GOOD PRACTICE IN ASIA:

TARGETED HIV PREVENTION FOR INJECTING DRUG USERS AND SEX WORKERS

VIET NAM'S FIRST LARGE-SCALE NATIONAL HARM REDUCTION INITIATIVE
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VIET NAM’S FIRST LARGE-SCALE
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GOOD PRACTICE IN ASIA: Targeted HIV Prevention for IDU and sex workers
Recognizing and responding to an emerging disease is always a challenge for a country. The challenge is even greater if it is deeply rooted in the way people live and society evolves. While recent rapid socioeconomic development of Viet Nam brought about tremendous improvements of people's living conditions, the country is facing a variety of new issues – the HIV epidemic is one of them. It expanded rapidly among those with high risk behaviours particularly people who inject illicit drugs and people who engage in sex work.

These behaviours are not very easy to address or even discuss in public, but major achievements have been made to save people's lives in the last several years. At the policy level, the HIV Law and Decree clearly endorsed evidence-based effective HIV prevention measures, particularly harm reduction interventions including the provision of needle and syringes, condoms and opiate substitution therapy. In terms of implementation, massive efforts have been made to make these services accessible where people with those behaviours live.

This monograph illustrates some of the rich experiences of the latter - introducing and expanding harm reduction, for the first time to a large scale in Viet Nam. One of the key lessons learned from this exercise is, in my view, that the people on the ground, including peer educators and local health officials, are the ones who make a huge difference in our responding to the epidemic, with their knowledge, wisdom, skills and warm heart. Their contributions have confirmed that government health services can establish respectful and trusting relationships with the marginalized populations while collaborating with and getting support from public security and local authorities.

In 2003, the Government of Vietnam, represented by the Vietnam Administration of HIV/AIDS Control (VAAC), started its first large-scale project on HIV prevention targeting injecting drug users and sex workers in Vietnam, with the support of the Department for International Development of the UK Government (DFID), the Norwegian Development Agency and the World Health Organization (WHO). The project achieved notable breakthroughs, introducing new approaches to HIV prevention and harm reduction, and good practice from international experience. Particular successes included: 1) the piloting and rapid increase in access to free needles and syringes to reduce HIV transmission among intravenous drug users (from 0 in 2004 to 15 million needles and syringes in 2008); 2) the expansion of condom distribution to commercial sex workers and their clients through Non-Traditional Outlets, such as Karaoke bars; and 3) the start up of a pioneering methadone treatment programme. These were made possible by Government of Vietnam's effective leadership and a new law on HIV and Aids that provides a legal basis for harm reduction activities and the de-stigmatization of people living with HIV.

This monograph brings together important learning of what worked and why from this early experience in targeted HIV prevention in Vietnam. These descriptions of practical examples are aimed at the rising numbers of providers of HIV prevention services, and its launch comes at the right time when Government is poised to...
rapidly scale up targeted HIV prevention activities and replicate good practice.

The project and paper reflect the good cooperation between VAAC, DFID and WHO, and a partnership that grew through working together. We would like to thank everyone who was involved and hope the paper will benefit continued improvement in the delivery and monitoring of HIV services in Vietnam.

Dr Jean-Marc Olivé, WHO Representative in Viet Nam

The HIV epidemic in many countries in Asia has been driven by injecting drug use and commercial sex, while each of these countries has its own specific situation and context. In order to capture the window of opportunity to address the epidemic, Viet Nam has identified its own way, taking into account the experiences of many parts of the world and the scientific evidence-base.

In addition to the commendable HIV legislation which endorsed harm reduction interventions, very remarkable to Viet Nam is that these effective but sensitive activities have been expanded through public health services led by the government. It is really noteworthy that health sector managed to mobilize a large number of “Peers” of drug users, sex workers and entertainment establishment owners who could reach the drug users and sex workers and deliver the services, with guidance, support and facilitation by local health services in close collaboration with public security and other sectors.

Fascinating examples described in this monograph remind us of principles of Primary Health Care which value community participation and multi-sectoral collaboration and coordination.
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This monograph is the result of the collaborative review and documentation of the experiences of the Preventing HIV Project in Viet Nam (PHP), which is the first large-scale harm reduction project supporting 21 provinces in Viet Nam.

Since PHP’s establishment in 2003, the Ministry of Health and Provincial Health Departments have played a central role in mobilizing local government authorities, local health services, peer outreach workers, owners/managers of entertainment establishments, other community-based collaborators and relevant sectors including public security to deliver HIV prevention services to hard-to-reach populations particularly injecting drug users and sex workers. Notably, expansion of needle syringe and condom use programs have been dramatically accelerated following the establishment of Viet Nam Administration of HIV/AIDS Control (VAAC) of the Ministry of Health and Provincial AIDS Centers. Preparation of this document would not have been possible without dedicated work of these institutions and individuals.

This monograph was developed under the leadership of Dr Nguyen Thanh Long, Director General of VAAC, who is also the director of the Central Project Management Unit (CPMU) of PHP, and in close collaboration with the CPMU team including Dr Nguyen Thi Huynh and Dr Nguyen Thi Minh Tam who significantly contributed to the contents of the document.

Special and sincere appreciation should go to United Kingdom’s Department for International Development (DFID) and Government of Norway for their generous financial assistance for implementing the project and for technical support provided by WHO. In particular, Ms Bridget Crumpton and Ms Tu Thu Hien of DFID Viet Nam provided strong and consistent support and encouragement for the development of this monograph as well as detailed comments to its drafts.

Development of this monograph was conceptualized, organized, coordinated and operationalized by Dr Masami Fujita, Dr Zhao Pengfei and Dr David Jacka of WHO Viet Nam and acknowledges the partnership with UNAIDS Secretariat, UNODC and UNFPA of the Joint UN Team on HIV in Viet Nam in supporting the country’s response to HIV epidemic among populations at higher risk. Writing and editing support was provided by Ms Michelle Rodolph, independent consultant through the financial assistance of Sida funded project “Building Comprehensive Harm Reduction Services for Injecting Drug Users in the Lao People’s Democratic Republic, Cambodia and Viet Nam” which supports strengthening of the national harm reduction program in Viet Nam, in collaboration with Dr Fabio Mesquita of WHO Regional Office for the Western Pacific. Data collection, compilation and analysis were supported by Dr Nguyen Thanh Ha, independent consultant, as well as Ms Nguyen Thien Nga, Ms Nguyen Kieu Trinh and Ms Trinh Thi Hong Dung of WHO Viet Nam.
## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>BSS</td>
<td>Behaviour Surveillance Survey</td>
</tr>
<tr>
<td>CPMU</td>
<td>Central Project Management Unit</td>
</tr>
<tr>
<td>CUP</td>
<td>Condom Use Programme</td>
</tr>
<tr>
<td>DFID</td>
<td>U.K. Department for International Development</td>
</tr>
<tr>
<td>DIC</td>
<td>Drop-in Center</td>
</tr>
<tr>
<td>DKT</td>
<td>DKT International</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DoLISA</td>
<td>Department of Labor, [War] Invalids and Social Affairs</td>
</tr>
<tr>
<td>DPMC</td>
<td>District Preventive Medicine Center</td>
</tr>
<tr>
<td>EE</td>
<td>Entertainment Establishment</td>
</tr>
<tr>
<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh City</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IBBS</td>
<td>Integrated Biological and Behavioural Surveillance</td>
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<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
</tr>
<tr>
<td>JSG</td>
<td>Joint Steering Group</td>
</tr>
<tr>
<td>MARPs</td>
<td>Most At-Risk Populations</td>
</tr>
<tr>
<td>MMT</td>
<td>Methadone Maintenance Therapy</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoLISA</td>
<td>Ministry of Labor, Invalids and Social Affairs</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organizations</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle and Syringe Programme</td>
</tr>
<tr>
<td>N&amp;S</td>
<td>Needle and syringe</td>
</tr>
<tr>
<td>Norad</td>
<td>Norwegian Agency for Development Cooperation</td>
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<tr>
<td>NTO</td>
<td>Non-Traditional Outlets</td>
</tr>
<tr>
<td>OST</td>
<td>Opiate Substitution Therapy</td>
</tr>
<tr>
<td>PAC</td>
<td>Provincial HIV/AIDS Centers</td>
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<tr>
<td>PE</td>
<td>Peer Educator [Peer Outreach Worker]</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President's Emergency Plan for AIDS Relief</td>
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<tr>
<td>PHP</td>
<td>Preventing HIV Project</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PoA</td>
<td>Programme of Action</td>
</tr>
<tr>
<td>PPMU</td>
<td>Provincial Project Management Unit</td>
</tr>
<tr>
<td>PPSC</td>
<td>Provincial Project Steering Committees</td>
</tr>
<tr>
<td>Sida</td>
<td>Swedish International Development Cooperation Agency</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Worker</td>
</tr>
<tr>
<td>SSW</td>
<td>Street-based Sex Worker</td>
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<tr>
<td>TO</td>
<td>Traditional Outlets</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>VAAC</td>
<td>Viet Nam Administration of HIV/AIDS Control</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
INTRODUCTION

In Asia, an estimated 5 million people were living with HIV in 2007. The epidemic here is the second largest in the world, after Sub-Saharan Africa. National HIV infection levels are highest in South-East Asia, where there are disparate epidemic trends. The epidemics in Thailand, Cambodia and Myanmar all show declines in HIV prevalence. However, epidemics in Indonesia, Pakistan, and Viet Nam are growing rapidly. The several modes of HIV transmission make Asia’s epidemic one of the world’s most diverse. ¹

According to UNAIDS, injecting drug use and unprotected commercial sex are two of the major risk factors in the epidemics of several Asian countries. This includes Viet Nam where the estimated number of people living with HIV doubled between 2000 and 2005. ²

Like many other countries in the region, a harm reduction based approach is needed to address the Vietnamese HIV epidemic. The DFID funded Preventing HIV in Viet Nam Program (PHP), the first and largest Harm Reduction project in Viet Nam, embraced this approach.

As PHP comes to a close and a new phase prepares to begin, this document aims to present the major achievements of PHP, case studies and lessons to be shared. These include involvement of local government, support to policy change, local innovative practices and behavioural changes among high risk populations, particularly IDU and SW.

