USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

"Due in part to U.S. assistance on the policy front, the Vietnamese National Assembly enacted a more progressive, health- and rights-oriented national law regarding HIV/AIDS in mid-2006. Significantly, the new law officially endorses an array of specific HIV prevention activities for groups with high-risk behaviors … Ultimately, the policy environment in which donors and NGOs operate appears to be improving dramatically and holds promise for managing the epidemic as long as there is improved coordination among all actors."[1]

On the Right Track:

Vietnam Adopts Rights-based Policies for HIV Prevention, Treatment, and Care

Vietnam

JULY 2009
Task Order 1

Over the past five years, Vietnam has notably improved its HIV policy and legal framework. Projects supported by the U.S. Agency for International Development (USAID)—including the USAID | Health Policy Initiative, Task Order 1 (2005–2009), and its predecessor, the POLICY Project (2002–2006)—have been instrumental in bringing about this change in Vietnam's policy environment. POLICY and the Health Policy Initiative facilitated the adoption and implementation of significant policy instruments, including the national HIV/AIDS strategy, HIV law, and guidelines on treatment, care, and medication-assisted therapy (MAT). These projects offered expertise in policy formulation, coordinated involvement of international and national subject-area experts, and helped to build consensus among policymakers when opinions differed. Acumen in negotiating diverse interests and opinions is essential for overcoming obstacles that can delay or derail the policy process. At each step, the projects also strengthened civil society advocacy capacity and encouraged active participation in the policy process, especially by people living with HIV (PLHIV).

A few points are striking about the emerging HIV policy environment in Vietnam. The national strategy, law, and guidelines are remarkable because they:

- Are based on international standards and best practices, in a country that had been reluctant to accept outside influence;
- Introduce a human rights-based approach to HIV, which had previously been a sensitive issue;
- Involved PLHIV in the policymaking process, in a country where civil society and NGO involvement in government policymaking had been rare; and
- Set the stage for a new approach to HIV prevention among injecting drug users (IDUs) and sex workers by adopting harm reduction[2] programs, including MAT and condom distribution, in a country that has relied on mandatory rehabilitation centers to control so-called "social evils."

These are fundamental shifts in Vietnam's HIV policy environment that will help expand service delivery and standardize quality practices, send a strong message denouncing discrimination against PLHIV, and improve outreach to the populations most at-risk for HIV. This brief describes the key policy changes that have occurred over the past five years and offers insights for ensuring that the policy framework is strengthened and sustained to ensure scale-up of HIV prevention, treatment, and care in Vietnam.

National HIV/AIDS Strategy and Vision

USAID-supported HIV policy assistance through the POLICY Project in Vietnam began in 2002. By that time, the country had formulated two medium-term plans for HIV/AIDS prevention and control (1993–1996; 1996–2000), a five-year national HIV/AIDS plan (2001–2005), an *Ordinance on the Prevention and Control of HIV/AIDS* (1995), and various Communist Party instructions. An early POLICY assessment[3] with key stakeholders found that there was national political commitment among top leaders and throughout the Party structure and state-organized mass organizations for addressing HIV. However, the country lacked an overall guiding strategy, and policies did not guarantee the full rights of PLHIV. Stakeholders interviewed during the assessment viewed the government's budgeted funds as inadequate for meeting the country's needs. HIV program management capacity in the provinces also remained weak. In addition, the government linked HIV prevention with interventions designed to control "social evils," such as sex work and injecting drug use. This approach exacerbated the stigma and discrimination surrounding HIV and hindered prevention, treatment, and care programs, especially for the most at-risk populations.

In 2003, the Ministry of Health (MOH) began to draft a national HIV/AIDS strategy. Due to the nature of the drafting process (e.g., the limited resources of the MOH and government sensitivity over international involvement), the POLICY Project coordinated NGO, civil society, and international engagement as a parallel process to facilitate wider participation in the formulation of the strategy. POLICY reviewed the strategy and collaborated with a range of international and national NGOs to solicit feedback on the structure and content of the strategy. POLICY and the Ford Foundation submitted the comments to the MOH on behalf of the international community and national NGOs. The final strategy incorporated many of these comments.

