from all walks of life in the northern provinces. Despite the government's tremendous efforts in the fight against drugs, the situation continued to deteriorate. Drug usage and HIV/AIDS infection are closely interrelated and are mostly found in big cities and economically developed areas such as the dynamic triangle of Ho Chi Minh City, Dong Nai province, and Ba Ria–Vung Tau province, and in the areas that border and trade with China and Cambodia.

By the end of 1996, a total of 5,767 cases of HIV had been detected in Vietnam. By the end of 2000, that number had jumped to 34,050, of which 5,261 had progressed to AIDS; the cumulative total of known AIDS deaths was 2,912. These statistics, however, only represent reported figures. Given that 60% of the new HIV infections between 2000 and 2005 were diagnosed during medical examinations for other diseases, the number of unreported HIV-infected people is undoubtedly quite high. On August 1, 2005, the Ministry of Health issued a report stating that, as of May 2005, a total of 95,871 cases of HIV infection had been detected in Vietnam, including 15,618 cases that had progressed to AIDS; 8,975 people had died of AIDS. However, the report went on to say that the actual number of HIV infections was in fact much higher than reported. The ministry's most recent estimated and projected numbers of those living with HIV in Vietnam are shown in figure 1. The "medium scenario" is that the number of people living with HIV/AIDS (PLWHA) as of 2003 was actually around 215,000, and that the cumulative number of HIV infections would rise to 319,000 by the end of 2005 (Ministry of Health 2005).

As seen in figure 2, HIV/AIDS is now found to some degree in every city and province in the country; cases have been reported in 90% of all districts

Figure 1. Estimated number of people living with HIV in Vietnam, 1990–2005



Source: Ministry of Health (2005, 58).

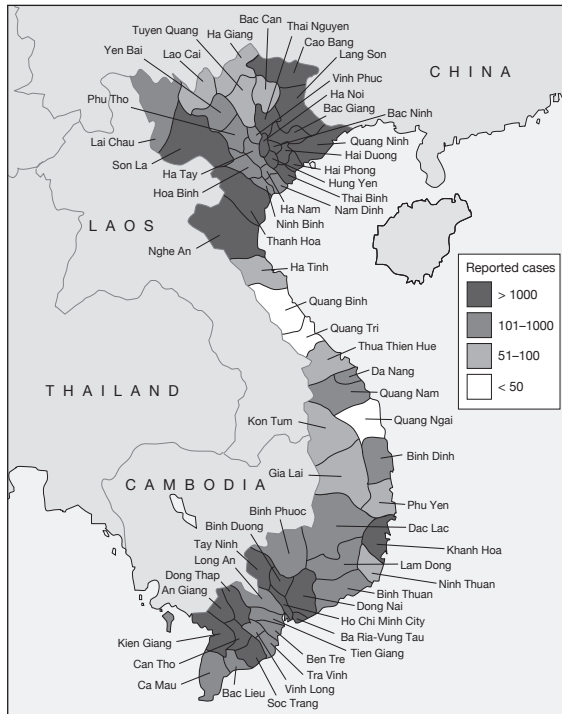
and in over 50% of all wards and villages. It affects almost every social stratum including state officers, students, farmers, soldiers, and police.

The economic gap between rural and urban areas has given rise to an enormous degree of migration. The redundant labor force in many rural areas has poured into cities to earn a living during the agricultural off-seasons, thus leading a number of young adults from the countryside into drug addiction and subsequent HIV/AIDS infection.

The distribution of HIV/AIDS by gender is clearly demonstrated in figure 3. The lop-sided distribution between males (85.13%) and females (14.23%) can be attributed to the fact that the majority of HIV-infected people are drug users, most of whom are young males. Moreover, out of fear of further discrimination, women whose husbands are infected with HIV or are suspected to have acquired HIV have refused to take HIV tests. This means that there are probably many more women infected with HIV than the numbers would indicate, and that has in turn enabled HIV to spread quickly to the general population.