I. HIV EPIDEMIC AND RESPONSE

Drug injection and sex work drive the HIV epidemic in Viet Nam. At the end of 2007, it was estimated that there were 292,930 people living with HIV (PL-HIV) in Viet Nam, with the adult HIV prevalence estimated at 0.54%. ³ Estimated prevalence in the general population remains low. The highest seroprevalence rates are among key populations at higher risk: injecting drug users (IDU), female sex workers (SW) and men who have sex with men (MSM), classifying Viet Nam’s HIV epidemic as still in a concentrated phase. ⁴

Viet Nam is no exception in the region in terms of the types of commercial sex. As sex work is illegal and subject to periodic ‘crackdowns’ by Public Security, the industry is camouflaged with the majority of episodes of commercial sex occurring in indirect and non-brothel based locations, such as Entertainment Establishments (EE). Others are street-based, or work as call girls or escorts. In addition to providing sexual services, most female sex workers in Viet Nam work as waitresses, masseuses or karaoke hostesses. This population is relatively young, with 48% of street-based

³ Ibid
sex workers (SSW) and 63% of karaoke based sex workers under age 30. Over the years, consumer demand for commercial sex has increased as widespread rural unemployment pushes young, unaccompanied men to migrate to the cities in search of work. In addition to mobile populations, transport workers, seafarers, businessmen, factory and construction labourers are amongst regular clients.

Illicit opiate use emerged as a major social problem during the 1990s, following the expansion of market-oriented economic policies. Vietnam has been an attractive drug transit route for heroin produced in the Golden Triangle, which has increased heroin availability and encouraged new populations of drug users. Sixty percent of all IDU interviewed in the Integrated Biological and Behavioural Surveillance (IBBS) were 30 years old or younger. The five northern provinces of Lai Chau, Son La, Nghe An, Ha Tinh, and Thanh Hoa are currently the main routes for illicit drugs entering Vietnam from Laos.

Increased political commitment, demonstrated through issuance of the National HIV/AIDS Strategy (2004), the National Law on HIV/AIDS Prevention and Control (2006) and the associated Decree 108/2007 ND-CP (2007). The re-structuring of the National HIV/AIDS program in 2005 resulted in the creation of the Viet Nam Administration of HIV/AIDS Control (VAAC) as part of the Ministry of Health (MoH), as well as Provincial HIV/AIDS Centres (PAC) in 2006. Increased international funding from donors such as the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the U.K. Department for International Development (DFID) and the World Bank (WB) has made possible the implementation of critical HIV services and interventions in recent years.

Major recent accomplishments of the country’s health sector response include rapid scale-up of harm reduction interventions - particularly needle & syringe programs for IDU, the condom use program for sex workers, initiation of the National Methadone Maintenance Treatment (MMT) Program in 2 cities (2008), and expansion of antiretroviral treatment (ART) to reach 30% of the estimated needs (more than 15 000 people on ART) by September 2007. As of October 2008, 25 320 people had commenced ART.

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**HIV Prevalence (2008)**

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Provincial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injecting Drug Users</strong>*</td>
<td>20%</td>
<td>33% (Quang Ninh), 50% (HCM City), 46% (Can Tho)</td>
</tr>
<tr>
<td><strong>Sex Workers</strong>*</td>
<td>3%</td>
<td>10% (Hai Phong), 12% (Ha Noi), 8% (HCM City)</td>
</tr>
<tr>
<td><strong>Men who have Sex with Men (MSM) (2007)</strong></td>
<td>9.4% (Ha Noi), 5.3% (HCM City)</td>
<td></td>
</tr>
</tbody>
</table>

*Viet Nam National HIV sentinel surveillance, 2008

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8 Quan VM et al, 2008.
9 The Socialist Republic of Viet Nam, 2008.
10 Personal communication Care and Treatment Unit, VAAC, MoH, Jan 2009.
II. OVERVIEW OF PHP

The Preventing HIV in Viet Nam Project (PHP) was established with funding from DFID and the Norwegian Agency for Development Cooperation (Norad) in 2003. PHP is the first and largest harm reduction project in Viet Nam. It provided HIV prevention and harm reduction interventions among high risk groups in 21/64 provinces of Viet Nam. Implementation began in 2004 and is to be merged with the WB project in 2009 for further expansion.

PHP was built upon small scale pilots from the late 90’s and early 2000s. Later, PHP established a harm reduction intervention model for future expansion by other projects. PHP has demonstrated that it is feasible to implement harm reduction programs in many provinces. It established a foundation to convince key decision makers to formally incorporate harm reduction approaches in the National Strategy, the HIV Law and implementing Decree and the official Programme of Action (PoA) on Harm Reduction.

The project has undergone important changes in institutional arrangements. It was initially co-managed by the Ministry of Health and WHO until 2006 when full management responsibility was transferred to the MoH. Under current arrangements, WHO provided technical assistance and DKT was responsible for social marketing and distributing condoms in 21 project provinces. 11

The prioritised activities for PHP were
1. IEC and Behaviour Change Communication (BCC)
2. Condom Use Programme for Sex Workers and their clients
3. Needle and Syringe (N&S) distribution
4. Sexually Transmitted Infection (STI) Management and Treatment
5. Capacity Building and International Cooperation

According to the 2006 Law on the Prevention and Control of HIV/AIDS, “Harm reduction intervention measures used in the prevention of HIV transmission include propaganda, mobilization and encouragement of condom use, clean needles and syringes, treatment of opiate addiction with opiate substitution therapy and other harm reduction intervention measures in order to facilitate safe behaviours to prevent HIV transmission.”

11 See Appendix I for more detailed information on program management and implementation.
Goal and Objectives

The **Goal** of PHP is:
To contribute to the prevention of the HIV epidemic in Viet Nam by controlling the spread of HIV among high risk groups, improve the capacity of HIV prevention staff at all levels and promote harm reduction activities.

The **specific objectives** to be achieved in the project areas are:
- 80% of IDU will understand HIV prevention and how to properly use clean N&S and condoms
- 65% of Street-based SW and 92% of EE based SW will understand HIV prevention and consistent condom use

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12 Preventing HIV in Vietnam Project Amendment Document, Approved by the Prime Minister on April 12, 2006
13 See Appendix I for more detailed information on program management and implementation.
• 95% of SSW and EESW will be provided with STI examinations and treatment
• 100% of project staff (inclusive of Peer Educators) will be trained on HIV prevention project implementation and harm reduction interventions

III. PROGRESS

1. Needle Syringe Programme

The project, through the recruited IDU peer outreach workers, reached steadily more injecting ‘hot spots’ and IDU from 300 sites in 2005 to over 6000 sites in 2008. Syringe distribution by the project has demonstrated phenomenal growth from just 200,000 in 2005 to more than 14 million in 2008, through increased availability of syringes, more efficient peer workers and a greater variety of syringe distribution mechanisms.

Table 1. Injecting locations reached, clean N&S distributed and collected (2005 – 2008).

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injecting locations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reached 17</td>
<td></td>
<td>299</td>
<td>3 210</td>
<td>6 510</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 182</td>
</tr>
<tr>
<td>No. of clean N&amp;S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distributed</td>
<td>200 000</td>
<td>1 505 150</td>
<td>6 851 167</td>
<td>14 714 969</td>
</tr>
<tr>
<td>No. of used N&amp;S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>collected n/a</td>
<td>1 429 813</td>
<td>4 523 049</td>
<td>8 900 970</td>
<td></td>
</tr>
</tbody>
</table>

2. CONDOMS

Condom promotion and distribution targeting sex workers and their clients has, primarily, been through social marketing. There have also been additional efforts to provide condoms free of charge by PE to help them build trusting relationships with sex workers and EE owners/managers. Targeted interventions have been through implementation of the 100% CUP in combination with the use of the PE network to increase condom use between sex workers and their clients. These activities now cover approximately 5000 hotspots frequented by SSW and nearly 10,000 EE.

By the end of 2008, a total of 156 million condoms had been distributed through traditional outlets (TO) e.g. pharmacies and non-traditional outlets (NTO) e.g. guest houses and cafés. A reduction in the number of condoms distributed in 2007 was due to a stock out of condoms. However a significant increase in 2008 was achieved by adjusting the distribution policy to focus on NTOs frequented by sex workers.

17 Due to a lack of unique identification system, the number of IDU and SW reported may not accurately reflect the true situation.
Table 2. Condoms distributed at street based hotspots, entertainment establishments, non-traditional outlets and traditional outlets (2004 – 2008).

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street based SW hotspot</td>
<td>n/a</td>
<td>281</td>
<td>5 804</td>
<td>4 854</td>
<td>4 978</td>
</tr>
<tr>
<td>Entertainment establishments</td>
<td>n/a</td>
<td>1 510</td>
<td>8 703</td>
<td>10 468</td>
<td>10 975</td>
</tr>
<tr>
<td>Through Non-traditional outlets (NTO)</td>
<td>3 509 136</td>
<td>6 745 680</td>
<td>6 415 056</td>
<td>2 844 576</td>
<td>18 194 492</td>
</tr>
<tr>
<td>Through Traditional outlets (TO)</td>
<td>30 161 088</td>
<td>27 103 536</td>
<td>18 081 504</td>
<td>16 267 266</td>
<td>43 366 072</td>
</tr>
</tbody>
</table>

3. Sexually Transmitted Infections

STI services have been provided to both SSW and EE based SW free of charge since the beginning of PHP. Designated government health centres and/or organized mobile STI clinics ensure these services are made available. Since 2005, sex workers have had near 400,000 contacts with the free STI service. Out of all women diagnosed with an STI, 95% of them have been treated.


<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of contacts screened</td>
<td>32 990</td>
<td>94 221</td>
<td>131 926</td>
<td>139 055</td>
</tr>
<tr>
<td>No. of contacts diagnosed</td>
<td>23 941</td>
<td>65 031</td>
<td>85 466</td>
<td>98 232</td>
</tr>
<tr>
<td>No. of contacts treated</td>
<td>21 935</td>
<td>61 366</td>
<td>82 768</td>
<td>94 093</td>
</tr>
</tbody>
</table>

4. Information, Education and Communication

Over the life of the project the IEC activities have moved steadily away from broadcast mass media HIV education to targeted message techniques focused on IDU, sex workers and other high risk groups. The messages are now broader than HIV education and instead concentrate on high risk behaviours and mechanisms to reduce the risk or harm of the behaviour. In particular the focus toward individuals at risk is demonstrated by the reduction of brochures and leaflets for the general community toward contacts with individuals with high risk behaviours - which rose from 73 000 IDU and 34 000 SSW contacts in 2005 to 791 000 IDU and 141 000 SSW contacts in 2008.

