

HIV/AIDS Care and treatment in Vietnam

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HIV/AIDS In Viet Nam

1st HIV case: 1990

1st AIDS case: 1993

Cummulative to 10/2007:

HIV/AIDS infection: 136.125

AIDS patients: 28.092

Dead: 15.798

Estimation of HIV infection in 2007: 290.000

Projection to 2010: 311.000

ACCESS TO ART in viet nam

- > 1993-2000 : 50 patients/year
- > 2001-2003: 100 patients/year
- > 2004 : 500 patients
- > 2005 : 3400 patients (National program: ESTHER project , PEPFAR)
- > 2006: 5000 patients approximately (GF)
- > 2007: 16.000 patients approximately (NAP,PEPFAR,GF)

ESTIMATED ART needs for period 2006-2010

HIV infection by 2010: 311.500

Number need care: 122,000

Number eligible for ARV treatment: 25,000

Number on ARV treatment: 22.000

Number of infected children access to ARV: 100%

ARV Basic Principles

- ARV: 3 drugs in combination for life
- Greater than 90% adherence required to avoid drug resistance and treatment failure
- Monitoring of side effects

challenges and obstacles

- Implementation of policies
- Lack of resources: human, equipment, medicines
- Weak multi-sector collaboration
- Need to increase the role of PLWHA
- High levels of stigma and discrimination

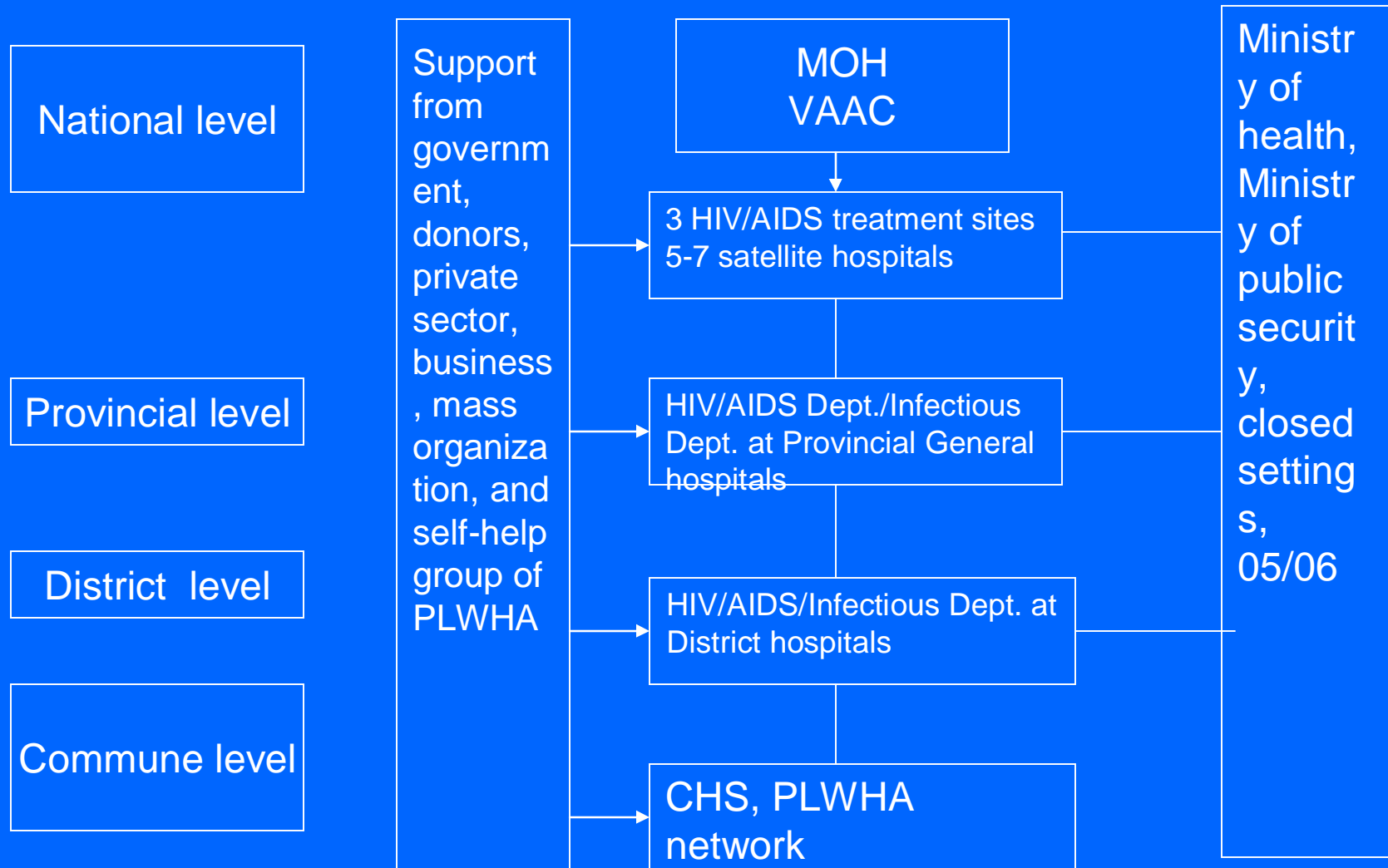
social issues affecting care and treatment