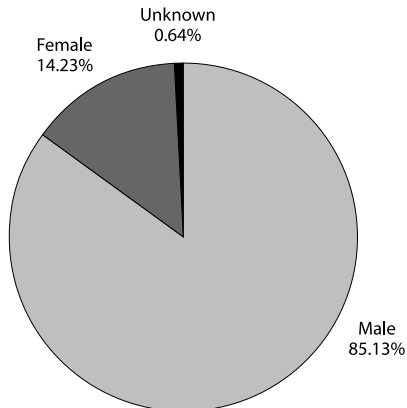
The trends in HIV infections by population group have also changed dramatically over the years. Sharing contaminated needles continues to be the major method of HIV transmission in Vietnam, as shown in figure 4, and

Figure 2. Reported cases of HIV by province, as of December 31, 2004



Source: Ministry of Health (2004).

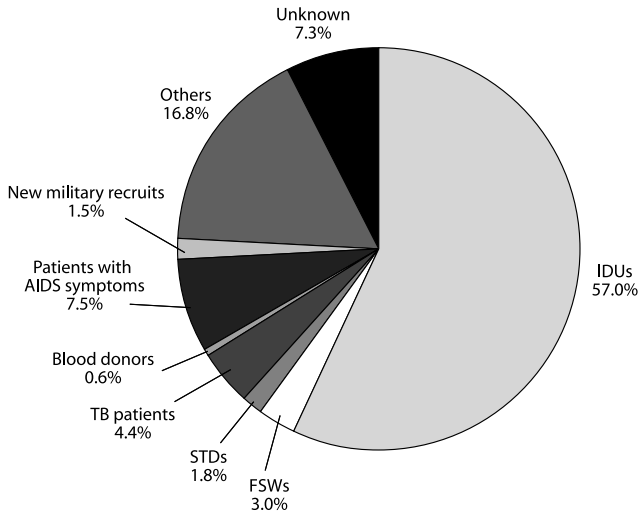
Figure 3. Reported cases of HIV by gender, 2004



Source: Ministry of Health (2004).

it accounted for roughly 57% of all cases in 2004. But as compared to the previous years, that percentage had decreased greatly, indicating that HIV is now spreading widely to non-drug users and to the community at large.

Figure 4. Reported cases of HIV by population group, 2004



Source: Ministry of Health (2004).

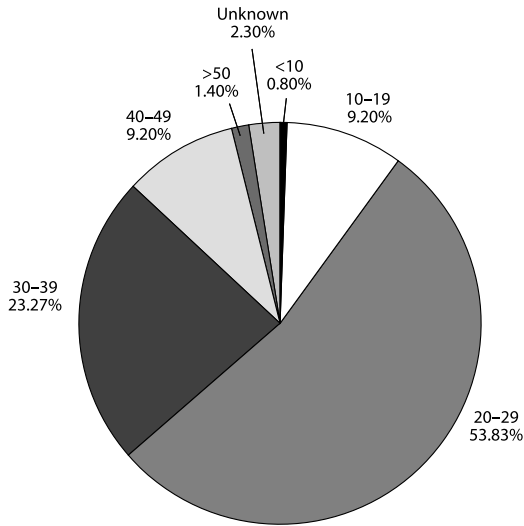
Note: “STDs” refers only to men infected with sexually transmitted diseases. “FSWs” refers to female sex workers. “Patients with AIDS symptoms” refers to those who have not been tested. “Others” includes MSM, foreigners, children, etc.

As seen in figures 5 and 6, HIV infection by age group has shifted from those who are middle-aged or older to adults who are 29 years of age or younger. This latter group represents 64% of cumulative cases to date, and those in the 20- to 29-year-old age range account for nearly 54%. The rate of HIV infection among pregnant mothers has also increased more than tenfold in the last seven years.

Future Projections

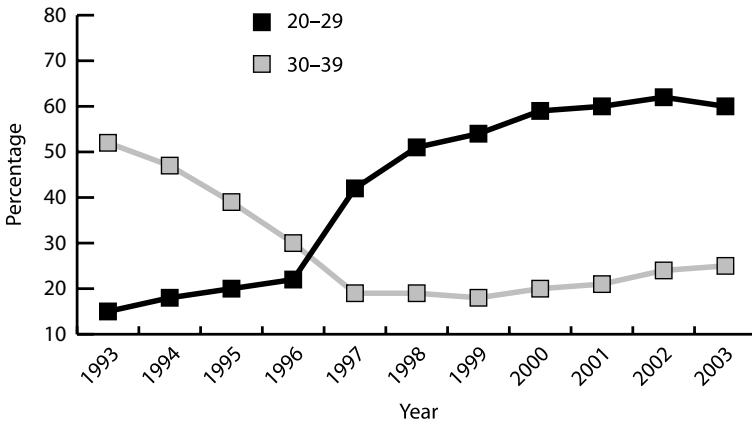
Based on an earlier forecast jointly conducted by the Vietnam Ministry of Health, the World Health Organization (WHO), and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the expectation had been that by 2005 Vietnam would have around 197,500 cumulative HIV cases

Figure 5. Reported cases of HIV by age group, 2004



Source: Ministry of Health (2004).

