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Governing Council  
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**ACTIVITIES OF COMMITTEES AND OTHER BODIES**

**(g) ADVISORY GROUP ON HIV/AIDS**

**FIELD VISIT TO VIET NAM**

**8 - 12 December 2009**

***Participation***

The following members of the Advisory Group took part in the visit: Ms. H. Bogopane-Zulu (South Africa, Chair), Dr. M. El-Hazmi (Saudi Arabia), Dr. E. Tumwesigye (Uganda), Ms. L. Mafuru Mng'ong'o (Tanzania), and Dr. M. Xavier (Uruguay).

Representatives of organizations participating in the Advisory Group included: Ms. G. Sethi (UNAIDS Regional Support Team Asia and Pacific), Ms. C. Gonzalez (UNAIDS Country Office Viet Nam), Mr. T. Barnett (World AIDS Campaign), and Mr. S. Robinson (The Global Fund). The IPU Secretariat was represented by Mr. J. Jennings, Secretary of the Group and Ms. A. Blagojevic, Research Assistant.

**1. Background**

Viet Nam has an estimated population of 84 million, with women accounting for 51 per cent of the total. The country has a total of 54 different ethnic groups. In the past few decades, Viet Nam has gone through rapid socio-economic development, moving from a planned centralized economy based on public ownership to a multi-sector market-based economy.

More recently, the Government has sought to accelerate the progress of industrialization and modernization. It is now ranked as a middle-income country. The GDP growth in 2008 was estimated to be 6.3%, and the global downturn has produced slightly lower figures for 2009. The economic scenario is therefore still optimistic, but there are significant challenges. Growth has brought a widening rural-urban income gap, and poverty rates remain high, particularly among ethnic minorities. Despite advances in gender equality, significant hurdles remain for women to achieve an equal place in society.

There are more than 250,000 people in Viet Nam living with HIV or AIDS. The national HIV prevalence rate among adults is a mere 0.53%, but prevalence rates are significantly higher among high-risk groups, such as injecting drug users (20.27%) and sex workers (3.12%)<sup>1</sup>. Most infected people are young, aged between 20 and 40, and three quarters of them are young men. Despite the indicators of high HIV prevalence among men who have sex with men (MSM), no MSM population estimations have been conducted in Viet Nam, resulting in a lack of national data on the subject.

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<sup>1</sup> National averages provided by UNAIDS

Viet Nam has demonstrated an impressive level of political commitment to control HIV/AIDS among its population. The *National Strategy on HIV/AIDS Prevention Control in Viet Nam until 2010 with a vision to 2020* (National AIDS Strategy) was adopted in 2004. Lauded as one of the best and most progressive in the region, the strategy identifies nine key areas for action: information, education, and communication; harm reduction; care and support; treatment; prevention of mother-to-child-transmission (PMTCT); management of sexually transmitted infections; blood safety; capacity building; and monitoring and evaluation.

The *Law on HIV/AIDS Prevention and Control* (HIV/AIDS Law) was passed by the National Assembly of Viet Nam in 2006. The law protects the rights of people living with HIV and AIDS (PLWHA), including against stigma and discrimination, and sets out the responsibilities of the government and other parts of society involved in the national response to HIV. The law has also set up a solid foundation for harm reduction as a prevention strategy that tries to lessen the harm caused by drug injection and unprotected risky sex. However, law enforcement agencies only have limited awareness of the terms of the HIV/AIDS Law, reflecting a more general shortcoming in the implementation of what is considered a sound piece of legislation. However, efforts are being made to reconcile the provisions of the HIV/AIDS Law with other laws, particularly the Law on the Use of Drugs.

The last few years have seen a significant expansion of bilateral and multilateral support to the national HIV response. In 2004 Viet Nam became a PEPFAR focus country, which made PEPFAR the largest donor for Viet Nam's HIV/AIDS programs and the only one supporting the provision of second-line antiretroviral drugs (ARVs). Viet Nam also receives resources from the Global Fund and other bilateral and multilateral donors.

In keeping with its mission statement, the IPU Advisory Group on HIV/AIDS was keen to gather practical details about the control of the epidemic in the country and the way the National Assembly had been instrumental in the response. It sought to identify lessons that might be helpful for the parliaments of other countries facing similar challenges.

This document reports on the meetings and visits made by the Group in Hanoi which led to a richly informative exchange. The meetings and field visits were organized by the National Assembly of Viet Nam, the Ministry of Health, UNAIDS and the Global Fund.

The report closes with a series of conclusions. Although the five days spent in Viet Nam were not sufficient to fully apprehend the complexities of the problem the HIV epidemic poses to the country, the visit gave the Advisory Group a very clear idea of its scale and scope. The Group benefited from a large amount of information that was given unreservedly at all institutions that it visited. In addition, each member of the Group is closely involved in HIV and AIDS in his or her own country, both within the parliament and in the clinical environment, with the result that much was learned from the lively exchange of knowledge and experiences that took place. The conclusions at the end of this report are the outcome of that process.