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass media coverage</td>
<td>11 638</td>
<td>24 913</td>
<td>47 603</td>
<td>29 393</td>
</tr>
<tr>
<td>Micro media IEC distribution</td>
<td>588 166</td>
<td>896 113</td>
<td>1 898 356</td>
<td>2 718 721</td>
</tr>
<tr>
<td>Direct communications 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of contacts with street based SW</td>
<td>34 018</td>
<td>49 526</td>
<td>118 131</td>
<td>141 067</td>
</tr>
<tr>
<td>No. of contacts with EE based SW</td>
<td>67 050</td>
<td>94 007</td>
<td>204 545</td>
<td>321 748</td>
</tr>
<tr>
<td>No. of contacts with IDU</td>
<td>73 271</td>
<td>100 869</td>
<td>335 301</td>
<td>791 976</td>
</tr>
</tbody>
</table>

5. STAFF CAPACITY BUILDING.

Over the life of the project involved staff have undergone multiple trainings on finance, Harm Reduction, peer education, multisectoral collaboration, STI and Social Marketing. Of note are the 7 international field visits of project staff at multiple levels in 2006 to 2008 to China (mainland and Hong Kong), Myanmar, Australia, Indonesia, Poland and Malaysia.

18 Due to a lack of unique identification system, the number of IDU and SW reported may not accurately reflect the true situation.
Figure 2. Map of PHP Project Provinces: The project covered 53% of all districts (133/248) and 29% of all communes (1162/4081) in the 21 PHP project provinces, June 2008.
IV. PROJECT HIGHLIGHTS

1. Harm reduction interventions for HIV prevention were mainstreamed through existing government structures

**Government ‘CAN DO’**

Viet Nam’s response to HIV prevention is distinctive. Unlike the NGO-driven response in many countries, through PHP, the Government of Viet Nam established a mechanism to manage and implement harm reduction programs for sex workers and injecting drug users.

By using the government structure to implement programs, substantial reach was swiftly achieved and provided a foundation for expansion to non-PHP provinces. For example, out of 64 provinces, very few were implementing a NSP in 2003. In 2005 all 21 PHP provinces were operating NSP and by the end 2007, local health authorities in two-thirds of all provinces in Vietnam were implementing at least one NSP project. 19

This response was made possible due to strong government commitment, reflected in the Law on HIV/AIDS Prevention and Control (2006) and the associated Decree 108/2007 ND-CP (2007). 20, 21 With support and encouragement of PHP and many others, the Law and Decree were realized in Viet Nam. 22

The HIV/AIDS Law protects the rights of people living with HIV against stigma and discrimination. It stipulates the responsibility of the Government and other parts of society to be involved in the national response to HIV. The Decree provides detailed instructions for the implementation of the Law. More specifically, the Decree provides direction for an enabling environment for harm reduction activities to be implemented. Under the Decree:

- The distribution of free condoms in entertainment establishments, railway/bus stations, hotels, guest houses, restaurants and other accommodation facilities is allowed and encouraged
- Outreach workers are protected by law when providing needles/syringes and condoms
- The People’s Committee and Public Security, at all levels, are held responsible for creating an enabling environment for needle and syringe and condom use programs.
- Identified harm reduction interventions are to include treatment of opiate addiction with opiate substitution therapy. 24

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20 The Socialist Republic of Vietnam 2006. 01/01/07 No. 64/2006/QH11 Law on HIV/AIDS Prevention and Control (No. 64 of 2006)
23 Ibid
Using the government’s existing systems (e.g. VAAC and the PAC) it has been possible to direct the implementation of the HIV Law and Decree from the central level all the way down to the commune level. The health sector took the lead by working directly with injecting drug users (IDU) and sex workers (SW) as peer educators or through PLHA support groups. Supervised by health workers, PE were recruited to work with members of the SW and IDU target groups. In addition, health workers provided, in collaboration with PE, IEC materials and STI services. Also, PHP district staff, supported by PAC and PPMUs, worked with the People’s Committee to establish district level ‘Open or Extended’ working groups, which include members from other sectors (public security, DoLISA,26) to engage support for implementation of the project.

**Expansion of NSP among IDU**

One of the greatest achievements of PHP in Viet Nam has been the rapid expansion of NSP service provision.27 There are anecdotal stories of local governments providing a few small-scale NSPs in the early 1990s. In the early 2000s, small scale NSPs were piloted by NGOs in Thanh Hoa, Ha Noi, Quang Ninh and Lang Son provinces. From 2006 – 2007, these projects were supplemented by and progressively incorporated into the activities of PHP.28 Between 2005 and 2007, the number of provinces implementing NSP increased in and beyond PHP from 21 to 42 provinces.29

Combined data from the 32 provinces of the DFID and WB projects show there has been a large increase in needle and syringe distribution over the last 2 years, from 2 million in 2006 to 11 million in 2007,30 while data from 2008 shows a further increase with more than 22 million needles and syringes distributed.31 This ready expansion of NSP is somewhat surprising in view of the very substantial numbers of Needles and Syringes which appear (by anecdotal observation) to be purchased by IDU through traditional retail pharmacy outlets.

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25 A working group with in general five members at district level including health, police, DoLISA, Women’s Union or Youth Union
26 DoLISA: Department of Labor, [War] Invalids and Social Affairs - responsible at the provincial and district level for (amongst many other things) the prevention and management of ‘social evils’ including illicit drug use and sex work through their Department of Social Evils Prevention.
27 Mesquita F, 2008
28 Ibid
29 Ibid
30 PHP annual report 2007
31 PHP Quarterly Progress reports 2008 and WB Project progress Report 2008
In the absence again of a baseline study it is difficult to quantify the impact of the NSP/IDU component of the project. However, as with the normalisation of condom use, it is possible to compare indicators from the Behavioral Surveillance Survey (BSS)\textsuperscript{32} and IBBS\textsuperscript{33} to provide insight into IDU behaviour change as a probable impact of PHP. Substantial decreases were seen in needle syringe sharing behaviour in all IBBS provinces where the program was implemented. Some decreases in needle/syringe sharing behaviour have also been documented in other provinces where the PHP was not operating, however, according to BSS (2000)\textsuperscript{34} and IBBS (2006)\textsuperscript{35} data, those changes were smaller. It may be that the behaviour change impact of PHP extends through IDU networks beyond project boundaries.

Reductions in sharing behaviour among IDU in each of Ha Noi, HCMC and Da Nang, have been postulated to correlate with the quality of the PHP program in that province. The largest decrease in sharing was seen in Ha Noi, which of the three has the programme of the highest coverage followed by HCMC, which has a generally poor coverage of NSP and the smallest decrease in sharing was seen in Da Nang, where PHP does not have any needle/syringe program (Table 5).

\textsuperscript{33} IBBS, 2006
\textsuperscript{34} BSS, 2000.
\textsuperscript{35} IBBS, 2006.
Table 5. Percentage of IDUs in Ha Noi, HCMC and Da Nang who reported sharing needles or syringes in the past 6 months, compared to PHP activity.

<table>
<thead>
<tr>
<th></th>
<th>IDUs who shared needles or syringes in past 6 month</th>
<th>Syringes distributed per IDU per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000  36</td>
<td>2006  37</td>
</tr>
<tr>
<td>Ha Noi</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>HCM</td>
<td>44%</td>
<td>37%</td>
</tr>
<tr>
<td>Da Nang</td>
<td>31%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Political support and direction for NSP was provided from the central government level, with political endorsement written into the AIDS Law and Decree, and was intended to reach all the way to the community level. Commune and District level police have been involved in the project as members of an ‘open/extended’ working group. During the course of the project, police attitude was observed in many project districts to shift away from targeting drug users to focusing on drug dealers for arrest. Project staff reports that police involvement with the project management has been a significant contribution to this change.

Figure 4. Number of needles and syringes distributed in PHP provinces by PHP and by the Government of Viet Nam between 2005 and 2008. ^38

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^37 IBBS, 2006
^38 PHP and World Bank projects annual reports (2004-2007) and progress reports 2008
Normalization of condom use through implementing **100% CUP**

Prevention of the sexual transmission of HIV by promoting condom use in commercial sex has become a core strategy of the government HIV/AIDS response in Vietnam. Under the leadership of MoH and with technical and financial support from WHO, 100% CUP was piloted in Quang Ninh in 2000 and Can Tho in 2001. [See Case Studies 1 and 2] Both provinces have reported that, with increased condom use among sex workers, there is a reduction in HIV, syphilis and other sexually transmitted infections, with no signs of an increase in sex work in the pilot sites. Thereafter, PHP expanded condom promotion and distribution in 21 provinces. This established a foundation and was further expanded through other prevention projects and also government-sponsored projects. For example, by 2007, condom promotion and distribution programs were implemented in 58 provinces covering 61% of all districts and 33% of all communes in Viet Nam. That same year, almost 13.1 million condoms were distributed free of charge by PE and through health centres; and 58.3 million condoms were sold through the social marketing channel. 39

Changes in the political environment were also key in the normalization of condom use. After the national harm reduction fora focusing on needle/syringe distribution for IDUs and condom promotion for sex workers in 2006 and 2007, there was a nationwide commitment by local governments to promote condom availability in entertainment establishments. For example, in both Thanh Hoa and Can Tho provinces, the provincial government issued an official circular as an instruction to all EE to ensure that condoms are available on-site. [See Case Studies 3 and 2]

These changes in local government policy affected police attitudes as well. In the past, carrying condoms was often used as indication of sex work and a basis for arrest. Since the inception of this program, in the project provinces, police no longer arrest a woman for sex work simply because she is carrying condoms.

2. **Target populations were reached by PE and other approaches**

The main strategy to reach sex workers and IDU in Viet Nam was through the use of outreach ‘volunteers’ selected from the risk groups and provided with an allowance for expenses (“Peer Educators”). The individuals chosen were either ex-drug users or sex workers, EE owners/managers, or current sex workers/drug users who had incorporated safer sex/injecting into their behaviours.

After approval by commune level authorities, PE were trained and supervised to engage with members of their behaviour peer group, to provide HIV prevention education, IEC materials and prevention commodities (needles/syringes and condoms) to as many members of their risk group networks as possible on a regular basis.