In March 2004, the Vietnamese government issued Decision #36/2004/QD-TTg to approve the *National Strategy for HIV/AIDS Control until 2010 with a Vision until 2020*. The strategy is considered "one of the best and most progressive" in the region.[4] It states the guiding principles of the National HIV/AIDS Program; emphasizes a multisectoral approach and compliance with international agreements on HIV; commits to fighting stigma and discrimination; and calls for HIV resource mobilization as an investment in the country's sustainable development. The strategy establishes roles and responsibilities for various ministries and organizations, as well as outlines nine programs of action to be developed to implement the strategy. Among the programs

Policy to Action Example

Resource Allocation for Provincial Action Plans

Resources are needed to ensure that the national HIV/AIDS strategy is implemented on the ground. To support this effort, as an implementing partner of the Analysis and Advocacy (A^2) Project,[5] the Health Policy Initiative strengthened the capacity of provincial officials to estimate needs and advocate for local HIV resources. For example, in Ho Chi Minh City (HCMC), the project assisted the Provincial AIDS Committee (PAC) to re-design and re-allocate resources for the nine provincial strategic action plans. This process involved applying the linked Asian Epidemic and Goals Models to project epidemic trends and estimate resource needs. [6] As a result, HCMC authorities revised the targets set in the strategic action plans and significantly increased the budget for most at-risk populations, from 1.4 billion VND (approx. US$83,300) in 2005 to 15.9 billion VND (approx. US$946,500) in 2006 and 21.9 billion VND (approx. US$1.3 million) in 2007.

The PAC has adopted the modeling tools for data-based decisionmaking and a few technical staff in HCMC have the capacity to use and manipulate the models on their own, without external technical assistance. The Vietnam Administration of AIDS Control (VAAC) asked that the A^2 Technical Working Group explore how to use the Goals Model and Resource Needs Module in other provinces and at the national level. As a result, in 2008, the Health Policy Initiative organized stakeholder buy-in meetings in six PEPFAR priority provinces. In late 2008, the project also assisted the Hai Phong Department of Health and PAC with applying the Resource Needs Module to estimate the resources required for the provincial HIV action plan. Based on the analysis, the project prepared a final report with recommended next steps to effectively estimate resources for HIV programs.

of action are harm reduction, treatment, care and support, prevention of mother-to-child transmission, and information, education, and communication.

HIV Law and Implementation Decree

While national strategies outline a country's goals and activities, an appropriate legal framework is needed to regulate how those activities will be put into practice. Two key legal instruments in Vietnam are ordinances and laws. An ordinance is approved by the Standing Bureau of the National Assembly, comprising about 30 of the nearly 500 members of the full assembly. As such, ordinances are lower-level legislative instruments that can be overridden by laws, which are approved by the full National Assembly. Vietnam adopted its first *Ordinance on the Prevention and Control of HIV/AIDS* in 1995. However, the government designed the ordinance early in the country's HIV response and recognized that both the epidemic and international best practices had changed. The ordinance did not provide comprehensive legal guidelines to direct and support the HIV response as envisioned by the new national strategy, in particular, regarding the use of MAT and provision of antiretroviral treatment (ART). The ordinance also focused primarily on the health sector and did not consider broader development and multisectoral implications.

In 2004, the MOH requested assistance from the POLICY Project to review and update the ordinance. Recognizing the quality of the early revision work and the need to fully support the strategy, the Standing Bureau decided to elevate the ordinance to the status of a law that would be voted on by the National Assembly and, thus, carry equal weight with other national laws. Two initial hurdles in the process included convincing policymakers of the need to adopt a human rights-based approach and to involve civil society and PLHIV in drafting the new law. In 2003, POLICY had contracted the Vietnamese Research Centre for Human Rights at the Ho Chi Minh National Political Academy and CARE International/Vietnam to conduct a legislative audit of the HIV policy environment.[7] This audit helped to demonstrate to policymakers that the Vietnamese government was already committed to nearly all of the international human rights-related covenants and declarations, including the *International Covenant on Economic, Social and Cultural Rights* and United Nations General Assembly Special Session (UNGASS) *Declaration of Commitment on HIV/AIDS*. POLICY also advocated for the participation of PLHIV and civil society as an essential element of the process, with which the government eventually agreed.