Figure 6. Percentage of all newly reported cases of HIV among those 20-29 years old and 30-39 years old, 1993-2003



Source: Ministry of Health (2004).

and that number would exceed 350,000 by 2010. As noted above, however, the latest Ministry of Health study, released in August 2005, estimates that the numbers have been climbing even more rapidly than expected and that the country has already passed the 300,000 mark in 2005. If current trends continue unabated, Vietnam may have over a half million people living with HIV by 2010 (Ministry of Health 2005).

Populations Vulnerable to HIV Infection

HIV transmission via injecting drug use continues to be the major HIV transmission mode in Vietnam, as is true in a number of Southeast Asian countries. This may, in large part, be due to the unavailability of needles at drug stores, or drug addicts may not be able to afford them. In many cases, drug addicts cannot control their behavior and unconsciously use contaminated needles. In Vietnam, inhalation is not as common as injection, so out of 100 drug addicts, 30–50 are HIV-infected. This mode of transmission will remain a serious cause for concern as drug abuse is spreading, especially in the northern border provinces.

Female sex workers constitute the second major mode of HIV transmission. A large percentage of them are addicted to drugs and have the practice of sharing used needles.

Mother-to-infant transmission now accounts for 0.39% of newly reported cases. That number is expected to increase. About 2 million Vietnamese women become pregnant each year, of whom about 2,000 are HIV-positive, resulting in 700 infants born with HIV. This situation raises several pressing social issues, including the question of how to bring up children who are infected with HIV or whose parents have died as a result of AIDS.

There are no HIV figures available for MSM in Vietnam, although the gay community is large, especially in Ho Chi Minh City. The true situation of the epidemic among that community and among male sex workers is still not clear.

To date, there has been no reported outbreak in prisons and no report of infection via contaminated blood products.

Public Perceptions of HIV/AIDS

Due to the specific historical situation of Vietnam, the epidemic has not yet received adequate attention. There are many other issues that preoccupy the public more than HIV/AIDS, which is often regarded as a disease caused by a Western lifestyle of casual sexual relationships or a homosexual lifestyle. Understanding of the epidemic among the public still remains limited, despite slogans and messages to raise their awareness. As HIV/AIDS has mainly hit drug addicts, it is considered to belong to that group exclusively. The quality of the awareness-raising campaign is also an issue as the people listen to messages on television, newspapers, and the radio but really do not understand their importance or implications. Therefore, the need to disseminate more practical and down-to-earth knowledge on prevention is urgent.

Stigma and Discrimination

In Asian and Vietnamese culture, stigma and discrimination against people with HIV/AIDS is very serious and deep-seated. Cases of termination of employment, denial of treatment at medical centers, isolation from the community, and even isolation from the family are common. Out of fear and a sense of self-preservation, it is common for people living with HIV/AIDS (PLWHA) to keep their condition to themselves and conceal it even from the people closest to them. Recently, however, some have come out publicly, such as Pham Thi Hue, a woman who was infected by her drug-addicted husband in the northern city of Haiphong, whose case has caught the attention of the public. She has appeared frequently in the media and has started a support group for other PLWHA.

HIV/AIDS has an enormous impact on love, marriage, and family matters and it shapes social relations. Pregnant women who are infected with HIV can easily fall into a mental and emotional crisis. Many are too scared of being discriminated against by their families and society, and as a result have abandoned their own children after they are born. The problem of discrimination has driven many families with HIV-positive members into a miserable plight, further encouraging the rapid spread of HIV in the community.