Sex work in Viet Nam, for the most part is based at entertainment establishments (guesthouses, karaoke venues or bars, etc) or at locally identified hot-spots. Local

government strategies, with the clear goal of implementing 100% CUP, have evolved such that attention is paid to engagement of EE owners as “PE” for EE-based sex workers and their managers. Sex Workers themselves (street or EE-based) have been engaged as PE for street-based SW.

To reach IDU, the initial strategy was primarily to recruit former or ex drug users as PE. Over time most project districts increased recruitment of current /active IDU as PE since they were more reliable in reaching current and new IDU, and therefore more effective.

**Entertainment Establishment owners - Peer Educators for EE-based Sex Workers**

Distinctive to Viet Nam is the use of Entertainment Establishment owners networking with sex workers as PE to support the implementation of CUP. When PEs for EE based SW were first hired and trained in Viet Nam, the idea was to have former sex workers work as PE. Over time, this changed to having EE owners work as PE, who were not only able to access all SW working in their own EE, they were also able to access and convince other EE owners to become involved in HIV prevention and who could easily access and influence the women working in their own establishments.

**Peer Educators for Street Based Sex workers**

Interventions targeting street-based sex work differ from those targeting EE based SW in Viet Nam. The most effective way shown has been through using peers, i.e. other street-based SW. In Nha Trang, Khanh Hoa province, the provincial government has implemented a program using current SSW to provide HIV prevention education to newer SSW. [See Case Study 6] Provincial health workers have found that the benefit of using current street based SW is that they are ‘close’ to the SW community, more likely to be trusted and more comfortable discussing sensitive topics, including drug use and the distribution of N&S.

**Peer Educators for Drug Users**

It is accepted that there are two major problems of using ex-IDU to provide services to active drug users: the high risk of their relapse when in regular close contact with drug use and their poor access to networks of new and young injecting DU. In response to these drawbacks, some provinces have involved current active drug injectors as PE or a blended team of ex and active users to improve this activity. Thanh Hoa province stands out as an exception. [See Case Study 8] Instead of PHP recruiting a mix of current and former IDU as PE, the PAC decided to recruit primarily current IDU since they considered them more effective. Many provinces appear to have replicated or followed this example. The Thanh Hoa PHP team is the first and most influential province to acknowledge this.

Provincial responses have varied in the development of the PE supervisory structure, either using health workers or mass organization representatives (or sometimes both). Generally, it appears health workers have been the most trusted and effective in the management of PE, possibly because health workers have a better understanding of client confidentiality than the representatives from mass organizations, and are able to work with IDU without collecting identifying information or compromising the confidentiality of clients.
3. Attitude change between Risk Groups and Health workers

Before PHP began, there was no structure within the health system that brought health workers into direct acknowledged contact with active members of the MARPs. By basing Peer-based NSP, condom distribution and HIV care and treatment programmes within the government health sector, a mechanism has been established by which health workers have consistent professional contact with outreach workers drawn from those MARPs. As a result of this regular contact, government health workers and members of the MARPs have been able to develop trust, empathy and credible working relationships with each other.

Ha Tinh province is a fine example of bringing health workers into contact with IDU. [See Case Study 9] After only two months of having "self service" NSP based at commune health stations, a noticeable change of attitude among health workers towards IDU was identified by PHP managers. By having IDU repeatedly come to the health station to collect needles and syringes, an opportunity was created for health workers to provide education and to enable friendly, trusting relationships to develop. IDU now appear to feel more comfortable with the commune health station staff and have been reassured to access other services there. Consequently, as in many other countries, IDUs have gained trust in and access to the health system through accessing the NSP.

Tu Liem health service in Ha Noi is another example of positive interaction between IDUs and health workers. [See Case Study 5] Whereas in Ha Tinh IDU accessed

\[\text{Figure 5. Increasing number of SW and IDU peer educators working in the 21 PHP provinces from 2005 – 2008}^{40}\]
the health system via a ‘self-service’ NSP box, in Tu Liem IDU accessed both the government health system and NSP through the staff and peer support of the HIV care and treatment program. The majority of PLHIV accessing the ART clinic in Tu Liem were also ex- or current IDU. Initially, this posed a challenge for both groups since neither group knew if / or to what extent they could trust the other. However, over time there has been a shift in attitude with development of mutual acceptance and trust. PE drawn from that PLHIV network of former and current IDU, are considered a trusted and vital part of the district health service team.

A similar positive outcome of the increased interaction between IDU and the health system was the establishment of PLHIV groups themselves. Because of the high rates of HIV among IDU, there were many IDU coming into contact with NSP workers who needed care, treatment and support for their HIV. Different ARV treatment sites developed their own PLHIV support groups, each unique to the particular needs of the communities in which they were formed. In Van Don, Quang Ninh, the PLHIV group members provided outreach and home-delivery services to IDU. In Lang Son, the health station staff helped form a PLHIV group to provide additional support the HIV positive IDU accessing the NSP. [See Case Study 7]

4. Cross-Provincial Cooperation and Local Innovations

"I will support whatever effective approaches that local authority decides is necessary in order to halt the HIV epidemic in Viet Nam.”

- Dr Long, Director General, VAAC

Project implementation has displayed a great deal of sharing among projects along with a willingness and enthusiasm to experiment with new approaches, both through their own innovations and those learned from other provinces. Allowing the district and commune level project sites more responsibility has encouraged them to display more flexibility in project implementation.

**Innovation and replication of fixed sites for NSP**

One of the more widespread innovations that provinces developed is that of fixed sites for N&S distribution. Because it has been identified in most provinces that using a solely PE-based method to reach MARPS would not achieve sufficient coverage to control HIV, over recent years WHO and VAAC have stimulated provinces to identify and develop alternative ways to broaden coverage of NSP services. Within 2007 - 2008, pilot fixed site models were developed in Hai Phong, Thanh Hoa, Ha Tinh, HCMC, Can Tho, Khanh Hoa and Ha Noi. Seeing the success of fixed sites in other provinces, the Ha Noi Department of Health has mobilised their own resources, supplemented by funding from PHP, to implement an increased number of fixed NSP sites.
**Dedicated individuals making a difference**

There are examples of motivated individuals taking initiative as well. In Hong Bang district, Hai Phong city, one of the core members / PE from the HIV Care & Treatment group, a woman living with HIV, took interest in becoming a PE with the Harm Reduction project. [See Case Study 10] Even though she had not been an IDU, with support from the Provincial AIDS Center she set up a drop-in centre (DIC) and fixed site for PLHIV and IDU in her family home. N&S distribution/collection, condoms distribution, and HIV Care & Support services are all available there.

Drop-in centres run by peers have been shown around the world to be very successful at engaging the more marginalised or younger members of risk groups. They have also been successful at engaging people with risk behaviour in Harm Reduction activities and in referral to HIV, STI and Drug Dependence Treatment services.

The DIC coordinator (the woman living with HIV), is the supervisor of the IDU PE who are ‘based’ at the drop-in site on rotation. The Care & Treatment program of Hong Bang District also helped this woman to create a vibrant active PLHIV group comprised mostly of current/former drug users. This PLHIV group has paved the way for the Hong Bang District Health Service to have regular interaction with IDU, particularly in the form of referrals of HIV positive IDU for Diagnosis, Care & Treatment and other services.

In Nam Dinh, a current EE owner volunteered to become a condom salesperson within the condom social marketing programme [See Case Study 4]. Her individual commitment to health protection for entertainment workers around the beach area where her EE is located, and daily visits to monitor the need for condoms in almost 100 other EEs, has resulted in convincing other EEs to buy condoms regularly and whenever necessary for sex workers, and she was able to fill in the gap when the social marketing programme was suddenly out of stock.

In Nha Trang city of Khanh Hoa, a dedicated former SW working as PE team leader for street based sex workers set up an effective and low cost mechanism to monitor the performance of PE members in her team [See Case Study 6]. She visited the hotspots and talked to the outreach workers on the spot to verify the individual PE reports and assessed their quality of services one day before the weekly meetings. This coordinated PE team, led by such a dedicated team leader, contributed to a sustained high level of condom use among street based workers (95% as of Nov 2008) and a high rate of referrals (over 80%) for regular STI checks.
Provinces share commodities in need

In addition to ideas, there has been cross-provincial sharing of supplies seen within the NSP and condom programs. It has been observed that provinces borrow or purchase supplies or commodities from each other when they are running low or have an extended delay in supply, to ensure continuation of activities. Thanh Hoa has been able to purchase condoms from Ha Noi. Similarly, Hai Phong and Quang Ninh have been able to borrow needles and syringes from each other to avoid stock outs while waiting for their own supply to arrive. In addition, PHP has provided N&S to other donor funded projects to increase the comprehensiveness of their activities. This type of cross-provincial and cross project cooperation is helpful in maintaining programs.

Replication of coupon voucher scheme

The coupon vouchers program was initiated in Lang Son in 2002 under a separate program with Lang Son PAC, funded by Ford Foundation and as part of a “Cross-Border” IDU HIV prevention research project. [See Case Study 7] The Vung Tau PPMU team, after exposure to an experience sharing workshop and site visits in Lang Son, decided to implement a voucher scheme following the Lang Son model, to improve IDU access to needles and syringes.

Active IDU and SW as PE

Recruitment of active IDU and sex workers as peer educators has also been positively influenced by experience sharing workshops across the project provinces. There have been many positive experiences with these ‘active’ IDU and SW performing as well as or better than ex-IDU and SW PE, which has assisted in the removal of the degree of discomfort felt by authorities regarding their participation.

Through the PE experience-sharing workshops, it was possible to provide reassurance to provinces of the value and validity of recruiting and utilising ‘active’ IDUs “who had moved to safer (non-sharing) behaviours” for more effective NSP outreach work. These workshops not only gave PPMU managers exposure to staff in provinces with a long experience of working with ‘active’ IDU (like Thanh Hoa) and SW (like Khanh Hoa), but also to the opinions and personalities of peer outreach workers themselves.

Many PE were reassured by these meetings which provided and endorsed acceptance of the normality of drug use amongst their IDU PE. The workshops provided a valuable opportunity to share experiences on recruitment and criteria for selection and management of ‘active’ IDU PE.

