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Project Formulation Study on

Addressing HIV/AIDS among Workers in Vietnam: Towards Multi-sectoral Partnerships

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Introduction

This report is a result of the project formulation research titled 'HIV/AIDS among Workers in Vietnam: Towards Multi-sectoral Partnerships undertaken in February, 2001 by CARE Japan in collaboration with CARE International in Vietnam and the National AIDS Standing Bureau (NASB) of Vietnam. Active support was freely given by a number of organizations in Vietnam including the Vietnam Chamber of Commerce and Industry. The research was funded by JICA under the Project Formulation Research Scheme.

The number of persons living with HIV/AIDS worldwide reached 36 million in 2000 and the problem has surpassed a scale that can be dealt with by a single country; it has developed into a serious global threat that must be addressed through international cooperation. Where there has been a dramatic increase in the infection rate, the problem affects not only the lives of the individual, the family, and the community, but also the development of the region as well as the country. However, in developing countries where the need to address HIV/AIDS is extremely high and urgent, it is often true that there is limited human and financial resources to plan and implement a comprehensive programme.

In Vietnam, there have been 29,000 cases of HIV positive persons reported to date (2001) since the first case was detected in 1990. Despite the fact that the Government of Vietnam and mass organizations have made great efforts to develop an effective method to curb the spread of the disease, the country is in need of external support in the areas of systems development, human and financial resources.

Since the Government of Japan announced the 'Global Issues Initiative on Population and AIDS (GII)' in 1994, Japan has been enthusiastically supporting efforts through bilateral assistance as well as international organizations such as UNFPA. In July of 2000, the Government presented 'Japan's Initiative in the Fight against Infectious and Parasitic Diseases' ('Okinawa Infectious Diseases Initiative - IDI') at the G8 Okinawa-Kyushu Summit. Following this, Japan hosted the International Conference on Infectious Diseases in Okinawa. Thus, the Japanese Government has been placing infectious diseases including HIV/AIDS as a central issue within overseas development assistance, and has been demonstrating its commitment to combat the disease. In recognition of the importance of soliciting project ideas from the private sector including NGOs, the Project Formulation Research Scheme was established. This research is a critical first step in that process.

In general, Vietnam has experienced the same pattern of the spread of the disease as many countries in Asia: first among the intravenous drug users (IDUs), then among the commercial sex workers (CSWs), and later among the general public.

In this research, the focus was placed on HIV/AIDS among workers in Vietnam. While the situation of HIV/AIDS among workers may not be currently understood as being as urgent and serious as IDUs or CSWs, there is urgent necessity for initiating efforts to prevent HIV/AIDS among workers. Vietnam is undergoing a process of rapid industrialisa-



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tion and large sections of the population are migrating to industrial centres or adopting mobile lifestyles in their pursuit of employment. Research show that many mobile workers have behaviour patterns associated with a high risk of contracting HIV. Moreover, as large groups of workers congregate in industrial centres such as factories or around major construction sites, the opportunity exists to present them with information about HIV/AIDS which allow them to protect themselves and their families.

The issue of HIV/AIDS needs to be addressed through collaboration between private sector employers, the Government of Vietnam which is the nation's largest public employer and responsible for the development and implementation of policies and systems, the mass organizations and NGOs which cooperate with each other and government partners in implementing programmes, and donors that provide the resources. The report concludes with a set of recommendations to strengthen multi-sectoral partnerships.

In conducting the research, experts from the fields of research and project formulation (Chitose Noguchi, CARE Japan), community health (Sachiko Yamada, Aichi Medical University), and HIV/AIDS (Dr. Nguyen Anh Thuan, CARE Vietnam) came together to form a team and visited Vietnam for approximately two weeks. The research team was accompanied by Doctor Chu Quoc An, Vice Director and Doctor Nguyen Van Thang, Chief of Communication and Community mobilization Department of the NASB. During field research, the team visited relevant governmental agencies, mass organizations, companies (including managers, IEC trainers, workers), donors, and NGOs. Data collection took the form of interviews and group discussions, based on a predrafted list of research items. In addition, secondary data collection prior to and after the field research was conducted through document review, internet search, and email and telephone communication.

Research findings have been compiled into a report, both in Japanese and English. Our hope is for the reader to gain as much information, and as many ideas and hints that could be further developed into new programmes or incorporated into current programmes and advocacy initiatives.

The research team received the support of the Embassy of Japan in Vietnam, JICA Vietnam, JBIC Vietnam, and the Government of Vietnam, through the active participation of the NASB. We would like to take this opportunity to express our sincere gratitude to all who were involved in the research, and hope that the report does justification to their hospitality and commitment.