Economic and Social Consequences

As in many other nations, HIV/AIDS has had profound economic and social effects in Vietnam, and these consequences are amplified by the close connection between HIV/AIDS and poverty. The majority of people infected with HIV and AIDS are from poor families, and these individuals' drug use and then their disease contribute to the further impoverishment of their family. This has effectively undermined the poverty alleviation campaign of the government.

HIV/AIDS also has a deep impact on the labor force. Over 90% of people infected with HIV/AIDS are of working age. They should be the ones to produce wealth and fortune for themselves and society. On the contrary, because they are hooked on drugs and vulnerable to illness, they are often jobless and become a burden for their families and society. Moreover, if the HIV/AIDS epidemic continues to worsen, training programs will need to be constantly implemented in order to train replacements for people who are infected or die from this disease. This is a lesson of great practical meaning learned from the experiences of African countries.

For the last ten years, Vietnam has managed to balance the budget to confront HIV/AIDS. Although still being an underdeveloped nation facing numerous economic and financial difficulties, Vietnam has invested billions of dong (1 billion dong is roughly US\$63,000) each year from national and local budgets to impede the spread of HIV/AIDS. But now the financial burden is getting bigger and Vietnam has appealed for international assistance amounting to hundreds of million dollars, as will be explained in greater detail below.

One final area of impact worth noting is the public health and medical care system in Vietnam. With nearly 200,000 people thought to be infected with HIV and thousands of AIDS patients, the public health system has to pay each year for care and treatment of patients from its limited budget. All district, provincial, and central hospitals have to allocate a certain number of wards and sickbeds for AIDS patients. Many district hospitals such as Dong Da General Hospital (Hanoi), Quang Ninh General Hospital, the Center for Tropical Diseases (Ho Chi Minh City), and Hai Phong General Hospital have become overloaded with AIDS patients. A related issue of serious concern is that some doctors have been infected with HIV during medical procedures. Statistics from the Ministry of Health have shown that

in the year 2004 alone there were 500 doctors and nurses infected with HIV, raising treatment costs to billions of dong. In addition, hematology and blood transfusion agencies have to spend tens of billions of dong on blood screening to prevent HIV transmission.

Vietnam's Responses to HIV/AIDS

Strong Political Response

Since the first reported case of HIV infection, the Vietnamese government has been fully conscious of the disease's multifaceted danger and has regarded it as a direct threat to the country's sustained economic and social development as well as to the people's health. All of the country's political leadership—the Party, the government, and social organizations at all levels from central to local units—is strongly committed to fight against HIV/AIDS. It is viewed as a shared responsibility and an interdisciplinary mission. Institutionally, the government established the National Committee for AIDS Prevention (NCAP) in 1990, directly under the Ministry of Health. In 1994, the government decided that NCAP should be chaired by a deputy premier in order to give it greater interagency authority. The National AIDS Bureau (NAB) was founded under the Ministry of Health to serve as the secretariat for NCAP and thus helps to coordinate AIDS prevention at the nationwide level. NCAP includes representatives from several ministries and central offices—the Supreme People's Organ of Control and the Ministries of Public Health; Labor, War Invalids and Social Affairs; Planning and Investment; Finance; Education and Training; Culture and Information; National Defense; Public Security; Justice; Industry; Agriculture and Rural Development; and Transport—as well as political and social organizations such as the National Front of Vietnam, Vietnam General Confederation of Labor, Union League of Vietnamese Women, League of Ho Chi Minh Communist Youths, Association of Vietnamese Farmers, and so on. Similar structures are also formed at the provincial, district, and commune levels. Each province establishes its own committee for AIDS prevention and AIDS prevention bureau, both chaired by the vice chairman of the People's Committee. In the ministries, central offices, and organizations, ad hoc groups on HIV/AIDS prevention are set up and led by a deputy minister or a person of equivalent rank.

In 2000, in line with administrative reforms, the government merged the National Committee for AIDS Prevention, the National Committee for Drug Prevention, and the National Program of Prostitution Control into the National Committee for AIDS Prevention and for Drug and Prostitution Control (NCADP). Basically, the responsibilities and functions of this new committee are similar to those of the preceding ones. Within the committee, there are working bureaus in the categories of AIDS, drugs, and prostitution. In the AIDS prevention field, the former NAB was renamed the National AIDS Standing Bureau (NASB). The members of the national committee remained unchanged, but the NASB was placed under the direct guidance of the Ministry of Health. Unfortunately, this administrative measure did not help to change the HIV/AIDS situation, so the government is currently reviewing the organizational structure to improve its efficiency and effectiveness.