"The POLICY Project, an international NGO, was instrumental in pushing for a transparent process in drafting the HIV/AIDS Law. It helped to convince policymakers of the importance of civil society participation, particularly the participation of people living with HIV/AIDS."[8]

As first steps, POLICY analyzed the existing ordinance and conducted a provincial stakeholder survey to assess knowledge and understanding of the HIV legal environment. Over the two-year process to draft the law, POLICY and, later, the Health Policy Initiative, also provided technical and financial assistance and coordinated participation from various stakeholders. The process of dialogue and debate that led up to the approval of the law involved many stakeholders. This dialogue was crucial in addressing issues related to stigma and discrimination and ensuring that the views of HIV-positive people were included. For example, in May 2006, the Health Policy Initiative and the United Nations Development Program facilitated a consultation with about 40 HIV-positive people to seek their views on the draft law. Recommendations from the consultation were submitted to the National Assembly Committee for Social Affairs to further ensure that the law is responsive to the needs of those most affected by the epidemic.

One U.S. government program officer in Vietnam recalls, "[USAID's] POLICY Project and now Health Policy Initiative were more than instrumental in providing technical assistance to the drafting team and eventually direct support to the National Assembly in revising the draft law, which passed with a number of heavily debated gains for HIV advocates." He continues, "Those gains include stipulations on … the legal rights of people living with HIV to gainful employment, the protection of children living with HIV, and the legal right to health insurance benefits."[9]

Policy to Action Example

HIV Legal Clinics

To help monitor implementation of the HIV law, educate PLHIV about their rights, and redress grievances, the Health Policy Initiative worked with in-country partners to launch five HIV legal clinics, mobile legal teams, and a national HIV hotline. The clinics, established from January 2007 to September 2008, are located in Ho Chi Minh City, Hanoi, Quang Ninh, An Giang, and Hai Phong provinces. Key partners include the Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPHH), the Vietnam Lawyers Association, and PLHIV networks. HIV-positive people serve on the advisory boards of the legal clinics, along with local civil society and government representatives. They also work as peer educators through the clinics.

The Health Policy Initiative funded the establishment and daily operations of the clinics; provided training for clinic staff on the HIV law and policies; guided development of a database to monitor and record client inquiries and cases; and helped to design the operational guidelines, office policy manual, and office systems, including client confidentiality procedures.[10]

On June 21, 2006, Vietnam's National Assembly approved the *Law on Prevention and Control of HIV/AIDS*, with the support of about 80 percent of the deputies' votes. The new law provides important guidance that will support and promote equitable and affordable access to high-quality HIV services. It outlines an extensive set of legal measures, including the protection of confidentiality, guarantees of the rights of people living with and affected by HIV and AIDS to goods and services, measures designed to reduce stigma and discrimination, support for the implementation of MAT, and free access to HIV treatment for children.

To provide guidance on how to carry out the law, on June 27, 2007, the government of Vietnam formally approved the Government Decree 108/2007 ND-CP *Elaborating Some Articles of the Law of the Prevention and Control of the Infection of HIV/AIDS*. The Health Policy Initiative provided financial and technical support for the decree's development, offered comments on early drafts, and coordinated the review by other partners. The decree provides detailed explanation and guidance for implementation of several articles in the law. For example, the decree:

- Outlines the distribution of antiretroviral (ARV) drugs in the public and private sectors;
- Provides for the free care of orphaned children and PLHIV unable to support themselves;
- Formalizes the role of peer education outreach workers through a card system, and requires the MOH and Ministry of Public Security to liaise in relation to the work of peer educators;
- Makes it illegal to sell condoms and other HIV prevention resources that are allocated for free distribution;
- Makes it legal to establish needle and syringe exchange programs[11] for HIV prevention with involvement of non-traditional outlets and peer educator networks; and
- Specifies the management mechanism for the MAT program.

The decree also provides for integration of HIV activities into other sectors, such as education, labor, and finance. It requires that HIV budget allocations be included in national and provincial planning and programming. This will help to promote multisectoral involvement in the national response and increase resources for HIV and AIDS programs.