March, 2001

CARE Japan
President Yasushi Kurokochi

Viet Nam Country Profile

Geography	Area	331,688km ²
	Capital	Hanoi
	Climate	Tropical Monsoon
	Land Boundaries	China, Laos, Cambodia
Population	Total Population	78,705,000 (1999 UNDP)
	Population Growth (thousand)	1.9% (1990-1998 UNDP)
	Life Expectancy at Birth	68 (1998 UNPOP)
	Crude Birth Rate	21/1,000 (1999 UNDP)
	Crude Death Rate	7/1,000 (1999 UNDP)
	Infant Mortality Rate	36/1,000 births (1999 UNDP)
	Total Fertility Rate	2.6 (1998 UNPOP)
	Work Force	38.2million (52.6% population)
Economy	GDP	US\$25,500million (1997IMF)
	GNP per capita	US\$332 (1997 IMF)
	Currency	Viet Nam Dong (VND)
	Exchange Rate	12,000VND (February, 2001)
International Cooperation	Main Donors within DAC	1. Japan 2. France 3. USA 4. United Kingdom
Domestic Administration	Political System	Socialism
	The Head of State	Tran Duc Luong, elected December 1997
	National Diet	Single Chamber 5year/ term
Others	Religion	Buddhist (80%), Catholicism, Kaodai
	Language	Vietnamese
	Adult Literacy	94% (male: 97% female: 91%) 1995 UNESCO

Source : UNDP, IMF, FASID, MOFA Japan website

Map of Vietnam

North-east

- 1 Ha Giang
- 2 Tuyen Quang
- 3 Cao Bang
- 4 Lang Son
- 5 Bac Giang
- 6 Lao Cai
- 7 Yen Bai
- 8 Bac Can
- 9 Thai Nguyen
- 10 Phu Tho
- 11 Quang Ninh
- 12 Vinh Phuc
- 13 Bac Ninh

North-west

- 14 Lai Chau
- 15 Son La
- 16 Hoa Binh

Red river delta

- 17 Ha Tay
- 18 Ha Noi
- 19 Ninh Binh
- 20 Ha Nam
- 21 Nam Dinh
- 22 Thai Binh
- 23 Hai Phong
- 24 Hung Yen
- 25 Hai Duong

North central coast

- 26 Thanh Hoa
- 27 Nghe An
- 28 Ha Tinh
- 29 Quang Binh
- 30 Quang Tri
- 31 Thua Thien Hue

South central coast

- 32 Da Nang
- 33 Quang Nam
- 34 Quang Ngai
- 35 Binh Dinh
- 36 Phu Yen
- 37 Khanh Hoa