In terms of legislation, in May 1995, the National Assembly Standing Committee promulgated the “Ordinance on the prevention and control of human immuno-deficiency virus and acquired immuno-deficiency syndrome” (ordinance no. 52). This ordinance laid the initial legal groundwork for the definition of obligations of state offices, social organizations, as well as all citizens in HIV/AIDS prevention. It defined some fundamental principles in addressing HIV/AIDS-related problems. To implement this ordinance, the government issued a decree (No. 334/TTg) in 1996, stating the specific tasks for government and local agencies at all levels in HIV/AIDS prevention. Earlier, in 1994, the Secretariat of Vietnam’s Central Executive Committee issued an instruction (no. 52 CT/TW) asking all Party members to make the utmost effort and to help lead the fight against AIDS. The combination of these three basic legal documents—emanating from the Party, the National Assembly, and the government—has forged a strong political will to prevent HIV/AIDS. Based on those documents, the concerned ministries and agencies have issued hundreds of regulations to address questions relating to public awareness, education, care-taking, treatment, and other concerns in this field.

Financially, the government has been steadily increasing budget allocations for HIV/AIDS prevention work. However, all of the combined resources from the government budget, community contributions, and international aid can satisfy only one-third of the total amount needed.

Table 1. Vietnamese government spending on AIDS, 1990–2004

Year	Total state budget (billion dong)	Budget for AIDS prevention (billion dong)	AIDS budget as percentage of total state budget
1990	9,186	0.2	0.002
1991	13,081	0.4	0.003
1992	22,717	0.5	0.002
1993	37,520	10.0	0.027
1994	44,207	40.0	0.090
1995	63,080	45.0	0.071
1996	71,550	50.0	0.070
1997	67,640	55.0	0.081
1998	89,976	47.7	0.053
1999	—	50.0	—
2000	—	60.0	—
2001	—	60.0	—
2002	—	60.0	—
2003	—	70.0	—
2004	—	80.0	—

Source: Ministry of Health (2004).

On March 13, 2004, the government took another significant step when it adopted the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020. This strategy was quite a radical departure in that it allows risk reduction through the free distribution of clean needles and condoms to drug users and sex workers. This is a critical element in the effort to check the spread of HIV. Previously, however, this method was not accepted by community leaders and local administrators, who argued that this would demonstrate tolerance and even encouragement of drug use and prostitution. One of the biggest challenges in fighting HIV/AIDS is how to change the mindset of society on risk reduction.

Responses of Social and Political Organizations

Political and social organizations play an indispensable part in AIDS prevention in Vietnam. The Union League of Vietnamese Women focuses on fighting prostitution, raising public awareness, and providing HIV/AIDS prevention knowledge to the community. This organization tries to empower poor women in rural and mountainous areas to prevent HIV/AIDS. The Youth League attaches great significance to educating juveniles and young adults about friendship, love, and a civilized way of life, and organizes

campaigns to eliminate drugs, promote condom use, and apply safe sex practices. Other social organizations such as the Association of Veterans, the Association of Farmers, and the Confederation of Labor have come up with appropriate measures to prevent AIDS based on their own experiences and areas of responsibility.

In recent years, AIDS prevention has facilitated the birth of many non-governmental organizations (NGOs) working in the field. In addition to organizations such as the Red Cross, there are many volunteer groups for people with HIV/AIDS, and a number of peer education groups—there is even a group that disseminates HIV information while cutting young people's hair. Vietnamese NGOs have drawn financial assistance from several international donor agencies, including the Ford Foundation, Save the Children UK, Care International, Family Health International (FHI), and GTZ. These organizations play a dynamic role in disseminating HIV/AIDS knowledge and experience, and have supported some AIDS treatment activities as well. Religious groups have also joined in these efforts. For instance, the Mai Hoa Center, located in the Cu Chi District of Ho Chi Minh City, has been home to hundreds of AIDS patients in their last days. It was established by the Daughters of Charity of St. Vincent de Paul. Several Buddhist pagodas in Ho Chi Minh City, Hue, and Hanoi have also provided substantial assistance to HIV-infected people and AIDS patients.