- Stigma and discrimination
 - HIV/AIDS, injecting drug use, sex work, msm
- HIV/AIDS and gender inequity
 - Higher burden of care on women looking after children and families

Which sectors are involved in HIV/AIDS care and treatment system in viet nam?

- National health care sector
- Other ministries including MOLISA, MoPS and MoD
- Private sector, e.g. clinics, workplaces, pharmacies
- Community-based, e.g. PLHA groups, mass organization,
- Social support, e.g. WU, pagoda, church

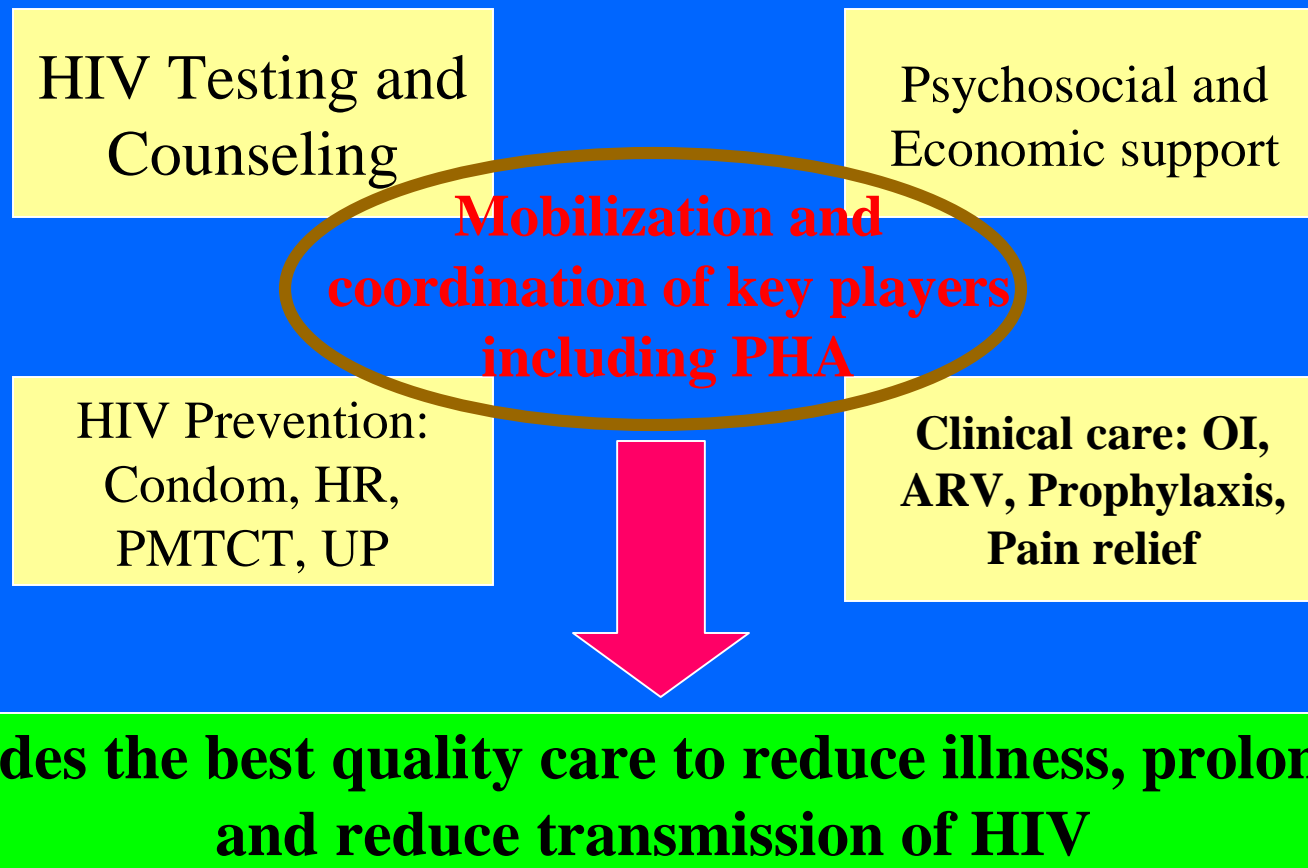
STRUCTURE OF CARE AND TREATMENT IN VIET NAM