Treatment and Care Guidelines

Antiretroviral treatment and opportunistic infection (OI) treatment. When the POLICY Project in Vietnam began in 2002, the availability of ARVs was extremely limited. Vietnam became the 15th focus country of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2004, and has also received funding from the Global Fund to Combat AIDS, Tuberculosis and Malaria (GFATM). As a result, Vietnam has received significant funding and assistance in the development of comprehensive HIV prevention, treatment, and care programs. The estimated number of people receiving treatment increased

from a few hundred in 2003 to more than 26,000 by 2009.

The ability to deliver accurate and high-quality medications and services is vital. Until recently, however, there was no national guidance for physicians in Vietnam treating PLHIV, and significant evidence of poor provider practice existed (e.g., prescribing one or two ARVs for limited treatment periods). In 2004, with financial and technical support from the POLICY Project, the MOH Therapy Department drafted the *National ARV and OI Guidelines*. The guidelines are based on international best practices and provide a platform for accurate and informed clinical practice in relation to the use of ARVs and medications to treat OIs. The guidelines were promulgated by MOH Decision #06/2005/QD/BYT and signed by the Vice Minister on March 7, 2005.

POLICY facilitated a series of highly participatory workshops with a range of stakeholders to draft and review the guidelines, including Family Health International (FHI), the Vietnam Center for Disease Control (CDC), and the World Health Organization (WHO). Consequently, the guidelines enjoy support from various treatment initiatives and are in use at major HIV treatment hospitals (80 national institutes and provincial hospitals) and all district hospitals (more than 1,500). POLICY also supported the dissemination of the guidelines through two national workshops in June 2005 attended by over 200 participants, representing leading treatment institutions, directors of provincial health and therapy services, and international donors. The guidelines represent a major achievement in strengthening the capacity of Vietnamese physicians and treatment centers to administer ARV and OI treatment.

Palliative care. Palliative care has been practiced unsystematically in Vietnam, and no national guidance existed to inform the care of people in pain or dying due to AIDS-related or other terminal illness. The need for well-developed palliative care guidelines is a paramount concern to ensure that people living with HIV, cancer, and other terminal illnesses have an improved quality of life. This issue was particularly sensitive as some in the medical community have been reluctant to prescribe pain medications to IDUs, who they believed would abuse the drugs.

Beginning in 2005, the POLICY Project (and, later, the Health Policy Initiative) collaborated with FHI, the Vietnam CDC, and WHO to help the MOH Therapy Department prepare national guidelines on palliative care and nursing care for HIV and other terminal illnesses in community and clinical settings. To inform the policy process, these groups and the Vietnam CDC-Harvard Medical School AIDS Partnership (VCHAP) designed and conducted a rapid situational assessment.[12] The rapid assessment found that severe, chronic pain was prevalent among HIV-positive people, yet access to essential pain control medicine was limited and service availability and costs were barriers to accessing care. As with the ARV and OI guidelines, the Health Policy Initiative coordinated involvement of various stakeholders and helped to build consensus to formulate the palliative care guidelines.

Policy to Action Example

Treatment Literacy

Resources for treatment have increased dramatically over the past five years. As ART scales up, a key concern for the Vietnamese government and international donors is the extent to which PLHIV are able to adhere to treatment. Lack of adherence compromises the health of PLHIV and can lead to the rise of drug-resistant strains of the virus. To foster treatment adherence, the Health Policy Initiative worked with PLHIV networks, including Bright Futures and the Southern PLHIV Network, to strengthen treatment literacy among HIV-positive people. Treatment literacy helps PLHIV understand the progression of HIV to AIDS; the different ARV drugs and their uses; the nature of side effects and how to deal with them; and the importance of taking medicines regularly, among others. The project involved PLHIV at each stage in the process; they helped to create the training modules, were trained as master trainers, and conducted treatment literacy workshops for fellow PLHIV network members.[13]

On September 15, 2006, the Vice Minister of Health approved the *National Palliative Care Guidelines*. As a joint effort—including the MOH Therapy Department, USAID, FHI, VCHAP, and the Health Policy Initiative—two workshops were organized in northern and southern Vietnam to disseminate the guidelines. The workshops attracted 155 healthcare providers from 56 provinces, including policymakers and physicians who work closely with AIDS and cancer patients throughout the country. The palliative care guidelines promote equitable access to quality HIV services by providing a comprehensive set

of guidelines for the diagnosis and management of pain for people living with AIDS-related and other terminal illnesses. The guidelines also include directions and advice on patient-centered psychosocial support and referral to pain management services.

