



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	82.5	United Nations
Population in urban areas (%)	2003	25.5	United Nations
Life expectancy at birth (years)	2002	69.6	WHO
Gross domestic product per capita (US\$)	2001	415	United Nations
Government budget spent on health care (%)	2001	6.1	WHO
Per capita expenditure on health (US\$)	2001	21	WHO
Human Development Index	2001	0.688	UNDP

3. Situation analysis

- **Epidemic level and trend and gender data.** Viet Nam is facing a rapidly growing HIV epidemic that is beginning to extend beyond initial concentrations in networks of injecting drug users and sex workers. The first case of HIV infection was detected in 1990. By 2002, more than 10 000 people were becoming infected per year, and the epidemic had expanded to all 61 provinces of Viet Nam, with HIV detected in 93% of districts and 49% of communes. Viet Nam is still in a concentrated epidemic stage, but there is clear spread to the general population, with sentinel surveillance showing HIV seroprevalence of more than 1% among antenatal women in four provinces.
- **Major vulnerable and affected groups.** Viet Nam's HIV/AIDS epidemic affects mainly young people: 63% of those infected at the end of 2002 were 20–29 years old. It is largely concentrated among injecting drug users and their partners and sex workers and their clients. Fifty to sixty per cent of the total reported people living with HIV/AIDS are injecting drug users. The national average HIV prevalence among injecting drug users increased from 9.4% in 1996 to 29.3% in 2002; in some provinces, the HIV prevalence among injecting drug users has reached 60–70%.
- **Policy on HIV testing and treatment.** Viet Nam is strongly committed to ensuring a vigorous response to the HIV/AIDS epidemic, and political involvement is evident at the highest level. In February 2003, the Prime Minister signed a directive on strengthening HIV/AIDS prevention and control that includes prevention, care and treatment in a multisectoral framework. The Prime Minister approved the National Strategy on HIV/AIDS for 2004–2010 with a Vision to 2020. The National Strategy allows for the first time the provision for harm reduction activities among injecting

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	0.2–0.8%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	110 000–360 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	5 332	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	1 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	22 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	1.8%	WHO

drug users and female sex workers and also refers to comprehensive antiretroviral therapy and care services for people living with HIV/AIDS among its priorities. The notion of voluntary counselling was only recently introduced in Viet Nam, with the development of counselling centres all over the country. Guidelines on antiretroviral therapy developed a few years ago recommended the use of only two drugs, but these guidelines are now being revised and will follow WHO recommended guidelines.

- **Antiretroviral therapy: first-line drug regimen, cost per person per year.** Antiretroviral therapy is not currently available beyond a few small pilot projects. Antiretroviral therapy is only accessible to a small number of people who can afford to pay the high cost of treatment, estimated to be US\$ 700–900 per year for the locally produced two-drug combination lamivudine + zidovudine.
- **Assessment of overall health sector response and capacity.** Overall health indicators in Viet Nam are quite good given its low gross domestic product per capita. Viet Nam has demonstrated its capacity to manage several infectious diseases, including severe acute respiratory syndrome. Viet Nam has the advantage of having an extensive network for health care and myriad community-based organizations. However, the capacity of the various levels of the governmental structures administering and leading HIV/AIDS work in Viet Nam needs to be built to keep pace with the implementation of scaling up antiretroviral therapy. Capacity-building for scaling up antiretroviral therapy in both managerial and technical areas will require the support and coordination of many different in-country partners.

- *Critical issues and major challenges.* The main barrier to scaling up is the cost of the antiretroviral drugs. With financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria to purchase drugs, capacity and stigma issues can be tackled, as Viet Nam now has strong political commitment to ensuring equity of access. Regulatory barriers also need to be overcome. The patent status of the main drugs recommended for first- and second-line treatment is not clear, which limits procurement options. If patents restrict the import of generic antiretroviral drugs, the prices will have to be negotiated with patent drug manufacturers, likely leading to higher costs.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO “3 by 5” treatment target of 11 000 people by 2005 is between US\$ 50 million and US\$ 56 million.
- The government has committed about US\$ 2.7 million to fund activities for scaling up antiretroviral therapy during 2004–2005. Round 1 funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria was recently made available to Viet Nam and will permit immediate start-up of activities that will lay the basis for scaling up, including initially procuring antiretroviral drugs and establishing services in 15 antiretroviral therapy sites linked to prevention services in five highly affected provinces. It is estimated that the Global Fund grants will provide about US\$ 6 million for scaling up antiretroviral therapy during 2004–2005.
- Taking into account funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Viet Nam to reach 11 000 people by the end of 2005 is between US\$ 42 million and US\$ 47.6 million.

