Questions

1. Any information regarding the treatment of people suffering HIV/AIDS in Vietnam by the community, authorities and families.
2. The medical treatment and facilities available to people with HIV/AIDS.

RESPONSE

1. Any information regarding the treatment of people suffering HIV/AIDS in Vietnam by the community, authorities and families.

A detailed study completed in 2004 investigated the causes and consequences of stigma associated with those living with HIV/AIDS and found that there was still a high level of ignorance about the most frequent modes of transmission of the virus. The research also found the widespread association of HIV infection with injection drug users and sex workers generated attitudes towards HIV-infected individuals accordingly. A number of study respondents had experienced stigma before they had received any HIV diagnosis.

Vietnamese society strongly opposes drug use and sex work, and those involved in these activities are generally considered to be criminals and thieves. Drug use and prostitution are referred to in common parlance as ‘social evils’. A variety of issues underlie these attitudes, but at their core are Vietnamese values about family. The family is at the center of Vietnamese society…Behaviors that are seen as potentially damaging to the family are simply not tolerated. Using drugs and getting involved in prostitution are strongly condemned because these behaviors are regarded as threatening the stability of families: using drugs because this can damage family finances, and sex work because it is considered degrading and licentious; it ‘breaks the family’s happiness’ because it causes men to be unfaithful to
their wives…Those drug users we spoke with say that they are being ostracized and kept away from community interactions, and they feel that there is no hope for support and assistance from the community. (Hong, Khuat Thu, Anh, Nguyen Thi Van and Ogden, Jessica, ‘Understanding HIV and AIDS-related Stigma and Discrimination in Vietnam’, International Center for Research on Women, Washington, 2004, http://catalog.icrw.org/dbtw-wpd/exec/dbtwpub.dll - Accessed 29 July 2008 – Attachment 1)

Children infected with HIV/AIDS often become isolated and cease to attend school because of the fear of infection felt by classmates:

An official Nguyen Thi Anh Nguyet at the National Committee on Population, Family and Children said among 66 HIV-positive children who were questioned (including orphans, and those children living in families with HIV/AIDS) in Ha Long City in Quang Ninh Province, the drop-out rate among children was 13 per cent. The number of children who never even went to school was seven per cent.

Up to 39 per cent of 23 school-aged children have completely left the education system.

In Tan Chau District in An Giang Province, nine out of 12 questioned HIV-infected children do not go to school.

Besides economic difficulties, discrimination from society toward people with HIV/AIDS is the main reason children living with the condition won't continue their education.

"I dropped out of school because my friends stopped playing with me as soon as they knew my parents were living with HIV/AIDS," a 16-year-old girl said.

Parents and people who are looking after HIV-infected children in Tan Chau District admitted their children were often under pressure from classmates

"My friends do not dare to sit next to me," said one child. (“Vietnam. HIV prejudice ruins education” 2007, Thai News Service, 4 July – Attachment 2)

The US State Department suggested that whilst there continued to be evidence of societal discrimination, there were fewer reports in 2007:

There was no evidence of official discrimination against persons with HIV/AIDS, but societal discrimination against such persons existed. There were credible reports that persons with HIV/AIDS lost jobs or suffered from discrimination in the workplace or in finding housing, although such reports decreased. In a few cases, children of persons with HIV/AIDS were barred from schools, despite its being against the law. With the assistance of foreign donors, the national government and provincial authorities took steps to treat, assist, and accommodate persons with HIV/AIDS; decrease societal stigma and discrimination; and increase dignity; however, overall consistency was lacking. Religious charities were sometimes permitted to operate in this area.

A homosexual community existed but was largely underground. There was low public awareness of the issue and little evidence of discrimination based on sexual orientation. (US Department of State 2008, Country Reports on Human Rights Practices for 2007 – Vietnam, March - Attachment 3)

In January 2007, both a legal information office providing legal advice and a legal counseling hotline were established.
These two services also aim to reduce the stigma and discrimination associated with HIV/AIDS, as well as stigma and discrimination associated with vulnerability to HIV infection, by helping to ensure that the HIV/AIDS law is implemented effectively.

The legal clinic was officially opened on the, 12 Jan 2007 and the hotline counseling has been operating since 16 January. Both these services are free of charge and will be promoted via the media and PLHA networks and self help groups. The Clinic and Hotline are supported by the Presidents Emergency Plan for AIDS Relief (PEPFAR), through USAID under the contract to the Health Policy Initiative (“New project announces opening of legal clinic and legal hotline providing free legal advice to PLHIV” [2007], UNAIDS Vietnam website http://www.unaids.org.vn/event/hotlines.html#top – Accessed 29 July 2008 – Attachment 4).

In June, 2007 a large media workshop involving representatives from 35 newspapers, 3 radio stations and 2 television stations was conducted by the national Health Policy Initiative in order to encourage more responsible reporting of HIV/AIDS. Further workshops for editors and journalists were foreshadowed (“Media leaders commit to addressing stigma and discrimination” 2007, Internews Europe, 18 June, http://www.internews.fr/spip.php?article281 – Accessed 29 July 2008 – Attachment 5).