Where can HIV/AIDS care and treatment be accessed in Viet Nam?

- Hospital based care
- Out Patient Clinics
- In closed settings (05/06)
- Community-based care; Home-based care
- Treatment projects (ESTHER, Global Fund, PEPFAR)

Key components of a comprehensive HIV/AIDS Care and Treatment



HIV Testing and Counseling

- Voluntary and the gateway to HIV prevention, care and treatment
- Good quality pre-test education/counseling and post-test counseling are essential
- Confidentiality must be protected

Psychological and socioeconomic support

- Psychological, spiritual and educational support (individuals, groups, families, communities, OVC)
- End of life support
- Nutritional and daily living support
- Stigma and discrimination reduction

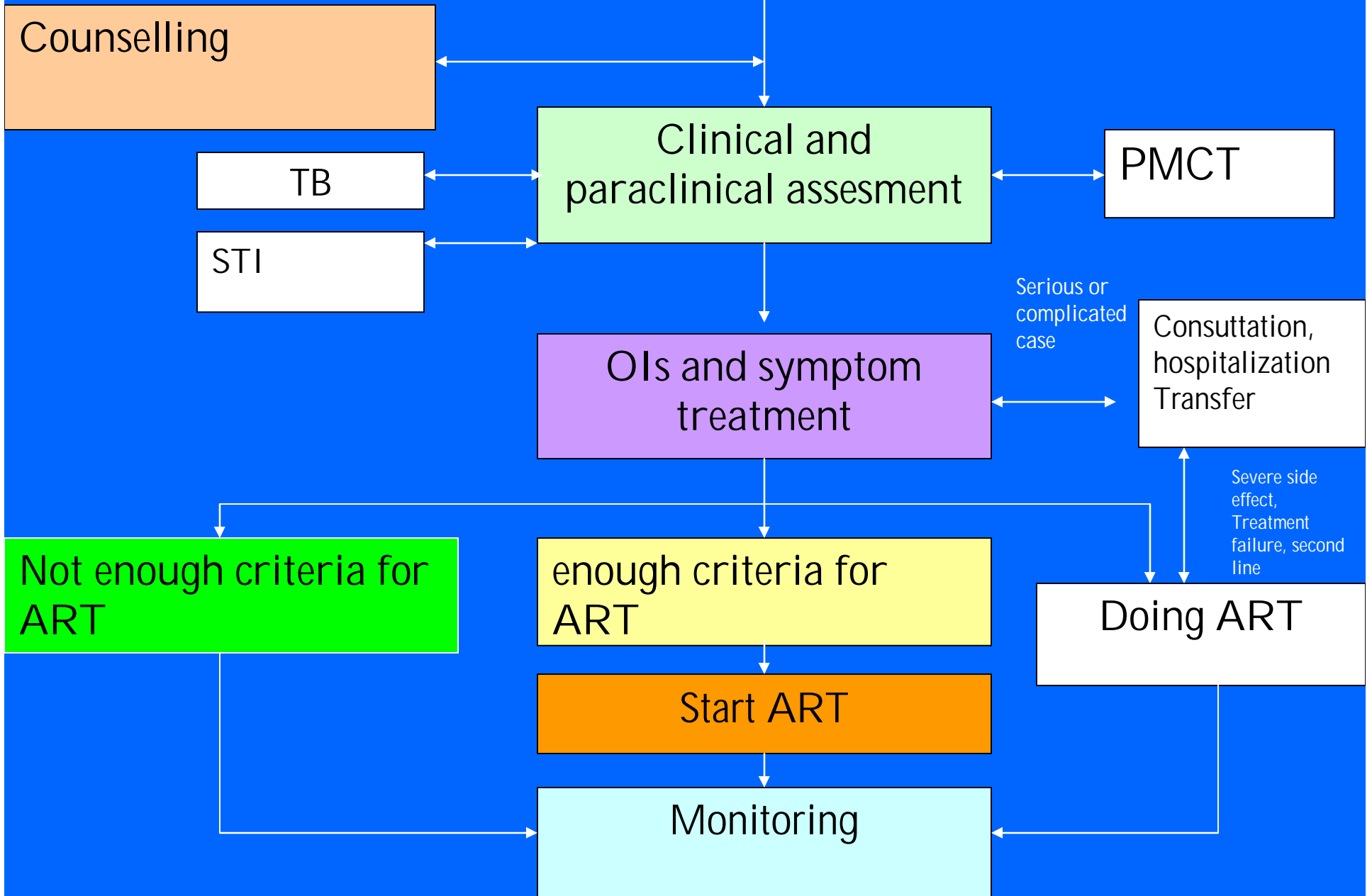
HIV Prevention and treatment integration