5. Antiretroviral therapy coverage

- Viet Nam's total treatment need for 2005 is estimated to be 22 000 people, and the WHO “3 by 5” treatment target was set at 11 000 people (based on 50% of estimated need). In 2003, the government supported the provision of antiretroviral therapy to about 1000 people.
- With technical assistance from WHO, the Ford Foundation and others, Viet Nam has declared a national target of providing 15 000 people with antiretroviral therapy by the end of 2005. At least 15 sites are expected to begin providing antiretroviral therapy during an initial implementation phase in 2004.
- Viet Nam was recently added as the 15th focus country of the United States President's Emergency Plan for AIDS Relief. The Emergency Plan interventions in Viet Nam through non-governmental organizations could provide treatment for an estimated 13 000 people living with HIV/AIDS.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health (with support from United Nations agencies and the Ministry of Labour, Invalids and Social Affairs) is responsible for the overall coordination and management of the national antiretroviral therapy programme, including the legal and policy framework, determining the costs of scaling up and raising the funds to achieve this, human resource planning, strengthening the health system, delivering antiretroviral therapy services and strategic information.
- *Antiretroviral therapy service delivery.* Under the leadership and coordination of the Ministry of Health, the Clinton Foundation and United Nations agencies provide support for procuring antiretroviral drugs. The United States Centers for Disease Control and Prevention and the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau) support overall capacity-building activities, in-service training of service providers, the development of normative guidelines and testing and counselling activities. ESTHER is also beginning small-scale antiretroviral therapy in Hanoi, Ho Chi Minh City and Haiphong.
- *Community mobilization.* Community-based organizations lead work related to building the capacity of groups of people living with HIV/AIDS and to promoting adherence and psychosocial support with contributions from international nongovernmental organizations. The Ministry of Health provides leadership for programme communication and advocacy at the community level as well as material (that is, nutrition) support.
- *Strategic information.* WHO supports the Ministry of Health in implementing activities related to monitoring, antiretroviral drug resistance, tracking patients, operational research and information management.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Assessing the national antiretroviral therapy programme in the context of the “3 by 5” strategy, especially identifying opportunities and gaps
- Assisting in procuring antiretroviral drugs, especially as related to patent issues
- Developing a national operational plan for scaling up antiretroviral therapy focusing on the role of partners
- Assessing needs with regard to harm reduction interventions, including antiretroviral therapy for injecting drug users
- Conducting final selection with the Ministry of Health of 15 sites for antiretroviral therapy services in 2004, site-focused operational planning meetings to define resource needs and timelines, operational planning with partners to define the support they can provide (or are providing) at each site and elaborating essential operational research agenda to be carried out in these first-phase sites

Key areas for WHO support in the future

- Establishing a “3 by 5” team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Providing continued support for procuring antiretroviral drugs, including capacity-building in price negotiation, prequalification, how to procure antiretroviral drugs at reasonable prices now (with Round 1 funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria) and planning for longer-term procurement or local production (prequalification)
- Developing national standards for HIV/AIDS treatment and care for different levels of the health care system, including national guidelines on antiretroviral therapy
- Planning for capacity-building
- Developing a harm reduction plan (overlapping antiretroviral therapy issues)
- Supporting the development of communication and advocacy strategies
- Supporting the strengthening of laboratory services
- Developing a national monitoring and evaluation system for the antiretroviral therapy programme, including patient tracking
- Developing community-based approaches that will integrate harm reduction, drug dependence treatment and antiretroviral therapy
- Drafting a detailed “3 by 5” operational plan for 2004, including a framework for scaling up in 2005

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer in the position of technical officer as well as one full-time medical officer. Recruitment of an international “3 by 5” Country Officer is currently underway.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

“3 by 5” Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

This country profile was developed in collaboration with national authorities, the WHO Country Office for Viet Nam and the WHO Regional Office for the Western Pacific.