WHO facilitation of the provincial Harm Reduction workshops for PHP provided the opportunity during the training, to challenge some of the passive planning and top-down processes intrinsic to the project. By working with individual provinces and groups of province staff of similar cadres it was possible to identify and discuss the inconsistencies between the situation / need on the ground and the content and scale of the activities under PHP. By using real data and local knowledge, the annual planning process was revamped to consider real coverage targets. Many of the province teams were also effective at maintaining and sharing their enthusiasm on return to their provinces to work.
5. Support to National Pilot Program on Methadone Maintenance Therapy (MMT)

With approval from Deputy Prime Minister Truong Vinh Trong and supported by the HIV Law and Decree 108/2007/ND-CP, methadone pilot program began in Hai Phong and HCMC in 2008. This program is designed to provide comprehensive services for 1500 heroin users in three selected districts in each city. The program is being implemented by VAAC under support from PEPFAR, WHO, the World Bank, and DFID and had by the end of November 2008, recruited in excess of 600 patients.

MMT has consistently been shown in clinical studies to decrease heroin use; HIV / Hepatitis C exposure risks; criminal activity; risk of overdose; while contributing to improvements in physical and psychological health, and social functioning. Under DFID/PHP support, WHO has provided technical assistance to the initiation of the National Methadone Pilot Program, particularly in the development of national MMT guidelines, the training curriculum, international field visits, procurement and clinical mentoring.
V. CASE STUDIES

The following section presents 10 case studies from 9 of the PHP project provinces. The case studies are not meant to be comprehensive. They are not in-depth analyses, nor are they meant to be representative of the whole project. Instead, they are intended to be illustrative of provinces that have shown innovative responses or have excelled in certain aspects of the project.
CASE STUDY 1 - QUANG NINH

First 100% CUP pilot expanded and sustained through EE owners’ network

The pattern of sex work in Vietnam has changed over time. In Quang Ninh, most sex work happens in entertainment establishments. Unprotected commercial sex is one of the main factors fuelling the spread of HIV through sexual transmission in the province.

In order to contain the spread of HIV, the 100% CUP was piloted in Ha Long district in 2000. With support from PHP, this project was expanded to other districts in 2004.

Mapping, in the four PHP project districts, found there were 650 EEs with 1903 sex workers in 2004 and 786 EEs with 2500 sex workers in 2007. 41

A rapid survey in 2008 indicated that the number of clients per sex worker in small guest houses was 10-12 on average a day and sometime as high as 15-20 a day.

Accomplishments:

- With cooperation between the health department and law enforcement, carrying condoms by sex workers is no longer considered evidence of engaging in sex work. This was made possible by a proactive response by the local People’s Committee which created this enabling environment.
- Quang Ninh is one of the pioneers in mobilizing EE owners to work as PE with other EE owners to encourage their participation in the 100% CUP.

Features:

- An agreement signed between provincial STI centres and the EE owners made it possible for EE owners to ensure regular health check-ups for sex workers, provision of condoms and distribution of educational materials in the EEs.
- Some EE owners started buying their own condoms for sex workers because they felt the cost was small in comparison to the potential risk of not using a condom.

41 verbal communication Quang Ninh PAC
Challenges:

- Limited coverage of large entertainment establishments and street based sex work in the implementation of CUP. Most efforts have focussed on CUP in EE. Expanded coordination could help.
- There is insufficient use of STI clinic data to monitor and identify non-use of condoms among male clients.
- There is no mechanism to identify and manage EE owners who fail to comply with 100%.
- Mobilizing and coordinating resources for strengthening the EE owner network to sustain the implementation of CUP.

Changes in behaviour and attitude

"In the beginning, EE sex workers did not want to carry condoms because they were afraid of being arrested by the police if they were caught with condoms. Three years after implementing CUP in Ha Long city, condoms are available in all EEs, and girls will refuse to provide services if male clients don't want to use condoms... "No condom, No sex” has become a common practice in EE.” - EE owner

POPULATION: 1 086 627
LOCATION: North Eastern Viet Nam

HIV PREVALENCE (2008):
- 0.9% (Pregnant women)
- 33.3% (IDU)
- 1.0% (SW)

REGISTERED IDU: 948
REGISTERED SW: 268

MAPPED IDU IN PHP DISTRICTS: 2 025
MAPPED SW IN PHP DISTRICTS: 1 585

PHP DISTRIBUTION (2008)
N&S: 1 100 665
CONDOMS: 71 354

*All data from the PHP Central Project Management Unit of VAAC
CASE STUDY 2 - CAN ThO

High coverage of CUP and increased distribution of N&S achieved with endorsement by the People’s Committee

Condom use promotion among entertainment establishment-based sex workers was introduced in Can Tho in 2001. A few years later, a decline in HIV prevalence among entertainment establishment SW was observed, 16.5% (2003) \(^{42}\) and 2.5% (2008). \(^{43}\) CUP was expanded in Can Tho and shortly afterwards, PHP introduced N&S distribution and fixed sites in 2006 and 2008, respectively.

Accomplishments:

- As of October 2008, 80% of all EEs in Can Tho City had been reached by PE. This was double the number reached in 2007.
- Since April 2008, 52 fixed site boxes containing clean N&S have been set up in hotspots frequented by IDU. Between April and August of 2008, 346,378 N&S were distributed. This was almost 7 times the total distributed in 2006 (50,201) and more than the total number distributed in the whole year of 2007 (297,427).

Features:

- The People’s Committee of Can Tho endorsed a local policy to make condoms available at all EEs in December 2007. A two-way monitoring mechanism was established between the Health and Public Security sectors to enforce implementation of this policy.
- Health – Public Security: With the help of PE, the health sector promoted condom use programme and HIV education at EE. If EE owners were reluctant to cooperate with this program, the health sector elicited help from the local police to remind EE owners about the provincial policy on condom availability.
- Public Security – Health: When local police do their regular inspections of EE, they check to see if there are condoms on site. If not, the local health director is informed so the health sector can follow-up.

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\(^{43}\) Ministry of Health. National HIV
Support from law enforcement is key to sustaining the local health initiative

“The police attitude has changed - condoms are now seen as a tool for protection. "No condom, no sex” has become a norm in the EE.” - EE sex worker

“HIV prevention among IDU and SW is the long term strategy. Success is dependent on multi-sectoral collaboration.” – DoLISA Chief

“Police direction is to target drug dealers and NOT arrest users who seek harm reduction services from the health programme.” - Can Tho city Police

Challenges:

- Ensuring greater coverage of condom availability in EEs and linking monitoring of the condom programme to STI services.
- Assessing the fixed sites to understand which locations, shapes and sizes for the boxes are most accessible to IDU and acceptable to the community.
- Closer monitoring of the programs.

| POPULATION: 1 767 174 |
| LOCATION: Southern Viet Nam Mekong Delta |

| HIV PREVALENCE (2008): |
| 0.88% (Pregnant women) |
| 46.1% (IDU) |
| 3.32% (SW) |

| REGISTERED IDU: | 1 140 |
| REGISTERED SW: | 212 |

| MAPPED IDU IN PHP DISTRICTS: | 945 |
| MAPPED SW IN PHP DISTRICTS: | 1 904 |

| PHP DISTRIBUTION (2008) |
| N&S: | 674 512 |
| CONDOMS: | 55 428 |

* All data from the PHP Central Project Management Unit of VAAC
CASE STUDY 3 - THANH HOA

EE owners and provincial authorities make condoms available where and when needed.

Sam Son town in Thanh Hoa is famous with domestic tourists for its wide, sandy beaches and relaxed holiday atmosphere, attracting visitors and workers from many parts of northern Viet Nam. Commercial sex in Thanh Hoa province is largely concentrated in Thanh Hoa City and Sam Son town.

Accomplishments:

Although there are some 428 officially “managed” SW in Thanh Hoa province, local authorities including the PAC have identified a much larger population of SWs active in the area. More than 780 were estimated to have been reached by PHP outreach activities in Sam Son and Thanh Hoa city in 2006. 44

SW PE in Sam Son Township have fully engaged with 100% CUP and taken their own initiatives to maintain condom supplies during the times of PHP stock-outs. It is reported that a few years ago people were reluctant to talk about sex work or condoms, but now after many visits by PE to the EE and hotels, health workers are allowed inside to talk freely with SWs. In 2007 there were more than 120 000 condoms distributed through non-pharmacy outlets by the PE teams supported Thanh Hoa PAC.

"EE owners are aware that they can contact PE to arrange replacement supplies of condoms. It is essential for PEs to have condoms to sell or distribute free. Otherwise there is no reason to make contact with EEs or SWs. We bring the free condoms to the girls as a kind of gift to encourage them to talk to us.” - EE owner PE

Provincial authorities have provided a legal mandate for all entertainment and accommodation establishments to make condoms available in-house. With developing public health and EE owner support for increased condom availability, local authorities, police and hotel owners expressed a need for a regulatory structure to oversee provision of condoms in EE and guest houses. In 2008, Thanh Hoa Provincial People’s Committee discussed the issues and developed a regulation that requires condom availability in all guest houses and entertainment establishments.

Features:

- SWs are encouraged by EE managers to learn about HIV and STIs, and to have regular free STI examinations.

44 Verbal communication Thanh Hoa PAC 2008.
• Street-based sex workers are regularly and easily reached for HIV/STI education and condom distribution by specialised SW PE.
• SB SW PEs provide N&S along with condoms to SB SW who are IDU.
• Local authority regulations and public security support have desensitised condoms and dramatically increased their visibility and availability.
• EE managers and local businesswomen have sourced condoms from sources as far as Ha Noi when project condoms were in short supply.

**Challenges:**

• Supply: Intermittent supply of project condoms has hampered PE activities. However, EE owners have so far been resourceful in maintaining sex workers’ safety.
• Access: Remaining reluctance of some SWs to have regular STI examination needs investigation to understand barriers and to improve access to friendlier services.
• Sustainability: Development of a small-business model may help provide long term sustainability and access to the condom supply.
• MSM SW: Female SW have noted visible male to male sex work in the streets in Sam Son, highlighting MSM SW activity as an information gap in the design and implementation of the current HIV prevention response.
CASE STUDY 4 - NAM DINH

A Condom Sales Superstar

Small Success

Mrs Duong used to be an accountant for a Ha Noi construction company until 2002. Unfortunately she became redundant when the company was merged with another company. Being a mother of two young children, it was difficult for her to continue living in Ha Noi so she moved back to her hometown, Nam Dinh. With the assistance of friends, she started a small shop. Even though she worked day and night, she still could not support herself and her two children.

To make more money, she began running a café by the beach in Giao Thuy, a coastal district of Nam Dinh province.