Medication-assisted Therapy Guidelines

In Vietnam, injecting drug use is a main route for HIV transmission. According to the MOH, HIV prevalence among IDUs was approximately 34 percent in 2005.[14] Efforts to control drug use still rely on mandatory rehabilitation centers in closed settings, known as 06 centers. In 2006/07, the Health Policy Initiative, with government support, conducted an assessment of 06 centers. The study found that most funding for drug control goes to upkeep of facilities, not social support or drug treatment. The government goal of putting 70–90 percent of IDUs in rehabilitation centers would also cause the government budget to skyrocket. In addition, linkages between rehabilitation centers and community-based support programs are lacking, contributing to a high relapse rate of up to 90 percent in some cases. There is almost no access to HIV prevention, treatment, and care in rehabilitation centers, despite the high HIV prevalence among IDUs. Further, while there have been calls to end discrimination against people living with or affected by HIV, stigma and discrimination against drug users remains high and makes them reluctant to come forward for HIV prevention services.

Thus, from economic, public health, and human rights perspectives, there is a need to support expansion of effective approaches to prevent HIV transmission among IDUs. One of the ways to do so is by promoting medication-assisted therapy (MAT). MAT shifts the drug user from injecting drugs, such as heroin, to non-injecting drugs, such as methadone—thus limiting exposure to contaminated needles and reducing risk for HIV infection. The government of Vietnam recently approved the use of MAT using methadone as an HIV prevention method. However, few doctors in Vietnam are familiar with this therapy. Groups working in Vietnam have carried out small MAT pilot programs, but these have been limited in scope and unable to go to scale without accepted national legal and medical guidelines.

In response, in 2006, the Health Policy Initiative helped to form a technical working group, chaired by the MOH Therapy Department and National Institute for Mental Health. The working group also included FHI, WHO, and the Vietnam CDC, and was charged with formulating national guidelines to direct the MAT program. Throughout the more than year-long process, the Health Policy Initiative coordinated the participation of stakeholders, encouraged dialogue, and provided financial and technical support to finalize the guidelines. On December 12, 2007, the *Treatment Guidelines on Methadone Substitution Therapy for Opiate Addiction* were promulgated by MOH Decision #5076/QD-BYT and signed by the Vice Minister of Health. To make the guidelines broadly known and understood by healthcare practitioners, in May 2008, the Health Policy Initiative organized two dissemination workshops in the north and south, in partnership with the MOH Therapy Department. The 206 participants came from all 64 provinces and all departments of health and mental health services.

To ensure progress in implementing harm reduction programs, the government decided to transform the technical working group that designed the MAT guidelines into a National Task Force on HIV Harm Reduction (NAFOR). Launched in November 2007, NAFOR is a permanent mechanism charged with advising on the expansion and coordination of resources and programs to address prevention and treatment gaps. NAFOR recommendations are to be implemented by MOH; the Vietnam Administration of AIDS Control; the Ministry of Labor, War Invalids, and Social Affairs; and the Ministry of Public Security. Membership is open

Policy to Action Example

MAT Pilot Assessment

With support from PEPFAR and the United Kingdom's Department of International Development, the Vietnamese government has launched a two-year MAT pilot program. As part of the pilot, MAT using methadone will be provided through six sites in Hai Phong and Ho Chi Minh City. The Health Policy Initiative, FHI, and WHO helped the VAAC to design a protocol to evaluate the first year of the pilot program. The Health Policy Initiative's work focused on the cost component of the evaluation. Findings of the pilot evaluation will inform scale up of MAT in Vietnam.