## **2. Meetings and visits in Hanoi**

*Tuesday, 8 December 2009*

### **Meeting with Mr. Ngo Quang Xuan, Vice-Chairman of the National Assembly Foreign Affairs Committee**

National Assembly Building

Mr. Xuan gave an overview of the socio-economic situation in Viet Nam. While economic growth remained steady, the global economic crises had resulted in a slightly lower GDP rate. The main focus of government activity in the future would be on increased safety, economic stability, food security and hygiene practices.

Mr. Xuan also talked about the structure of the National Assembly of Viet Nam. The parliamentary leadership comprised the Speaker and four Deputy Speakers. There were nine standing committees and an Ethnic Council. The Assembly held two sessions a year, each lasting some four weeks. Between sessions, the activities were carried out by the Standing Committee of the National Assembly and other Assembly bodies. About two thirds of the parliament's membership was part-time, many of the part-timers holding different offices in the Party, the government and the legislature. HIV/AIDS issues were spearheaded by the Social Affairs Committee, which had drafted the HIV/AIDS Law.

**Meeting with Mr. Eamonn Murphy, Country Director, UNAIDS Viet Nam;  
Mr. Dong Do Dang, Chief Representative of the Viet Nam National Network of PLWHA;  
Ms. Helene Cunat, Community Health Coordinator, CARE International;  
Mr. Stephen Mills, Country Director, Family Health International;  
Ms. Diana Measham, Country Representative, PACT  
UNDP Office**

Mr. Murphy gave an overview of the HIV epidemic in Viet Nam. The epidemic was concentrated in key populations at higher risk, namely injecting drug users (IDUs), sex workers and MSM. Although Viet Nam was scaling up HIV prevention, treatment, care and support services with the accent on the key populations, more than 50% of those in need were still unable to obtain anti-retroviral (ARV) medicines and some 80% of pregnant women were unable to access PMTCT services. The main challenges that the country faced in its response to HIV and AIDS were multisectoral coordination, stigma and discrimination, weak capacity of systems and human resources, and sustainability of HIV services.

Mr. Dang of the National PLWHA Network spoke with appreciation of the current HIV/AIDS Law and the increased visibility and capacity of civil society organizations dealing with HIV/AIDS. He warned about the difficulties in reflecting this success at the community level, which remained hampered by stigma and discrimination, especially in rural and remote areas. The challenge thus lay in the enforcement of the law.

The discussion that followed focused on the provision of HIV services and the socio-economic factors that shape the HIV response. The HIV/AIDS Law and the Law on the Use of Drugs stipulate differing legal regimes for drug use, which remains widely criminalized in practice thus impeding harm reduction work among drug users. The possibility of being referred to one of the compulsory drug rehabilitation centres, known as the 06 Centres, has so far discouraged many IDUs from reporting to health facilities and benefiting from harm reduction programs and HIV services.

**Meeting with Mr. Trinh Quan Huan, Deputy Minister of Health  
Ministry of Health**

Mr. Huan informed the Advisory Group that over the 2005-2007 period, 17,000 new HIV cases had been detected for each year. The current figure stood at some 10,000, a decrease that was primarily attributable to the success of harm reduction programs. While the HIV epidemic remained a concentrated one, affecting only certain parts of the population, increases in the HIV infection rate among pregnant women and military recruits in recent years indicated a possible shift towards a generalized epidemic. External assistance with funding and technical support would continue to be required in order for the country to meet the demand for HIV prevention and control programs.

The Advisory Group praised Viet Nam's efforts to introduce harm reduction programs, which represented a major challenge in many other countries. The Group asked for more information relating to the multisectoral cooperation in the HIV Strategy. Mr. Huan explained that the implementation of the strategy required comprehensive action involving 17 government

ministries. The relationship between the Ministry of Health and the Social Affairs Committee of the National Assembly was particularly close, resulting in strong cooperation during the HIV/AIDS law making process.

*Wednesday, 9 December 2009*

**Meeting with Mr. Nguyen Van Kinh, Director, National Institute of Infectious and Tropical Diseases**

National Institute of Infectious and Tropical Diseases

Mr. Kinh informed the Advisory Group that the hospital provided ARVs for 700 patients and monitored some 1,000 people living with HIV. The treatment was funded primarily by external donors. PEPFAR was the largest donor in the field and the only one providing second-line drugs. The Global Fund provided first-line drugs in 20 provinces, while the Clinton Foundation gave paediatric ARV formulations. Adherence to the treatment was very good, with a survival rate of 76% after one year and 60% after five years in treatment.

