

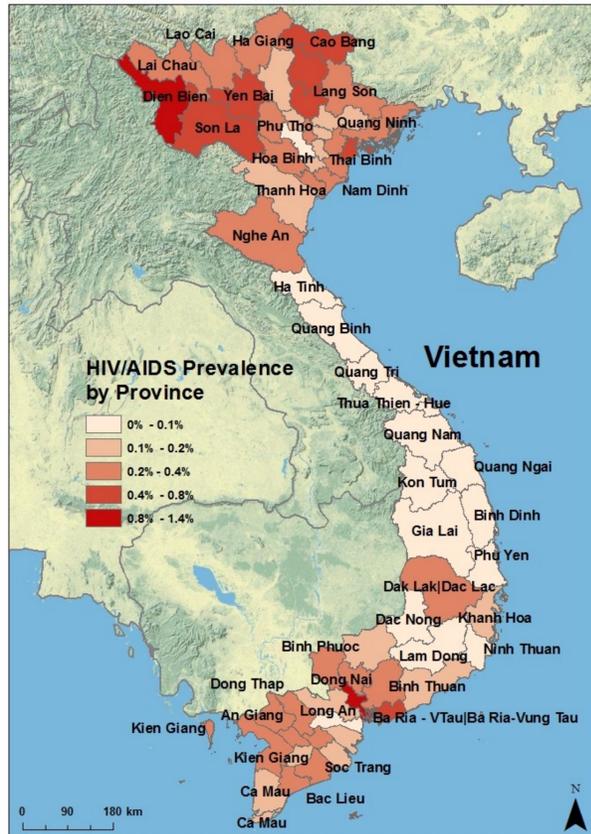


Update on the Epidemic in Vietnam: Mapping the Risks and Drivers of HIV/AIDS



Background

While HIV/AIDS is not the top health priority in Vietnam, the area requires continued research as evidence shows that the epidemic is spreading to more remote areas. Prevention and awareness programs have typically focused on marginalized populations such as injecting drug users (IDUs) and commercial sex workers (CSWs) in cities and densely populated areas, and have not focused nearly enough on bolstering the response in harder to reach, low-resourced areas.



Vietnam has a "concentrated" HIV epidemic, which is driven by injecting drug users. HIV/AIDS prevalence among this population is estimated to be around 20 percent across the nation, and is higher in some regions. The Government of Vietnam refers many of these injecting drug users to "rehabilitation centers" where they serve for about 18 months, allegedly participating in forced labor. Access to health services in the detention centers is inconsistent, which is especially problematic for an HIV positive population in a high-risk setting. In 2009, 33 centers and 12,000 health clinics were reported nationwide, which amounts to approximately 7,300 people per clinic.

This poster provides an analysis at the provincial level of the health environment in Vietnam, with a focus on vulnerable populations and new drivers of the HIV/AIDS epidemic.

TB/HIV Co-infections

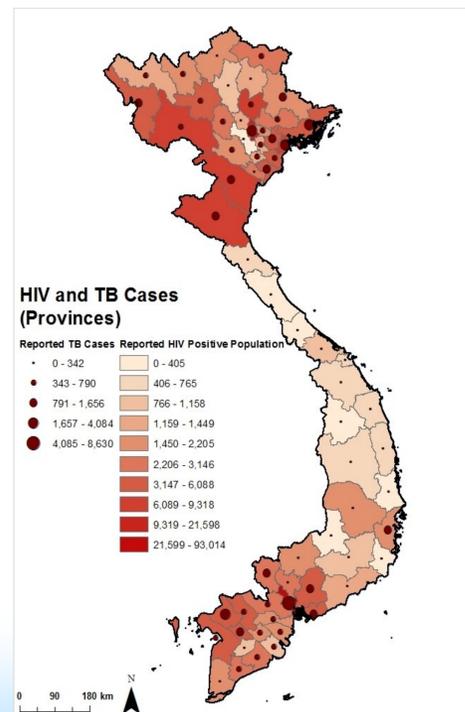
Tuberculosis is one of the leading causes of death among HIV infected people, and HIV positive individuals may be as much as 20 times more likely to develop TB than HIV negative individuals. Essential to understanding HIV/AIDS in the context of Vietnam, and formulating the most appropriate response, is a recognition that TB/HIV co-infection represents a major component of the response: Vietnam ranked 28 out all of countries for TB-caused deaths in HIV positive individuals in 2007. Studies have shown that the risk of developing TB for community health workers (CHWs) is also very high.