Four years ago, Mrs Duong started selling condoms while running an entertainment establishment. The work proved profitable and rewarding. She is now a team leader with the PHP project and works along with four other EE PE in her district, which has over 100 EE; small restaurants, karaoke bars and hotels. On average, there are about 160-170 sex workers working in this area at any one time. Due to the mobile nature of sex work, there is a high rate of turnover among these women. In the last four years, hundreds of women have benefited from Mrs Duong's consistent devotion to condom promotion.

From economic profit to health benefit

Initially she focused on peer education and sold condoms for additional income – 720 000 VND allowance per month from PHP and around 250 000 VND a month from selling condoms. Now she sees the benefit of her work to her community and takes pride in what she is doing.

Enabling policy environment

In the beginning it was not easy for Mrs Duong to persuade other EE owners to participate in the condom promotion programme. They were afraid of being reported to the police. Later, the District People’s Committee had a meeting and reached consensus to implement CUP at all entertainment establishments in their district. After this, PAC with local police support, held a meeting with EE owners to inform them of the new policy and requested their support and cooperation in implementing it. EE owners are now able to participate in condom promotion activities with the support of the police.

As a peer, Mrs. Duong is trusted by other entertainment establishment owners who buy condoms from her.
Lessons learned

- An EE owner like Mrs Duong can be seen as a role model for EE owners.
- Innovative models for condom social marketing should be explored, using EE owners as peer educators to other EEs.
- Supply of quality condoms and lubricants is critical. EE owners should be encouraged to buy condoms and lubricants for girls.
- Support from the local police has helped create an enabling environment that increases the accessibility and availability of condoms on site for sex workers and their clients.

"A few years ago, some of the girls may have compromised and gone ahead without using a condom if the clients looked clean. Now this rarely happens. With the support and encouragement from EE owners, if a client refuses to use a condom, the girls will suggest he go to another cafe. But since the same rule is applied in all EEs, the clients have no choice. They have to choose to use condoms."

- EE owner

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*All data from the PHP Central Project Management Unit of VAAC*
CASE STUDY 5 - TU LIEM DISTRICT, HA NOI

PLHIV involvement in an innovative model of providing services to IDU and collecting used N&S.

Tu Liem district, which is west of Ha Noi, is classified as rural but provides a rapidly changing and urbanising environment in which injecting drug use and HIV have readily settled. The Tu Liem district health service, once surrounded by open space and struggling to attract clients, is now in a thriving area of the suburb and has a reputation for approachability and good care - particularly among PLHIV.

Accomplishments:

The Anh Duong PLHIV Club in the Tu Liem Health Service Centre has more than 120 members, many of whom are former or active IDU. The HIV Care and Treatment programme has engaged PLHIV in a peer support group and made special efforts to gradually recruit some members to be project volunteers with the Health Centre. The Club members value the safe environment provided by the Tu Liem Health Service and meet regularly to share experiences and increase their knowledge about HIV, the benefits of using condoms, clean N&S and ARV adherence. The PLHIV PE are trusted to set up the sessions and members use the time to share personal information, provide peer support and collect condoms and clean N&S.

"Staff attitudes toward PLHIV and IDU have markedly changed for the better. The PE are valued for their input into the programme design." - District Officer in Charge of HIV.

These experienced and trusted PLHIV PE, have been engaged in NSP outreach to IDU and in the design and trial of a new method of collecting used N&S - metal syringe safety bins placed at hot spots. These bins are expected to decrease the amount of used syringes left on the ground. PE have engaged active IDU from the community to help with the bin clearing work and created an opportunity to provide local IDU with information and clean N&S.

Features:

- Enthusiastic PLHIV members selected by health service for greater involvement in HIV prevention and care activities.
- PLHIV support group members engage IDU in discussion and provide education at hot spots
- Reduction of stigma against PLHIV as they become active PE and are seen to be helping the community clean up used N&S.
- Benefits from the enthusiasm and expertise of PLHIV.
- Identified as a way to improve the environment of injecting hot spots and reducing community opposition to NSP.
For our HIV service to be effective and successful, we have made efforts to be trusted by PLHIV. This trust has proved to be rewarding and motivating for our staff. It has helped the Tu Liem district Health Service and Anh Duong Club members take the initiative to provide and service disposal bins. This is a model of active participation by PLHIV in the community’s HIV prevention activities. Also, used syringes and needles are being collected from public spaces in the District.

– Officer in Charge of HIV

Challenges:

- Disposal: most IDU still do not inject next to disposal bins. They are more likely to inject hidden in cemeteries or on the river bank, and may be afraid to carry used syringes to the bins.
- Communication: PLHIV outreach workers distribute N&S when they clean up the bins, but there is still limited opportunity and time for HIV and risk reduction education.
- Branding: need to develop signage and branding of the boxes (plus alternative models) to prevent theft of used syringes and the boxes.
- Coverage: greater coverage of the district needed to make an impact on the burden of discarded syringes.

Syringe box at footpath entrance to cemetery ‘hot-spot’.

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Ha Noi POPULATION: 6 232 940
(Tu Liem district Population: 240 000)

LOCATION: Northern Viet Nam, adjacent to the Red River, Capital city of Viet Nam

HIV PREVALENCE (2008):
- 0.25% (Pregnant women)
- 20.8% (IDU)
- 12.3% (SW)

REGISTERED IDU: 15 777
REGISTERED SW: 1 282

MAPPED IDU IN PHP DISTRICTS: 13 378
MAPPED SW IN PHP DISTRICTS: n/a

PHP DISTRIBUTION (2008)
- N&S: 2 724 410
- CONDOMS: 161 181

*All data from the PHP Central Project Management Unit of VAAC
CASE STUDY 6 - KHANH HOA PROVINCE

Expanding 100% CUP by mobilizing street based SW as PE

The 100% CUP was introduced to target entertainment establishment-based sex workers by engaging local health authorities, police and entertainment establishment owners. In Nha Trang, a popular tourist destination, the 100% CUP principle “no condom, no sex” was introduced by mobilizing street-based sex workers who are influential peer leaders among this group.

“For me, even my future boyfriend has to use condoms...if he doesn’t want to use them, it is ok, but he has to go for a blood test FIRST, to make sure he is HIV negative.” – Sex worker

Accomplishments:

• Good coverage achieved: In Nha Trang it is estimated that there are between 800-900 street based sex workers. They work along the beach, on the street, behind shadows, under trees etc. The PE team has reached more than 800, approximately 90% of all street-based sex workers in the city.
• High referral rate for STI services achieved: It was reported that over 80% of all SW reached were referred to have voluntary regular examination (every three months) regardless of whether any STI symptoms exist. This can be attributed to the friendly attitude of the STI service providers and the trusting relationship established between the PEs and health staff.
• High rate of condom use achieved: A recent survey (November 2008) indicated that 95% of street-based sex workers reported using a condom with their last male client.

Features

• Consensus reached by local government. The 100% CUP strategy was implemented among SSW and EE-based sex workers. In Nha Trang, the principle of “No condom, No sex” was successfully introduced to SSW by PE.
• Current sex workers as PE. Many other provinces use former sex workers or entertainment establishment owners as PE. However in Nha Trang, they have found it is more effective to use current street-based SW to reach other street-based SW.
• Practical working mechanism established: A team of 10 PEs is divided into three groups with tasks assigned under the supervision of
a Team Leader. They work five days a week and actively try to reach newer sex workers, while ensuring monthly visits those who have been there longer.

**Challenges**

- The use of existing data should be improved so that a link can be built between the condom promotion programme and its impact on STI and HIV prevalence.
- More work needs to be done at the grass-roots level to ensure an enabling work environment and consistent practice by police staff.

**A Proud Peer Educator**

*Thuy has been working as sex worker in the city for a few years. Although she earns several million VND per month, more than her entire family combined, her parents have refused her offers to help them out since they think her money is ‘not clean’.*

*Thuy has been struggling with this for years. For the last two years, she has been working with the PHP project as a PE. Her salary from PHP is only 720 000 VND. However, her family members have changed their attitude towards her as they realize she is doing something good. This has made Thuy feel proud and more motivated, even though she now earns less.*

**POPULATION: 1 143 000**

**LOCATION:** South Central Viet Nam, coastal

**HIV PREVALENCE (2008):**
- 0.5% (Pregnant women)
- 23.5% (IDU)
- 1.0% (SW)

**REGISTERED IDU:** 665

**REGISTERED SW:** 206

**MAPPED IDU IN PHP DISTRICTS:** 1 980

**MAPPED SW IN PHP DISTRICTS:** 3 022

**PHP DISTRIBUTION (2008)**

**N&S:** 453 290

**CONDOMS:** 99 838

*All data from the PHP Central Project Management Unit of VAAC*
CASE STUDY 7 - LANG SON

Established peer outreach NSP supplemented by vouchers and retail pharmacies - evidence for reduced new HIV infections.

Lang Son, a mountainous province in north-eastern Viet Nam, has a shared border with China of over 253km. The capital of Lang Son, 500m above sea level is situated on the left bank of Ky Cung River and is a transit point for the considerable cross border trade. The city and most districts in Lang Son have a well established epidemic of heroin injection and HIV, with seroprevalence in IDU over 25%.

Accomplishments

To extend the reach of already effective peer outreach workers, the PAC has worked with retail pharmacies to exchange free needle/syringes and condoms for vouchers distributed by the PE, increasing access to HIV prevention for IDU.

Lang Son PAC developed the voucher scheme as a component of NSP during the years of a Ford Foundation and Abt Associates research project. The lessons learned have been expanded to most districts in Lang Son under PHP and to other provinces in Viet Nam.

In 2007, more than 130 000 N&S were distributed by 74 PE in 10 out of the 11 project districts to an estimated 1200 IDU. Approximately the same number of N&S was exchanged for vouchers at pharmacies.

"IDU feel more comfortable carrying a supply of vouchers in their pocket than carrying a pocketful of needles and syringes. They are not afraid of their family or the police finding the vouchers and identifying them as IDU." - IDU PE

Features:

- Working closely with IDU / PLHIV groups and with outside technical assistance, PAC developed an extensive and effective IDU peer outreach worker N&S distribution & collection model.
- PAC, under guidance of "cross border activities," developed innovative components to the N&S distribution, including vouchers.
- IDU in Lang Son appear to prefer a mix of N&S and vouchers at each contact. It has been reported that they sometimes give these vouchers to other IDU.
• PAC has been able to maintain good coverage for IDU and has demonstrated a reduction in HIV prevalence rates among new young injectors.  