Responses from the Business Sector

Vietnamese companies participate in AIDS prevention via the activities of the Labor Union, including educational and awareness-raising campaigns in order to improve officials' and workers' knowledge about HIV/AIDS. The Union has also organized many contests and campaigns on drugs and safe sex. Notably, since 2000, a movement to prevent AIDS in the workplace initiated by the Vietnam Chamber of Commerce and Industry has been widely supported by the participation of many businesses. This movement has become very popular in Hanoi, Ho Chi Minh City, Dong Nai, Quang Ninh, and many other places. Nevertheless, some companies—especially joint ventures and foreign-owned companies—stay away from these activities. These companies still consider AIDS prevention to be the work of the government.

Mass Media Activities

Mass media plays a crucial role in Vietnam's efforts to prevent HIV/AIDS, especially in raising public awareness of the dangers of the pandemic, in disseminating accurate information and knowledge about HIV/AIDS, and in eliminating stigma and discrimination. Thanks to the media's work, community behavior has changed significantly. Movies have been shot and novels have been written to attract public attention to the matter and to change attitudes toward HIV-infected people. Shows performed by HIV-infected people are often on television to generate public acceptance of PLWHA. Nevertheless, changing people's attitudes is not easy since HIV/AIDS in Vietnam is, to a very great extent, associated with IDUs; HIV/AIDS prevention is therefore often misunderstood as a drug-related problem.

All central and local newspapers, magazines, radio stations, and television stations take part in AIDS prevention activities. The Voice of Vietnam radio station broadcasts an average of 700 programs about HIV/AIDS every year. Vietnam central and local television stations give regular updates on the HIV/AIDS situation, broadcast documentaries and talks, and publicize necessary know-how for HIV/AIDS prevention and the prevention of discriminatory behavior. Vietnam has a magazine, *AIDS and Community Magazine*, which focuses on HIV/AIDS, including practical lessons on and experiences with HIV/AIDS prevention. It has a circulation of nearly 30,000 copies per month. Public education programs are constantly reinforced, especially focused on HIV-sensitive groups such as drugs users, people who regularly practice unsafe sex (prostitutes and their clients), migrant populations, students, young adults, soldiers, and people who live away from home.

Vietnam emphasizes peer education for drug abusers and prostitutes. The National Strategy on HIV/AIDS Prevention and Control stresses that the use of mass communication as a way to modify behavior is key to the success of HIV/AIDS prevention in Vietnam. Public education programs have taken different forms such as panels, slogans, movies, plays, HIV/AIDS knowledge contests, and boat trip campaigns. In addition, football matches have been organized to spread HIV/AIDS knowledge from one village to another.

Regional Cooperation to Confront AIDS

The HIV/AIDS epidemic has no boundaries. Wherever there is human activity, especially related to infected blood or unsafe sex, HIV will definitely attack. Therefore, preventing HIV/AIDS is a shared responsibility of neighboring countries, as well as countries in the region and all over the world. Vietnam's experience has shown that cooperation in the fight against AIDS has produced many positive results. It has shared experiences and lessons of success and failure that can then be applied to the specific situation of each country. This helps in identifying appropriate methods and avoiding mistakes in HIV/AIDS prevention work, which is critical for poor and developing nations.

The WHO and UNAIDS estimate that in the first decade of the 21st century, South and Southeast Asia will be very much affected by HIV/AIDS. This is a populous area with low economic growth where governments are working together toward economic development. This is also a region where drugs are produced and purchased, and where an underdeveloped legal system causes the population to bear the heavy consequences of both drug and human trafficking. These conditions hamper HIV/AIDS prevention efforts. To overcome that challenge, the countries of the region need to cooperate closely and concentrate on the following tasks:

- (1) Strengthening the political commitments of each country and the region as a whole to stopping this epidemic. Investment levels for HIV/AIDS prevention work should be raised to US\$1.50 per capita annually by 2010.
- (2) Increasing the quantity of transnational and regional projects to intervene and lessen the harmful effects of drugs and prostitution.
- (3) Boosting cooperation in scientific research on HIV/AIDS in terms of behavior modification, the search for new vaccines, production of economical ARV medication, etc.
- (4) Researching and applying traditional medicine in the treatment process to bolster immune systems and fight opportunistic infections in AIDS patients.
- (5) Coordinating training, exchanging visiting delegations, sharing experiences and organizing regional and transnational conferences about HIV/AIDS prevention.