HIV-TB co-infection is also more costly and complicated to treat than HIV. As both domestic and international resources to address HIV are scarce, this is an important consideration.

Common TB Risk Factors	HIV Risk Factor?	Top 10 # of TB Cases		
		Province	HIV/AIDS	TB
Poverty	✓	HCMC	93,014	8,630
Unemployment	✓	An Giang	6,088	4,084
Homelessness	✓	Quảng Ninh	4,379	3,869
HIV infection	N/A	Hà Nội	21,598	3,229
Malnutrition		Hải Phòng	9,318	3,089
Injecting Drug Use	✓	Lạng Sơn	1,623	1,656
Imprisonment	✓	Nghệ An	6,452	1,550
Lack of access to health care	✓	Điện Biên	5,715	1,358
		Đồng Nai	5,549	1,322
		Bà Rịa	4,814	1,235

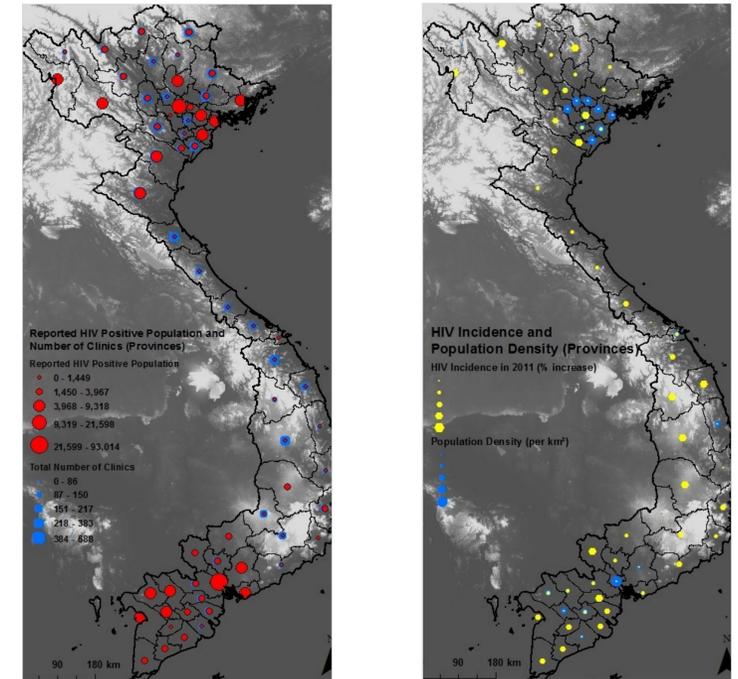
The data continues to point to strong links between HIV and TB in Vietnam. This map shows the number of HIV/AIDS cases in the Vietnam provinces and the correlation with TB cases.

This data is consistent with the evidence that the HIV/AIDS epidemic in Vietnam is driven by high-risk groups, in particular IDUs, and makes a strong case for better health services in crowded spaces with health care gaps, such as the rehabilitation centers.

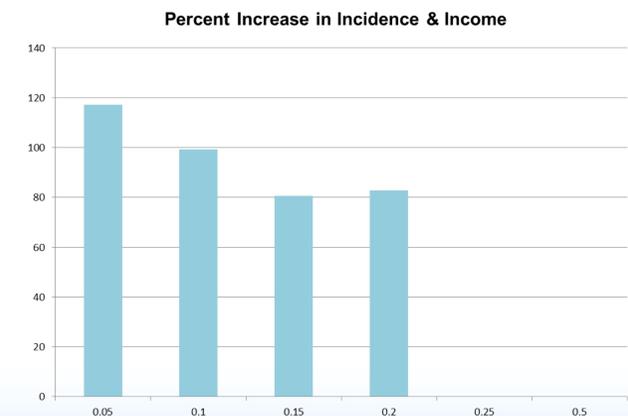


Resource and Research Needs

New data shows an increase in HIV infections in harder to reach, mountainous regions of Vietnam. The HIV response must reflect this new data and bolster health clinics to meet the needs of new patients.



Income data for some of the poorest provinces in Vietnam did not exist in the latest census in Vietnam, but it appears from the available data that the increase in HIV/AIDS incidence in 2011 in provinces is linked to income levels. Further research is needed to determine the precise relationship between these variables, and how efforts should shift to address this issue.



Author: Anne Wanlund, Tufts University, 2012-05-07. Sources: PEPFAR Vietnam (2011), Vietnam Administration of HIV/AIDS Control (2009), Vietnam Government Statistics Office (2009-2011), PLoS One (2007), KFF (2009)