Engaging Civil Society in the Policy Process

Encouraging active engagement of civil society in the policy process in Vietnam has been a cornerstone of the approach undertaken by the POLICY Project and Health Policy Initiative. As a result of these efforts, PLHIV have played a role in determining the policies that affect their lives and helped to ensure that human rights principles and international best practices were incorporated into Vietnam's HIV laws and policies.[15] The following examples illustrate the ways in which the two projects have strengthened the capacity of civil society to influence policy processes in Vietnam:

- Provided ongoing technical and financial assistance to Bright Futures, the Southern PLHIV Network, and other self-support groups (2003–2008)
- Facilitated networking and organized workshops leading to the creation of the national Vietnam Network of PLHIV and Vietnam Positive Women's Network (2008)
- Involved HIV-positive people in the development of the country's *National Strategic Plan on HIV/AIDS Prevention until 2010, with a Vision until 2020* (2004); *Law on Prevention and Control of HIV/AIDS* (2006); and national guidelines on ARV and OI treatment (2005), palliative care (2006), and MAT (2007)
- Strengthened the policy and advocacy capacity of HIV-positive individuals, some of whom have participated in the GFATM Country Coordinating Mechanism for Vietnam
- Involved PLHIV as members of the advisory boards and as peer educators at the HIV legal clinics and hotline
- Facilitated, for the first time ever, meaningful civil society participation in reviewing the national policy response and preparing the annual report on Vietnam's progress toward achieving the UNGASS *Declaration of Commitment on HIV/AIDS* (2007/08)
- Strengthened the capacity of the HIV/AIDS Vietnam Action Group (HAVAG), an alliance of local HIV NGOs and PLHIV self-help groups
- Formed a steering committee of PLHIV networks, NGOs (e.g., Vietnam Center for Community Mobilization for HIV/AIDS Prevention and CCLPHH), and the Vietnam Women's Union that is supporting a participatory monitoring activity to build the capacity of HIV-positive people to monitor the quality of ART services and reduce stigma and discrimination

to all interested government, multilateral and bilateral, mass, and civil society organizations, and representatives of most at-risk populations. The Health Policy Initiative participated in NAFOR and helped members draft the task force terms of reference and workplan.

The government has also approved a pilot methadone program in six treatment sites in Hai Phong and Ho Chi Minh City, to serve about 1,500 clients. The pilot MAT program and NAFOR task force are crucial steps to support implementation of the new MAT policy, which, ultimately, will help to reduce HIV transmission among IDUs in Vietnam.

The Way Forward

The Vietnamese government's recent approaches to HIV have fostered a more enabling policy environment for the national response. The Communist Party and National Assembly's high-level commitment to address HIV have resulted in various laws, directives, and strategies, many of which were developed with technical support from the POLICY Project and Task Order 1 of the USAID | Health Policy Initiative. Civil society, including PLHIV, have played a key role in ensuring that new policies and guidelines reflect international best practices and human rights principles (see box above).

While significant progress has been made, there is still much work to be done if Vietnam is to achieve the goal of a fully supportive HIV and AIDS legal and policy environment. Key next steps include:

- Resolving conflicts between co-equal laws, such as laws on HIV prevention and laws to control drug use and sex work;

- Taking active steps to reduce stigma and discrimination not only against PLHIV, but also the most at-risk populations who are still associated with perceived "social evils;"
- Educating law enforcement officials on new provisions in the national HIV strategy and HIV law;
- Building capacity at the provincial level to design, finance, implement, and monitor HIV policies and programs;
- Fostering engagement in the HIV response beyond the health sector, to include labor, public security, education, and other sectors;
- Continuing to strengthen the policy, advocacy, and leadership capacity of civil society and PLHIV to meaningfully engage in national and local policy processes; and
- Ensuring periodic revisions to policy instruments and strategies to account for the impact of gender on HIV transmission and changing epidemic dynamics, such as increasing internal mobility as well as increasing HIV transmission among sexual partners of IDUs and women married to men who visit sex workers.

ENDNOTES

[1] Turnbull, W. 2006. "Uncharted Waters: The Impact of U.S. Policy in Vietnam." Country Case Study. Washington, DC: Population Action International.