The institute also ran HIV prevention programs and mobilized society around the provision of support for PLWHA. It also organized field visits for members of parliament in order to familiarize policy makers with methadone substitution projects. Greater financial support from the National Assembly and the government were needed for staff and the health system in general.

**Meeting with organizations implementing Global Fund supported projects**

**Meeting with the PLWHA Club**

Tu Liem District Medical Center

The Advisory Group received a briefing about the projects supported by the Global Fund in 20 provinces. In addition to treatment programs, the Global Fund supported HIV prevention, care and support. The principal recipient of the grants was the Ministry of Health.

The Advisory Group visited a club for young people living with HIV, also funded through the Global Fund programs. Members of the club told the Advisory Group that the status of PLWHA had significantly improved since the national authorities took action on HIV/AIDS. Major improvements were seen in the area of rights protection, resulting in better access to services and to the labour market for PLWHA. They appealed for further funding for HIV prevention and care in Viet Nam.

**Meeting with Mr. Nguyen Van Tien, Vice-Chair of the Committee on Social Affairs**

National Assembly Offices

The Advisory Group members were keen to learn about the Committee's experience with the drafting and enactment of the HIV/AIDS Law. Mr. Tien informed the Advisory Group that the duties of the National Assembly in that respect were to adopt an HIV law, monitor its implementation and make adequate budgetary allocations. In preparing the HIV/AIDS Law the Social Affairs Committee had visited other countries to learn about their experiences in legislating on HIV/AIDS. It had also done much work to negotiate with the members of parliament who initially opposed the law. As a result of strong support by the country's governing structures, the number of people living openly with HIV had increased significantly over the last five years.

The National Assembly tried to increase funding for AIDS by 5 to 10% per year. Mr. Tien acknowledged the need for better monitoring of the total funding that is available for HIV/AIDS. It had been estimated that about 70% of the total budget for HIV/AIDS came from

external donors. This raised the question of the sustainability of projects developed under the next national HIV Strategy, which would focus on prevention, treatment and PMTCT.

### **3. Conclusions and recommendations of the Advisory Group**

#### **Role of parliament**

- The Advisory Group commends the work of the National Assembly on the passing of the HIV/AIDS Law. The dedication with which the parliament treats HIV/AIDS and related issues is impressive, especially in light of a relatively low prevalence rate.
- HIV/AIDS cuts across sectors and institutions. In the interests of stronger oversight and accountability, the Advisory Group recommends that the National Assembly require of different government ministries that they keep it closely informed about progress in the implementation of the HIV/AIDS Law.
- The Advisory Group applauds the efforts by the National Assembly to ensure that the provisions of the HIV/AIDS Law are not contradicted by the Law on the Use of Drugs. The National Assembly should continue these efforts and follow up on inconsistencies with other laws.
- At the constituency level, the Advisory Group recommends that parliamentarians should be seen to do more to engage with their constituencies on HIV/AIDS and take a stronger and more visible stand in speaking openly about the disease and pushing back the forces of stigma. In addition, more could be done by members of parliament to engage with the PLWHA organizations.
- Despite the fact that significant financial resources are forthcoming for HIV/AIDS programs, the official statistics show an alarming rate of AIDS-related deaths<sup>2</sup>. The Advisory Group recommends that the National Assembly scrutinize the reasons behind this phenomenon more closely.

#### **Budget**

- Parliaments can make sure that national HIV and AIDS strategies and programs are fully and realistically funded. National budgets have to reflect the commitments to which governments subscribe, particularly in times of financial crisis when external donors may well be unable to deliver on their promises. The Group recommends that parliaments avail themselves to the full of their powers of scrutiny and oversight to ensure that funding for national HIV and AIDS strategies and programs is adequate to implement the full range of actions.
- The Advisory Group learned of the shortage of trained health care professionals to care for and treat people with HIV and AIDS. In addition, administrators in the provincial, district, and community levels lack management skills and technical knowledge, and there are insufficient resources to comply with policy directives from the central government. The Advisory Group recommends that specific budgetary allocations be made for capacity building in both fields.

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<sup>2</sup> According to the Ministry of Health HIV Case Reporting System, the reported number of AIDS-related deaths in 2009 was 44,050. In 2008 this figure stood at 41,500.

### **Harm reduction**

- The Advisory Group congratulates to the National Assembly on its harm reduction programs set up under the national HIV/AIDS legislation and Group recommends that its experience and strategies be shared with other parliaments.

### **Men who have sex with men**

- The Advisory Group heard that stigma associated with homosexual relations was driving the epidemic underground and impeding the provision of HIV services for this high risk group. In order to better include MSM in HIV prevention and treatment programs, it is necessary to reach out further to this population beyond the two urban centers. The Advisory Group recommends that authorities in Viet Nam share experiences with other countries in the region that have managed to overcome similar difficulties in their efforts to include all vulnerable groups in HIV/AIDS programs.