A range of other attempts to strengthen social support networks have been initiated including ‘sympathy clubs’ (“Sympathy clubs help cancel complex of drug addicts, HIV carriers” 2007, Nhan Dan Cuoi Tuan (Weekend People), 2 December, UNAIDS Vietnam website http://www.unaids.org.vn/news.php?id=39 - Accessed 29 July 2008 – Attachment 6); publication of information resources and even letter writing contests in which ‘contestants wrote letters to the relatives or friends who just found out their HIV positive status, or letters to those whose relatives are living with HIV, to express their sympathy and support for them to overcome psychological troubles’ (‘Press Release: Keep the Promise – Stop AIDS’ 2007, UN Volunteers website, http://www.un.org.vn/unv/index.php?option=com_content&task=view&id=35&Itemid=100 – Accessed 30 July 2008 - Attachment 7).

Other social support groups with names such as For a Bright Future, Blue Dream and Pigeon have also been established (“Vietnam: Fear isolates people living with HIV” 2007, Vietnamese News Agency, 30 July - Attachment 8).

The government passed a new law which took effect on 1 January 2007 which included a comprehensive range of anti-discrimination prohibitions:

**Article 8.**- Prohibited acts
1. Purposefully transmitting or causing the transmission of HIV to another person.
2. Threatening to transmit HIV to another person.
3. Stigmatizing and discriminating against HIV-infected people.
4. Parents abandoning their HIV-infected minor children; guardians abandoning their HIV-infected wards.
5. Making public the name, address and images of an HIV-infected person or disclosing information on a person’s HIV infection to another without consent of that person, except for the case specified in Article 30 of this Law.
6. Falsely reporting HIV infection of a person not infected with HIV.
7. Forcing HIV testing, except for the cases specified in Article 28 of this Law.
8. Conducting transfusion of HIV-contaminated blood or blood products, transplantation of HIV-contaminated tissues or body parts into another person.
9. Refusing to provide medical examination or treatment to a patient for knowing or suspecting that such person is infected with HIV.
10. Refusing to bury or cremate the corpses of dead persons for HIV/AIDS-related reasons.
11. Taking advantage of HIV/AIDS prevention and control activities to make personal profits or to commit illegal acts.

During the course of 2007, the Prime Minister issued documents and decrees to implement parts of the new Law;

According to the Vietnam News Agency, the decree outlines measures to reduce HIV prevalence and the impact of the virus, including increasing access to antiretroviral drugs. The decree also addresses care for HIV-positive children who have been abandoned and displaced HIV-positive people, as well as the establishment of private centers to care for people living with HIV/AIDS.

In addition, the government announced it will increase spending on HIV/AIDS services to 440 billion Vietnamese dong, or about $28 million, from 80 billion dong, or about $5 million, in 2006. According to the Vietnam Department for HIV/AIDS Prevention and Fight, the country spent 80 billion dong, or $5 million, annually on prevention and treatment efforts from 2004 to 2006 and 45 billion dong, or about $2.8 million, annually from 1995 to 1999. (“Vietnamese Government Issues Documents To Increase Access to HIV Care, Treatment; Increases Spending on Prevention, Treatment Efforts” 2007, Vietnam News Agency, 10 July, Kaiser Family Foundation website http://www.kaisernetwork.org/daily_reports/rep_hiv_recent_rep.cfm?dr_cat=1&show=yes&dr_DateTime=07-10-07#46102 – Accessed 29 July 2008 – Attachment 10)

2. The medical treatment and facilities available to people with HIV/AIDS.


By 2005 the World Health Organisation reported that

At least one voluntary counselling and testing site has been established in most provinces, and more than 100 voluntary counselling and testing sites have been set up at the district level. The National Strategy also states that 70% of those needing antiviral therapy should have
access by 2010, through price reduction and local production of antiretroviral drugs and the
development of a comprehensive care, treatment and support system.

The country has also received substantial support from other overseas donors including the
Norwegian Agency for Development Cooperation and the United Kingdom Department for
International Development which provided US$25m 2003-2008 for a Preventing HIV in Viet
Nam Project; the United Nations, World Bank, Asian Development Bank and Australian
Country Profile for HIV/AIDS Treatment Scale-up” http://www.who.int/countries/vnm/en/

The Economist Intelligence Unit’s (EIU) Country Profile for Vietnam in 2007 stated:

(24.01) “Healthcare provision is relatively good, as measured by such indicators as life
expectancy, infant mortality and the number of doctors per head of population… A shortage
of funds has meant that improvements in water supply and sewerage systems have been
slow in coming. These inadequacies are largely responsible for the most common infectious
diseases, such as malaria, dengue fever, typhoid and cholera. Although the number of
doctors rose by 73% between 1995 and 2006, the numbers of nurses and midwives stagnated
during the 1990s, rising again only in recent years. There is particular concern about the
health of people living in the poorer provinces, where malnutrition, although falling, is still
common. However, Vietnam’s health indicators have improved in recent decades. The
infant mortality rate slowed to 16 (per 1,000 live births) in 2005 from 55 in 1970, and life
expectancy has risen to 71 years from around 50 in 1970-75.” [15] (p14-15)

