

Module 2 Session 1 Scaling up ARV Therapy in Vietnam





Total Session Time: 60 minutes

Aim: The goal of this session is for participants to understand the approach to ARV therapy in Vietnam.

Objectives: By the end of this session, participants will be able to:

- Describe the HIV care and treatment situation in Vietnam
- Explain the role of international agencies in the treatment program
- Outline the challenges and the future plan for the ART program in Vietnam

Slides

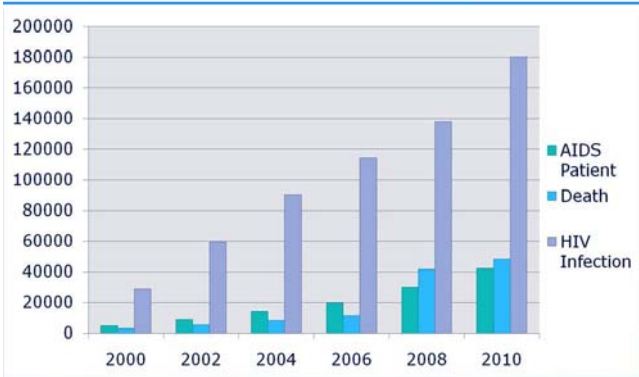
Slide 1	<p style="text-align: center;">Scaling-up ARV Therapy in Vietnam</p> <p style="text-align: center;">HAIVN Harvard Medical School AIDS Initiative in Vietnam</p>  <p style="text-align: right;">1</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Slide 2	<p style="text-align: center;">Learning Objectives</p> <hr/> <p>By the end of this session, participants should be able to:</p> <ul style="list-style-type: none">■ Describe the HIV care and treatment situation in Vietnam■ Explain the role of international agencies in the treatment program■ Outline the challenges and the future plan for the ART program in Vietnam  <p style="text-align: right;">2</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

HIV and AIDS in Vietnam

- First case of HIV in Vietnam was diagnosed in 1990
- HIV cases have been reported in 100% of provinces and 97% of districts
- National prevalence rate among adults is 0.44% (VAAC, 2009)
- HIV is concentrated in certain high risk populations



Reported Cumulative Cases of HIV, AIDS and Deaths in Vietnam, by Year



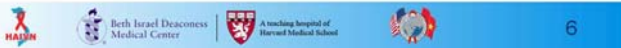
Estimates of HIV/AIDS Epidemic in Vietnam 2004 - 2012

Viet Nam HIV/AIDS Estimates and Projections 2007-2012, VAAC, 2009

	2004	2006	2008	2010	2012
HIV	179,244	208,403	231,422	254,387	280,113
AIDS Deaths	5,236	7,258	7,794	7,653	8,239
Need ARV	24,102	39,102	56,870	77,826	100,547

Characteristics of HIV Epidemic in Vietnam

- Epidemic mainly concentrated in high risk groups
- Sexual transmission of HIV is increasing
- Need for care and treatment is growing due to increasing number of PLHIV
- Drug supply has not yet met ARV treatment needs



HIV/AIDS Care & Treatment in Vietnam

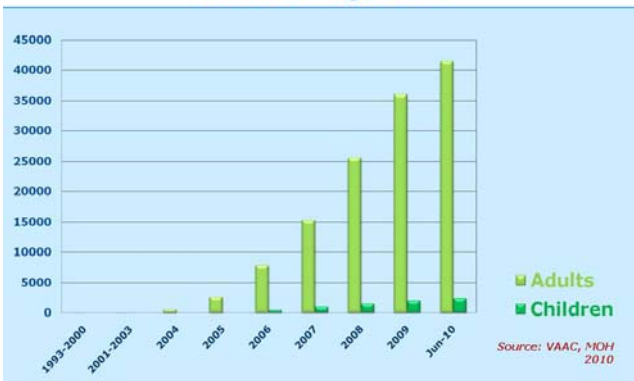
- Vietnam Administration of HIV/AIDS Control (VAAC) established in 08/2005
- Health system provides care and treatment services at multiple levels:

Level	Reach
Central	3 Centers
Provincial	Care & treatment of in- & out-patients
District	QCT Program (Management, Care, Counseling)