Challenges:

• Sustainability: maintaining the project achievements during the transition from research funding to an expanded provincial harm reduction programme.

• Vouchers: reducing the costs associated with the scheme to an acceptable level and maintaining pharmacist commitment.

• Social marketing: exploring a co-payment by IDU or cost recovery models to ensure expansion and pharmacist commitment.

• Access: improving availability of N&S outside the district urban centres where there are few PLHIV support groups, pharmacies and fewer options for vouchers.

Implementation of public health scale outreach and syringe access programs was followed by substantial reductions in HIV infection among new injectors. - Abt Associates

POPULATION: 739 385
LOCATION: North eastern Viet Nam, mountainous area

HIV PREVALENCE (2008):
0.13% (Pregnant women)
23.3% (IDU)
8.1% (SW)

REGISTERED IDU: 977
REGISTERED SW: 24

MAPPED IDU IN PHP DISTRICTS: 1 753
MAPPED SW IN PHP DISTRICTS: 976

PHP DISTRIBUTION (2008)
N&S: 749 856
CONDOMS: 96 829

* All data from the PHP Central Project Management Unit of VAAC

CASE STUDY 8 - THANH HOA

Availability of new syringes has been expanded beyond Peer Outreach to NSP fixed sites at shops and PE homes.

In Thanh Hoa, HIV prevention programs are generally targeted to districts with the highest number of HIV cases and highest number of at-risk populations. In the early 2000s, an international NGO developed a commune-based NSP response in collaboration with Police and Commune Health staff. Over time this well-integrated, PE-led programme was embraced by the district and provincial health authorities.

Accomplishments

The programme has expanded with donor project support across the majority of districts. In 2007 there were 668,141 N&S distributed in Thanh Hoa Province - adequate for one syringe a day for 60% of officially registered IDU or 38% of estimated IDU.46

With encouragement, a variety of fixed site NSP models were developed to meet the needs for IDU in urban and rural settings. Small shopkeepers and PE families have been recruited into the NSP programme from locations close to IDU hotspots. Through community motivation, personal experience and small incentives, individuals have been motivated to distribute new and collect used Needles & Syringes.

“Although PE have changed their attitudes and behaviour, many IDU remain alienated with negative attitudes toward society and health staff.” - Peer Educator

With a view to overcoming IDU stigma and the fear of contacting government health services, ‘friendly’ fixed site NSP services were developed. They now provide NSP services in tea shops, small shops, PE homes and general stores.

Features:

- Sites selected to provide more convenient and accessible options for accessing N&S.
- Sites provide extended hours and more confidential access.
- Services take advantage of family support for PLHIV (and recovering IDUs) by them assisting with N&S distribution activities.
- Operating in a variety of formats at shops, open areas, PE homes and HIV treatment centres.

46 Verbal communication Thanh Hoa PAC 2008
• Community level activities appear to reduce stigma against IDU and barriers for them in accessing NSP services.

"Patience and gradual implementation have been critical to achieve change in Thanh Hoa. MoH approved Harm Reduction, but it still took time for Needle & Syringe and Condom distribution to be accepted by Public Security and older family members." - PAC

Challenges:

• Time: IDUs come to collect sterile supplies in a rush after buying their drugs, so time is limited and ‘short message’ education materials and techniques are needed.
• Sustainability: development of an extended retail ‘market model’ may improve access and sustainability through sales of sterile water and swabs in addition to syringes
• Visibility: there is a need to develop a ‘brand’ for fixed NSP sites to enable IDU to more easily identify and access these communities NSP.
• Waste Disposal: collection and destruction remain the least efficient and sustainable components of the programme. Most IDU do not inject at or very near NSP sites and are afraid of police when returning used syringes some distance to the fixed sites for collection and disposal.

**POPULATION: 3 646 600**

**LOCATION:** North Central Viet Nam, from the coast to the mountainous area

**HIV PREVALENCE (2008):**
- 0.38% (Pregnant women)
- 19.9% (IDU)
- 1.75% (SW)

**REGISTERED IDU:** 2 700
**REGISTERED SW:** 428

**MAPPED IDU IN PHP DISTRICTS:** 3 112
**MAPPED SW IN PHP DISTRICTS:** 896

**PHP DISTRIBUTION (2008)**
- N&S: 1 570 768
- CONDOMS: 140 216

*All data from the PHP Central Project Management Unit of VAAC*
CASE STUDY 9 - HA TINH

Peer Outreach NSP supplemented through fixed-site boxes for N&S distribution and return in more than 30 commune health stations.

Ha Tinh is one of the newest and poorest provinces in north central Viet Nam and is dominated by the main Highway 1 running through the province, significant cross border traffic with Lao PDR and domestic tourism of historical and cultural interest.

The absence of mandatory detention centres for IDU in Ha Tinh, has meant health workers and PE have easier and more trusting access to IDU than in most other provinces. Providing adequate coverage by NSP through these PE has been as difficult here as in other provinces and discussion at a PHP regional experience sharing workshop in 2007 stimulated Ha Tinh PPMU to experiment with alternatives to a solely PE model.

Accomplishments

A reassessment of NSP coverage, led by PPMU, identified access as an issue in NSP and developed fixed-site ‘self-service’ bins, managed by 33 commune health stations, to provide IDU with 24 hour access to new N&S.

Having health staff maintain the boxes has assisted in reducing their own stigma toward IDU and has encouraged IDU to talk to staff and access services at the Commune Health Stations that have the boxes.

“Initially there was police resistance to the NSP outreach and syringe boxes ("it will encourage drug use"), then community resistance ("children will stand on discarded syringes") but finally discussion on the placement of the boxes has engaged the community and Police.” - Director Ha Tinh PAC

Features:

- PAC developed self-service N&S distribution boxes have been located to assist access to N&S for IDU and have broadened access beyond PHP PE.
- Self-service N&S distribution, identified as a way of providing IDU with 24 hour anonymous and regular access to clean N&S and condoms, are now filled regularly and supported by health staff.
- Health staff at commune level are establishing supportive and therapeutic relationships with IDU and demonstrating increased empathy for them.
- Maintenance of the boxes, based at Commune Health Stations, has encouraged the health sector to support HIV prevention and other health services for IDU.
Challenges:

- Collection: most IDU do not inject at the syringe boxes and do not want to risk returning to discard their used syringes.

- Confidentiality: many IDU still travel to boxes away from their communes to avoid identification by health workers or neighbours.

- Drug dependence: commune health staff has expressed frustration that they do not have access to OST or other effective treatment for IDU in their communities dependent on drugs.

- Syringe disposal: although an incinerator exists in Ha Tinh City, there is no system to bring in medical waste from rural areas.

"Public placement of the boxes away from businesses and restaurants, at PE homes and hot-spot locations is efficient, provides confidential access after dark and availability 24 hours a day. However the used syringe return rate is very poor. IDU collect a handful of syringes each week or so, but do not return them often." Director Ha Tinh PAC

POPULATION: 1 200 000
LOCATION: North Central Viet Nam, from the coast to the mountainous area

HIV PREVALENCE (2008):
0.0% (Pregnant women)
4.95% (IDU)
1.68% (SW)

REGISTERED IDU: 324
REGISTERED SW: 99

MAPPED IDU IN PHP DISTRICTS: 1 460
MAPPED SW IN PHP DISTRICTS: 4 203

PHP DISTRIBUTION (2008)
N&S: 865 260
CONDOMS: 75 940

* All data from the PHP Central Project Management Unit of VAAC
CASE STUDY 10 - HAI PHONG

The drop-in centre model for IDU and PLHIV has evolved with local authority and individual commitment and now provides fixed-site N&S distribution.

Located little more than 100 km east of Ha Noi on the Cua Cam River (one of the main channels of the Red River Estuary), Hai Phong has long been the principle port in northern Viet Nam. Hai Phong is home to a large fishing fleet, shipbuilding industries and considerable export activity for industrial production in the north. Related to its affluence and position as a transit hub, Hai Phong is one of the major urban centres for injecting drug use and has one of the highest HIV/AIDS rates in the country with over 8,000 reported cases.

Accomplishments

In 2008, through the work of more than 60 IDU PE and one long-standing IDU drop-in centre, more than 660,000 N&S were distributed to IDU and street-based sex workers in Hai Phong. This was in addition to a large number of new N&S sold through community pharmacies.

According to Hai Phong PAC, a challenge for many IDU is access to N&S after-hours. To increase their access, Hai Phong PAC developed support and provided supplies of N&S and condoms to drop-in centres run by retired health staff and PLHIV volunteers.

"PLHA have much to offer HIV prevention in Hai Phong and attitudes toward them have changed, with many now in a position to support NSP and condom distribution in addition to PLHA support groups." - PLHA volunteer

The PHP mentoring encouraged PPMU to support PLHIV activities at home and to set-up peer-based ‘drop-in’ centre / shop-front NSP sites for information, condom and N&S distribution (and used syringe collection) in three sites in Hai Phong.

Features:

- PLHIV in charge of the services are able to understand stigma against IDU and enthusiastically supervise other PE.
- Fixed sites provide extended hours and confidential access to N&S, condoms, information and peer support.
- Expanded options for IDU in Hong Bang to access N&S and enjoy peer support activities.
- Stimulating peer activism and generating broader support from PLHIV and other IDUs for HIV prevention activities.
- Piloted in a variety of discrete small houses/shop-fronts with local authority and community support.
Challenges:

- Collection: of used syringes remains difficult with collection a low priority, IDU are reluctant to return them to NSP through fear of police, and quality systems for disposal difficult to achieve.
- Confidentiality: IDU access to their local drop-in centres is limited due to community awareness and risk of self disclosure.
- Expansion: the model is dependent on being able to identify and motivate PLHIV and PE with available time.
- Branding: discrete, yet clear, branding of fixed site drop-in and NSP services is required to improve access, decrease stigma and reduce risk of disclosure of status.
- Sustainability: access to services is not secure because rental costs and allowances for these ‘volunteers’ premises will be difficult when donor funding stops.

“Identification of motivated PLHIV and sites for their drop-in centres has generated an attitude change in PAC and local communities. PLHIV and other peers engaged in the staffing of the drop-in centres have developed improved esteem and life purpose as a result of their responsible work.”