- STI
- PMTCT
- Safe sex and promotion of 100% condom use
- Harm reduction: needle exchange
- Universal precaution
- PEP

Clinical care

- Prophylaxis, diagnosis and treatment of OI
- Management of ARV
- Support to adherence to treatment
- Symptom and pain management in palliative care

Registration/Reception HIV (+)



Mobilizing and coordination of key players including PLWHA

- Public health and clinical services
- Mass organizations, local authorities, CBOs, FBOs, NGOs,
- PLHA group development and peer support

Legal documents related to hiv/aids

- Resolution No. 46/NQ-TW on people' health care and protection
- Directive No. 52/CT-TW dated 17/3/1995 and 54/CT-TW dated 30/11/2005 from Party's Secretariat Board
- HIV/AIDS law and Decree
- Decision No. 36/2003/QĐ-TTg on the establishment of National strategy on HIV/AIDS prevention and control to 2010 with a vision to 2020
- Directive No. 02/2003/CT-TTg dated 26/2/2003 of the Prime Minister on strengthening HIV/AIDS prevention and control
- Other related documents: Inter-ministries circular, technical guidelines

NATIONAL strategy- hiv/aids care and treatment till 2010

Overall objective:

Increase access to care, support and treatment services for people infected and affected by HIV/AIDS in order to prevent HIV transmission and prolong the life of PLWHA

strategy on hiv/aids care and treatment till 2010

Specific objectives:

- a. Increase access to appropriate care, support and treatment, including ARV treatment for PLWHA;
 - Increase 10% of AIDS patients to access to ARV each year, and 70% of AIDS patients access to ARV by 2010;
 - Appropriate care and treatment for 100% children infected and affected by HIV/AIDS
- b. Improve the ability of HIV/AIDS diagnosis and treatment . At least 50% provincial facilities provided enough modern equipments for HIV/AIDS diagnosis and treatment;
 - 70% of districts through out the country established network for comprehensive care and support and Treatment
 - 100% care-providers trained on HIV/AIDS treatment

WHAT NEEDS TO BE DONE in viet nam

- Establish and promote care and treatment network that links provincial, district and local agencies
- Increase multi-sector collaboration
- Provide comprehensive and continuous care and treatment
- Improve health care provider capacity
- Improve access to treatment (OI and ARV)
- Ensure equitable access
- Develop policies that ensure affordable and sustainable treatment and care
- Involve PLHA and their families in treatment and care

Thank you for your attention