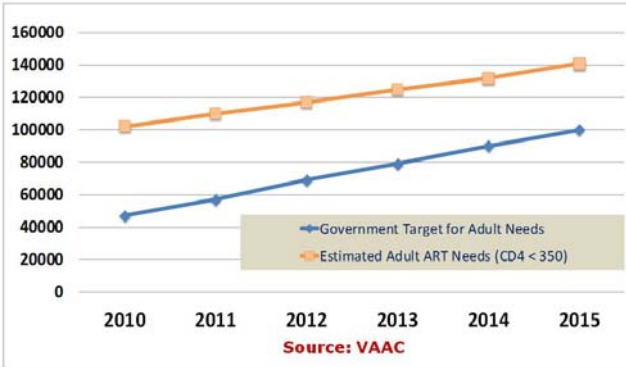
- ARV treatment support from donors

Source: MOH-Bases for Building up the Action Plan 2

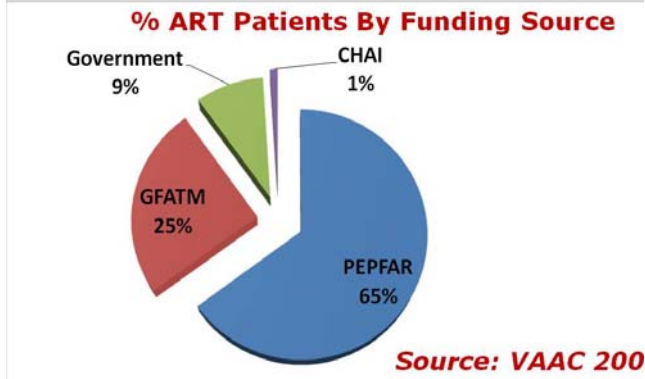
Number of Adults and Children Receiving ARV



Estimated ART Needs and Targets, 2010 - 2015



ART Funding in Vietnam



ART Treatment Targets, 2015

Current ART regimens (at PEPFAR sites)	
Patients on 1st line regimens	97%
Patients on 2nd line regimens	3%
Treatment target by 2015 (reported by MOH)	
Adults who need ARVs	70% ~ 105,000 cases
Children who need ARVs	95%
Patients still on ARV after 12 months treatment	85%
Districts establishing HIV care and treatment services	65%

Slide 12

Successes of ARV Treatment Program in Vietnam (1)

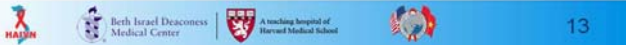
- Rapid scale-up of ARV treatment since 2005
- ART now available in all provinces
- 2nd line ART available in many provinces through PEPFAR
- Coordination between national programs and international donors by VAAC



Slide 13

Successes of ARV Treatment Program in Vietnam (2)

- Expansion of:
- treatment for children
 - availability of pediatric drug formulations
 - new OPCs
 - capacity for CD4 testing



Slide 14

Group Discussion:

What are Some Challenges of ARV Treatment in Vietnam?

What are Some Ways To Overcome These Challenges?



Key Points

- IDUs are the main group of currently HIV infected patients but sexual transmission is increasing
- ARVs are now available in all provinces in Vietnam
- The ART program in Vietnam still faces various challenges which are being addressed



Thank you!

Questions?





Handout M2S1.1: Challenges of ARV Treatment in Vietnam

Despite the success and reach of the ART program in Vietnam, there are still challenges, which include:

- ARVs are still not yet universally available for all patients who need it in Vietnam.
- The major limitation in providing ARV is the infrastructure to deliver care and treatment to patients: the number of clinics and trained medical staff.
 - Many staff in OPC to not yet have adequate training.
 - OPC staffing is not stable:
 - fast turnover
 - many staff work part-time, have responsibilities in other clinical sites, and leave to work in other departments.
- The referral system and coordination between services at the local and provincial level needs to be improved
- Most HIV patients in Vietnam are also IDU and have many social, economic, and legal problems as a result of drug use.
- Adherence is difficult for patients who take ARV for long periods of time, especially for IDU.
- Lab capacity for OI diagnosis remains very limited in the hospitals.
- No third-line or salvage ARV available in Vietnam yet
- PLHIV support groups have few resources and limited capacity in most provinces.