[2] In recognizing the challenges in achieving and sustaining long-term behavior change, "harm reduction" seeks to reduce the harms associated with high-risk behaviors for individuals, their partners, and the community. HIV prevention harm reduction approaches include, among others, condom distribution for sex workers and their clients, and MAT and needle and syringe exchange programs for IDUs. Harm reduction programs seek to achieve public health goals (e.g., reduce HIV transmission) while respecting the health, human rights, and social needs of the most at-risk populations. Note: The U.S. Government (USG) does not condone or promote illegal drug use, and USG policy has prohibited the use of federal funds for the purchase or distribution of injecting equipment (e.g., needles and syringes) for the purpose of injecting illegal drugs. In February 2009, the USG announced that it supports needle exchange programs as part of a comprehensive strategy to reduce the transmission of HIV among IDUs. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has supported HIV prevention among IDUs by (1) tailoring HIV prevention programs to IDUs; (2) supporting, with approval from the Office of the U.S. Global AIDS Coordinator, medication-assisted therapy programs for HIV-positive individuals as an HIV prevention measure; and (3) offering HIV-positive drug users a comprehensive HIV treatment program to reduce the risk of transmission. Comprehensive HIV prevention programs can help IDUs stop using drugs, change their risk behaviors, and reduce their risk for acquiring or transmitting HIV infection. An update to the USG PEPFAR policy reflecting the February 2009 statement is forthcoming.

[3] Le Bach Duong. 2005. "Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia —Focus on Viet Nam." Washington, DC: Futures Group International, POLICY Project.

[4] Khuat Thi Hai Oanh. 2007. *HIV/AIDS Policy in Vietnam: A Civil Society Perspective*. New York: Open Society Institute.

[5] A² is a joint, regional effort supported by USAID and implemented by the East-West Center, Family Health International (FHI), Health Policy Initiative, and in-country partners.

[6] Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC), National Institute of Hygiene and Epidemiology (NIHE), FHI, East-West Center, and Health Policy Initiative, Task Order 1. 2006. *Combining Epidemiology and Economic Analysis to Inform the Response to the HIV Epidemic in Ho Chi Minh City*. Ho Chi Minh City: HCMC PAC, NIHE, FHI, East-West Center, and Health Policy Initiative, Task Order 1. Available at http://www.healthpolicyinitiative.com/Publications/Documents/532_1_A2_full_report_FHI_07_04_08.pdf [accessed June 30, 2009].

[7] Vietnamese Research Centre for Human Rights/Ho Chi Minh National Political Academy and CARE International in Vietnam. 2003. *International Law, National Policy and Legislation for the Prevention of HIV/AIDS, and Protection of Human Rights of People Living with HIV/AIDS in Vietnam*. Hanoi: Futures Group International, POLICY Project. Available at: http://www.policyproject.com/pubs/countryreports/VIE_HumanRights_HIV.pdf [accessed June 30, 2009].

[8] See Footnote 4.

[9] Email communication from Daniel Levitt, HIV Program Manager, USAID/Vietnam, 2006.

[10] Task Order 1 supported the legal clinics and hotline from December 2006–September 2008. Support continues under the follow-on phase of the Health Policy Initiative in Vietnam (2008–2012). To learn more, see: Health Policy Initiative, Task Order 1. 2009. "Making Policies Work for People: HIV Legal Clinics and Hotline in Vietnam Ensure that PLHIV Know and Exercise Their Rights." Washington, DC: Futures Group International, Health Policy Initiative, Task Order 1.

[11] The USG does not condone or promote illegal drug use, and USG policy has prohibited the use of federal funds for the purchase or distribution of injecting equipment (e.g., needles and syringes) for the purpose of injecting illegal drugs. In February 2009, the USG announced that it supports needle exchange programs as part of a comprehensive strategy to reduce the transmission of HIV among IDUs. See Footnote 2.

[12] Green, K., LN Kinh, and LN Khue. 2006. *Palliative Care in Vietnam: Findings from a Rapid Situation Analysis in Five Provinces*. Hanoi: Ministry of Health.

[13] Health Policy Initiative, Task Order 1. 2009. "Positive Beginnings: Strong Networks in Vietnam Enable People Living with HIV to Take Charge of Their Futures." Washington, DC: Futures Group International, Health Policy Initiative, Task Order 1.

[14] Vietnam Ministry of Health, 2005, *HIV/AIDS Estimates and Projection 2005-2010*, and Hanoi Ministry of Health, Department of Preventive Medicine and HIV/AIDS Control, 2006, *HIV/STI Integrated Biological and Behavioral Surveillance in Vietnam, 2005-2006*.

[15] See Footnote 13.

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