- Hong Bang DoH

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<td>LOCATION: North Eastern Viet Nam, river estuary, Coastal port city</td>
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**HIV PREVALENCE (2008):**
- 0.14% (Pregnant women)
- 30.0% (IDU)
- 10.8% (SW)

**REGISTERED IDU:** 4 572  
**REGISTERED SW:** 540

**MAPPED IDU IN PHP DISTRICTS:** 3 286  
**MAPPED SW IN PHP DISTRICTS:** 1 977

**PHP DISTRIBUTION (2008):**
- N&S: 931 207  
- CONDOMS: 112 320

*All data from the PHP Central Project Management Unit of VAAC*
VI. CONCLUSIONS

PHP is the first large-scale harm reduction initiative in Viet Nam. Building upon small-scale pilots from the late 1990s and early 2000s, PHP established a harm reduction intervention model suitable for future expansion by other projects. PHP has demonstrated that it is feasible to implement harm reduction programs by government in many provinces.

1. **PHP established a foundation to incorporate Harm Reduction interventions into National Policy legislation.**

   - PHP implementers have demonstrated a government-can do approach for HIV prevention in addressing controversial issues like commercial sex and the injecting of illicit drugs. Substantial legal and social barriers remain to be addressed (or removed) in order to achieve and sustain an effective national level response.
   - PHP established a foundation through which key decision makers could be convinced to formally incorporate harm reduction approaches in the National Strategy, HIV/AIDS Law and its interpretive Decree. Based on these instruments, the official Programme of Action (PoA) on Harm Reduction was developed.

2. **The PE approach was used as the initial strategy to reach IDU and SW.**

   - The work of Peer Educators has contributed greatly to the success of the project. The PE approach to achieving access to hard-to-reach populations, IDU and SW, has been increasingly accepted by local authorities through its proven effectiveness in reaching and delivering the necessary intervention services. This approach has spread across and beyond project provinces to other areas where similar HIV risk-related behaviours have been identified.
   - The involvement of current active drug injectors, sex workers and the owners of EE as PEs, has increased over time due to their comparative effectiveness in reaching and delivering services, compared to ‘ex’ or ‘retired’ members of risk groups.
   - The experience of government health staff working with PE and conversely of PE working with government health staff has increased the comfort level of both groups and their knowledge of each others skills and capacities. PHP has led to a substantial change in attitude in both groups, which in turn has contributed significantly to the project’s HIV prevention success.

3. **Rapid scale-up of the interventions was made possible by Government taking a leading role and mainstreaming sensitive interventions (e.g. peer outreach, NSP, CUP) and HIV prevention activities within the health structure.**

   - Normalization of condom use, particularly through implementing the 100% CUP and social marketing, has demonstrated that it is feasible and effective for government to implement services for the prevention of sexual transmission of HIV in Viet Nam.
   - Expansion of NSP among IDUs has been seen across the PHP provinces and many other non-PHP provinces. Through these combined project activities there has been a dramatic scale-up in the delivery of clean needles and syringes to the networks of IDU who need them.
4. **Strong central government direction with decentralised management and a strong delegation to foster responsiveness and diversity at the local level.**

- Allowing the district and commune level project sites more responsibility, generated more flexibility in project design and implementation specific to the context of the project sites.
- Innovative interventions such as fixed sites for NSP, involving PLHIV in reaching IDU, running drop-in centres, NSP voucher schemes and the recruitment of current active IDU, SW and EE owners has assisted the expansion of harm reduction interventions while containing costs.
- PHP demonstrated that interventions can precede policy and legislative change, with PE for SW and IDU being recruited and working before the AIDS Law even referred to them.
- Identification of key passionate, dedicated individuals (including PE, EE owners, PLHIV, government authorities (health, police, MoLISA staff)) to act as role models, were vital to the provision of leadership. These individuals were identified, fostered and provided with resources and support to pursue their work, for it was through their experience that community attitudes changed and decision makers learnt.

5. **Raised demand to buy N&S and condoms from the private sector.**

- The making of condoms and clean N&S widely available at private pharmacies in many provinces and cities, raised the awareness of benefits of quality condoms and clean needles/syringes for personal protection. Creating consumer demand to buy these prevention commodities from pharmacies was an added supplement to the targeted outreach intervention programmes and a contribution to future programme sustainability.

6. **External funding enabled government to focus on implementing harm reduction as an historically, sensitive subject.**

- PHP has been the foundation for effective harm reduction responses upon which other large scale projects have been built and which facilitated the coordination of donors and resources for other harm reduction projects - moving from project based activities towards national programmes.

7. **Multi-sectoral involvement.**

- Local political commitment, particularly the support of public security, has been a key in creating an enabling environment for harm reduction activities in the field. This political support has also been a key contribution to the narrowing of the gap between national policy and local implementation. Endorsement of the 100% CUP as local government policies in Can Tho and Thanh Hoa provinces, were particularly successful examples of this support.
- PHP provided opportunities for VAAC to work together with MoPS and MoLISA to develop training programs on HIV, occupational exposure and risk reduction for their staff and operational police at the national, provincial and district level in 21 provinces. The materials developed for these trainings are being used for regular refresher and basic training for staff at all levels by the MoPS.
APPENDIX I: STRUCTURE / PROJECT MANAGEMENT

The project was executed and managed by the Ministry of Health. DFID was responsible for contracting DKT International, The Crown Agents for Overseas Governments and Administrations Ltd. (Crown Agents) and the World Health Organization to implement different components of the project. These organizations implemented directly or selected other functional agencies to implement, partially or completely, assigned contents of work under their supervision.

The Joint Steering Group (JSG)

The Joint Steering Group (JSG) was chaired by the Vice Minister of Health and deputy-chaired by the Director-General of VAAC. Other members include representatives from MoH, Ministry of Labour, War Invalids and Social Affairs (MoLISA), Ministry of Public Security, Ministry of Finance, Ministry of Planning and Investment, Ministry of Foreign Affairs, Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, the Norwegian Embassy and DFID. The JSG was scheduled to meet every six months. Their role was to provide strategic guidance, approve annual work plans and budgets and assist with resolving implementation problems.

The Central Project Management Unit

To unify activity plans and adhere to a common reporting mechanism, the project established the Central Project Management Unit (CPMU) to synthesize activity plans from all involving agencies, monitor the project’s implementation progress and provide project joint reports to the Government of Viet Nam and donors. The CPMU was also responsible for management and coordination of project activities and financial management. The CPMU staff team was comprised of the Project Director – Director General of VAAC, Vice Project Directors from the VAAC Harm Reduction department, technical Consultants and operations staff. The technical consultants’ role was to support technical and operational guidelines for the provincial teams and to support the development of Provincial Action Plans.

The CPMU acted as the Secretariat to the JSG and sent their reports to them. These reports were then forwarded to the National Committee for AIDS, Drugs and Prostitution Prevention and Control which ensured direct connection with national programme on HIV/AIDS prevention and control.

Provincial Project Steering Committees / Project Provincial Management Units

In each city and province, a Provincial Project Steering Committee (PPSC) was established and chaired by the Provincial People Committee’s leader. The PPSC was a steering group whose primary role was to review and endorse provincial work plans and budgets.

The Provincial HIV/AIDS Center supported daily implementation through the Provincial Project Management Unit (PPMU). The key PPMU functions were to prepare work plans; to implement, monitor and supervise project activities in the localities; and to regularly report project activities and budget to the CPMU. In addition, the PPMUs were responsible for the coordination of multi-sectoral project activities in collaboration with other sectors, mass organizations and NGOs.
### District and Commune level

The District Preventive Medicine Center (DPMC) was contracted to implement the project through district and commune activities with technical guidance and support from the CPMU and the PPMU. The DPMC / Department of Health (DoH) were responsible for the coordination of multi-sectoral project activities with other sectors (Public Security, DoLISA, Education), mass organizations and local / international NGOs. The District project teams were also responsible for data collection and reporting project and National Programme activity to the Provincial DoH. Implementation at the Commune level was coordinated by the District Preventive Medicine Center, through the staff of the Commune Health Station who supervised and supported the outreach 'Peer Educators’ (PE) for sex workers and IDU. The project has coined the term ‘collaborator’ to describe those members of staff from health or other government departments who were provided an allowance to support the PE’s work. The collaborators met regularly with the PE and were in turn supervised at the district level by District DPMC staff and, at times, members of the ‘open/extended working group’. Most of the supervision of PE was undertaken by commune or district level health professionals - usually doctors or nurses.

### Condom Social Marketing

DKT International was contracted to develop and implement an integrated, multi-media communication campaign focusing on condom promotion. This included media-spots, printed materials, promotional material and the arranging of events in conjunction with World AIDS Day. The condom socially marketed by DKT for the project was the OK™ condom, procured through agreements between DFID, DKT and Crown Agents.
APPENDIX II: EVOLUTION OF PHP

The project has undergone important changes in institutional arrangements. It was initially co-managed by the Ministry of Health and WHO from 2003 until 2006 when full management responsibility was transferred to the MoH. Under current arrangements, WHO provides technical assistance to the project and DKT is responsible for social marketing and distribution of condoms in 21 project provinces. The evolution of PHP, along with the change in atmosphere around HIV issues in Viet Nam, is documented in the timeline below:

Timeline Summary

PHP is the 1st large scale harm reduction initiative in Viet Nam. It was built upon small scale pilots from the late 1990s and early 2000s. PHP established a harm reduction intervention model for future expansion by other projects. PHP has demonstrated that it is feasible to implement harm reduction in many provinces. It established a foundation to convince key decision makers to formally incorporate harm reduction approaches in the National Strategy, the HIV Law and implementing Decree. Based on these, the official Program of Action (PoA) on Harm Reduction was developed.

In line with strong political commitment from the Vietnamese government, PHP shifted its focus from Information, Education and Communication materials and traditional outlet* based condom distribution programs for sex workers to needle and syringe programs for IDU and non-traditional outlet based condom use promotion (CUP) programmes for sex workers. The original focus of the PE approach was diversified to provide expanded coverage by means of alternative approaches. These expanded approaches included:
1. IEC/BCC by the district and province
2. Social marketing by DKT
3. Free distribution of needles & syringes.

* In most cases in Vietnam, traditional outlets are pharmacies.
REFERENCES

- Preventing HIV in Vietnam Project Amendment Document, Approved by the Prime Minister on April 12, 2006.


- PHP annual reports 2004 - 2007 and Quarterly Progress reports 2008

- World Bank project annual reports (2004-2007) and progress reports 2008


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