24.02 According to the website of the Vietnamese Embassy in the United States, accessed
on 6 March 2008, “In the face of economic difficulties, the Vietnamese Government has
decided to increase the number of the beneficiaries of free medical charges for poor
households and those in mountainous areas, to enhance malaria control, to extend the aid to
purchase medical insurance for poor families, war invalids and soldiers. The State has
attached great importance to primary health care for the community.” [17b] (UK Home

Many older relatives, parents and grandparents in particular, are reported to be taking a large
responsibility for caring for those with HIV/AIDS:

According to Dinh Van Tu, Vice President of the Vietnam Association of the Elderly, about
70 per cent of people living with HIV are being cared for by parents or grandparents.

A survey released Tuesday by HelpAge International confirmed the prevalent role of older
women as main caregivers for people living with HIV.

HelpAge International is a global network striving for the rights of disadvantaged older
people to economic and physical security, health care and social services.

The survey says HIV and AIDS can devastate traditional support structures that sustain many
families in Vietnam, reversing the trend of parents being looked after by their adult children
as they become older.

Instead, older people, mainly women, are confronted with the burdensome task of caring for a
sick adult, coping with their eventual death, and possibly looking after a surviving grandchild.
"In this era of HIV, elders’ traditional roles as leaders, mentors, role models and spiritual advisors have expanded to include the burden and the privilege of caretaking," said country director of UNAIDS Vietnam Eamonn Murphy.

He provided that more than 100 Vietnamese became infected with HIV every day. Illness, decreased productivity and increasing numbers of orphaned and neglected children were affecting approximately one in 60 households (“Elderly relatives of HIV/AIDS Victims bear brunt of support” 2007, Vietnam News, 30 November, UNAIDS Vietnam website http://www.unaids.org.vn/news.php?id=40 – Accessed 29 July 2008 – Attachment 14).

The director of the national HIV/AIDS Prevention and Control Department reported earlier this year that 16,500 people were able to access antiretroviral drugs in 2007, up from the 6,000 who could in 2006 (“Number of HIV-positive people in Vietnam with drug access increasing, health official says” 2008, Kaiser Daily HIV/AIDS Report sourced from VNA http://www.thebody.com/content/art45004.html?ts=pf – Accessed 29 July 2008 – Attachment 15).

As referred to in the most recent US State Department report, the Catholic Church was assisted by the Ho Chi Minh City government in providing HIV/AIDS relief and it operates the Mai Hoa AIDS Centre in Cu Chi. Established initially as a place where homeless people went to die, it now provides treatment for those who have no-one else to support them;

At the Mai Hoa AIDS Center, most of the orphans are already on treatment.

One 4-year-old girl, when given a shiny trinket from America, immediately runs outdoors with it, straight to a glass case containing row on row of ceramic urns. Each one contains the ashes of someone who died here.

The little girl stands on tiptoe to show the trinket to a photo on one particular urn. It's a picture of a young woman with long dark hair, staring soberly at the camera.

"It's my mother," the little girl says through a translator.

Sister Tue Linh tells the girl's story. "When she first came here, she had no name, so we named her Nguyen Ngoc To-Vi."

Her mother, Nguyen Thi Xuan-Em, owned a coffee shop. She got infected with HIV from her boyfriend, the nun says, and the little girl got the virus during childbirth. Mother and daughter came to Mai Hoa in April. Two months later, the 25-year-old mother was dead.

Back in her office, Sister Tue Linh says her AIDS orphans are doing well with treatment. But they still aren't welcome at the local school, so a teacher comes to Mai Hoa.

Sister Tue Linh hopes the new law will change people's attitudes toward AIDS.

"In the past, when we mention HIV/AIDS, it meant drug users and prostitution and it's evil. And so people fear it," she says. "But now maybe people will change their way of thinking and separate AIDS from other evils." ("Vietnam. Vietnam expands protection for people with HIV” 2007, National Public Radio [USA], 6 February - Attachment 16)
List of Sources Consulted

Internet Sources:

**Government Information & Reports**
US Department of State [http://www.state.gov/](http://www.state.gov/)
UK Home Office [http://www.homeoffice.gov.uk/](http://www.homeoffice.gov.uk/)

**Non-Government Organisations**
The Economist [http://www.economist.com](http://www.economist.com)

**Region Specific Links**
Asia Today [http://www.asiasource.org](http://www.asiasource.org)

**Search Engines**
Alta vista [http://www.altavista.com](http://www.altavista.com)
Clusty [http://www.clusty.com](http://www.clusty.com)

**Databases:**
FACTIVA (news database)
BACIS (DIAC Country Information database)
REFINFO (IRBDC (Canada) Country Information database)
ISYS (RRT Research & Information database, including Amnesty International, Human Rights Watch, US Department of State Reports)

List of Attachments


   (FACTIVA)