### **Civil society**

- The Advisory Group recommends full and meaningful participation of civil society, including PLWHA and marginalized groups, in the national HIV/AIDS response. The national HIV/AIDS authorities should create space and mechanisms to involve civil society organizations in policy development, program design, implementation and evaluation. The authorities should also encourage the functioning of civil society education and support networks, which could be particularly helpful outside urban centers where the provision of HIV services may not be regular or adequate.

### **Other issues**

- Data collection: During the field visit, the Advisory Group noted that different institutions worked with different HIV indicators. The Group recommends that the government actors should look into ways to improve coordination on data collection and reporting. Increased efforts should be put in getting more precise data from rural areas.
- Concentrated vs. generalized epidemic: Although the HIV epidemic in Viet Nam is still concentrated, the Advisory Group recommends targeted responses to both generalized and concentrated populations in order to mitigate the effects of an eventual spread of HIV to the general population. The responses should be informed by data as well as an understanding of the role of gender inequalities and human rights in both populations.

## SEVENTH MEETING OF THE IPU ADVISORY GROUP ON HIV/AIDS

Hanoi, 9 December 2009

### REPORT

Members present: Ms. H. Bogopane-Zulu (South Africa), Chair; Mr. M. El-Hazmi (Saudi Arabia), Deputy Chair; Ms. L. Mafuru Mng'ong'o (Tanzania); Ms. M. Xavier (Uruguay); Mr. E. Tumwesigye (Uganda).

Members absent: Ms. K. Hull (Australia); Mr. F. Gutzwiller (Switzerland); Mr. J. Seelam (India); Ms. M. Temmerman (Belgium).

Representatives of international organizations: Ms. G. Sethi, UNAIDS; Mr. S. Robinson, The Global Fund to Fight AIDS, Tuberculosis and Malaria; Mr. T. Barnett, World AIDS Campaign.

IPU Secretariat: Mr. J. Jennings; Ms. A. Blagojevic.

#### **Item 1: Findings arising from the field visit in Viet Nam**

The Advisory Group members discussed the findings arising from their meetings with various institutions and entities involved in the AIDS response. Their conclusions and recommendations are presented in a separate report on the field visit in Viet Nam.

#### **Item 2: Activities of the Advisory Group in 2010**

The Advisory Group agreed on the following draft framework of activities for 2010:

##### Field visit to Uganda

The Advisory Group decided to approach the Parliament of Uganda with a proposal for a short fact-finding visit. The objective of the Group would be to engage in dialogue with members of parliament on the punitive provisions of the Anti Homosexuality Bill and its potential to drive the HIV epidemic underground. The IPU and World AIDS Campaign will approach donors for funding of this activity.

##### Regional seminar, Greece

The regional seminar for the IPU Twelve Plus Group and Advisory Group field visit, originally convened by the Hellenic Parliament in 2009 in Athens is to be rescheduled for April 2010, subject to confirmation by the Greek counterparts.

##### Parliamentary meeting at the International AIDS Conference

A meeting of parliamentarians present at the Vienna Conference will be convened by the Austrian Parliament on 20 July 2010. IPU and AWEPA will be jointly organising with the Parliament. There is no confirmation as yet of events including parliamentarians being held inside the Conference.

##### High-level Review Meeting of the UN General Assembly on HIV/AIDS

This event is also subject to confirmation, depending on the schedule of meetings at United Nations headquarters in New York, particularly with respect to the high-level meeting on the Millennium Development goals to be held in September 2010.

Regional seminar for the parliaments of West Africa and Advisory Group field visit  
(Venue to be identified, second half of the year).

**Item 3: Membership and organizational issues**

The Advisory Group agreed to discuss the election of a new Chair at its next meeting.

The Group agreed to defer the selection of an additional member until reliable funding for Advisory Group activities is secured. The Group also discussed the current shortage of funding necessary for the Advisory Group to make a larger impact, and asked the Secretariat to report on negotiations with UNAIDS and the Global Fund as and when further funding could be secured.

**Item 4: Any other business**

The Advisory Group briefly discussed other major parliamentary events that are planned for 2010. UNFPA and the Japanese Fund are organizing a meeting of African-Arab parliamentarians in Senegal early next year. Another important event is the G8/G20 Summit in Canada in June for which the World AIDS campaign will prepare a civil society statement. Action Canada for Population and Development (ACPD) will organize a parliamentary meeting prior to the summit.

The Advisory Group expressed its gratitude to the UNAIDS office in Hanoi for providing the facilities necessary to hold its meeting and for its support to their work in Viet Nam.