- (6) Appealing to the governments of regional developed nations and the business sector to increase financial support for HIV/AIDS prevention in the region, especially for poor nations.

There have been some encouraging signs to date. For example, a needle-exchange program was initiated in 2002 along the China-Vietnam border area. This is a cooperative effort between the two governments, and is run by Abt Associates with funding from the United States Institutes of Health and the Ford Foundation. More collaborative efforts of this nature are needed.

International Cooperation

International cooperation in the fight against HIV is playing an increasingly crucial role in Vietnam. In 1993, a cooperative program was initiated between Vietnam and the WHO on risk reduction. The WHO provided interventions to districts in Ho Chi Minh City and Hanoi. This pilot project assessed the impact of various interventions and the level of acceptance of local leaders. Three years after the intervention, positive changes were observed, and political awareness had been raised. Drug addicts were more conscious of the dangers and had learned how best to prevent HIV infection. From this experience, Germany provided massive interventions in the hot spots of Ninh Binh and Lao Cai, and then expanded to Hanoi and Quang Ninh. Since 1998, interventions have been carried out in many provinces with the support of the United Nations Office on Drugs and Crime.

The cooperation with the United States and the World Bank are exemplary. In June 2004, the United States selected Vietnam as the 15th focus nation—and the only Asian country—in the Emergency Plan for AIDS Relief announced by President Bush. The president's plan represents America's unprecedented five-year, \$15 billion commitment to fight HIV/AIDS globally, which the United States estimates could prevent 660,000 new infections, support antiretroviral drug treatment for 13,000 HIV-infected people, and provide care for the almost 80,000 people infected and affected by HIV/AIDS in Vietnam.

In 2004, Vietnam received \$17 million of the total \$515 million amount allocated and released by the United States that same year, and the figure is expected to rise to \$23.5 million in 2005. According to U.S. Global AIDS Coordinator Randall L. Tobias, "After reviewing data on many countries,

we identified Vietnam as the nation where a dramatic increase in American support can make a tremendous impact. The HIV/AIDS pandemic in Vietnam is spreading explosively beyond limited high-risk groups to Vietnamese society at large, so this is a strategic time for America to intervene” (U.S. Embassy 2005). Vietnam’s population is second in size only to Nigeria among the focus countries covered in the president’s AIDS plan.

In May 2005, Vietnam signed an agreement with the World Bank, according to which a \$35 million grant will be provided to Vietnam to support its efforts against HIV/AIDS. A major part of the funding will be channeled to 20 provinces and cities across Vietnam to help implement the National Strategy on HIV/AIDS Prevention and Control. The grant will assist the local authorities to monitor and assess the effectiveness of the national program, to alleviate discrimination, and to encourage grassroots initiatives in this regard. In addition, an integrated scheme will be put in place in Hanoi, Haiphong, and Nha Trang to take care of PLWHA.

Conclusion

HIV/AIDS is a growing concern for Vietnam not only in the political milieu but also for the public at large. It seems that the whole society has been involved in the nationwide campaign against HIV/AIDS from institutional arrangements to down-to-earth practical measures. Nevertheless, the quality of the commitment to fight HIV/AIDS should be deepened further. Too often, poverty-reduction efforts override HIV/AIDS concerns on the government’s priority list; they concentrate efforts exclusively on fighting hunger and still consider HIV/AIDS as an issue solely for health agencies. Moreover, government agencies do not sit down together to discuss how to incorporate HIV issues into an integrated program. The approach is local or issue-specific, so bringing people together and getting them to share views on how to prevent the spread of HIV is not a simple task.

Vietnam is an economy in transition with a high economic growth rate, but that does not guarantee better HIV/AIDS prevention. To the contrary, the market economy may aggravate the income disparity and HIV-infected people could be placed in a more critical situation. Concerted efforts should be made to prevent new infections and reduce stigma and discrimination.

True to its tradition of tolerance and mutual assistance, Vietnam is determined to bring this epidemic to a halt and share its experience with countries in the region in this common struggle.



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