Central highlands

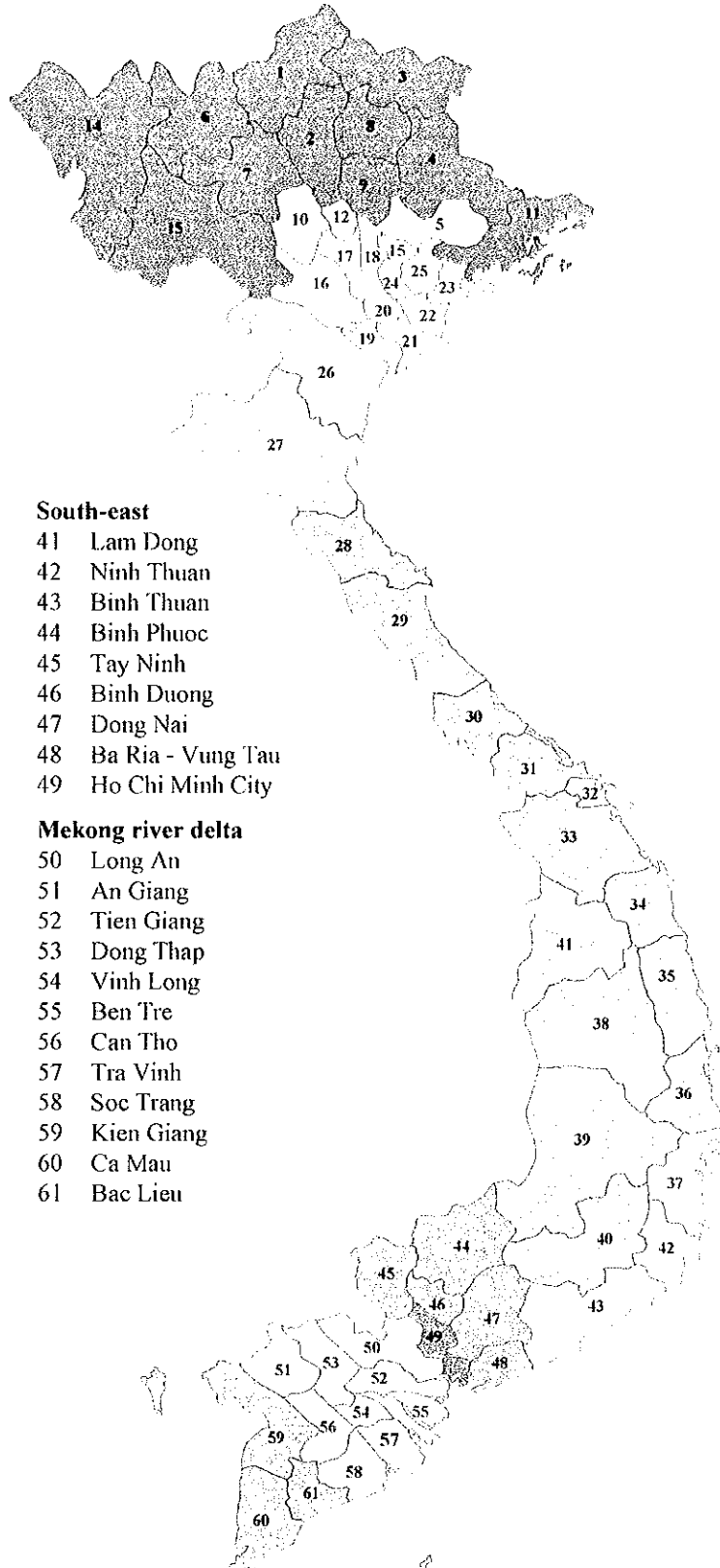
- 38 Gia Lai
- 39 Dac Lac
- 40 Kon Tum

South-east

- 41 Lam Dong
- 42 Ninh Thuan
- 43 Binh Thuan
- 44 Binh Phuoc
- 45 Tay Ninh
- 46 Binh Duong
- 47 Dong Nai
- 48 Ba Ria - Vung Tau
- 49 Ho Chi Minh City

Mekong river delta

- 50 Long An
- 51 An Giang
- 52 Tien Giang
- 53 Dong Thap
- 54 Vinh Long
- 55 Ben Tre
- 56 Can Tho
- 57 Tra Vinh
- 58 Soc Trang
- 59 Kien Giang
- 60 Ca Mau
- 61 Bac Lieu

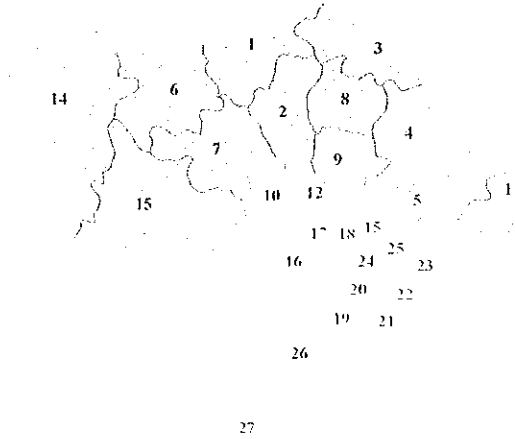


Source : Looking Ahead, A United Nations Common Country Assessment of Vietnam

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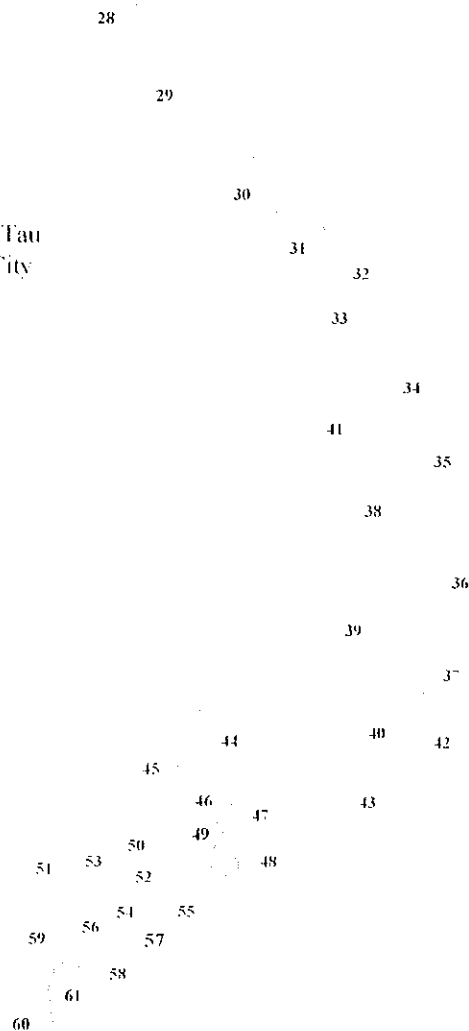
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- 59 Kien Giang
- 60 Ca Mau
- 61 Bac Lieu



Source : Looking Ahead, A United Nations Common Country Assessment of Vietnam

List of Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
AusAID	Australian Agency for International Development
CARE	CARE International in Viet Nam
CSW	Commercial Sex Worker
DKT	DKT International
FHI	Family Health International
JBIC	Japan Bank for International Cooperation
JICA	Japan International Cooperation Agency
HIV	Human Immuno-deficiency Virus
IDU	Intravenous Drug User
IEC	Information, Education and Communication
KAP	Knowledge, Attitude Practice
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOLISA	Ministry of Labour, War Invalids and Social Affairs
NASB	National AIDS Standing Bureau
NAC	National AIDS Committee
NADPC	National Committee for AIDS, Drug and Prostitution Control
NGO	Non Governmental Organization
ODA	Official Development Assistance
PAC	Provincial AIDS Committee
PWA	People Living with HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VBMA	Viet Nam Business Community Mobilization for AIDS Prevention and Control
VND	Vietnamese Dong (14,500VND=1USD, February 2001)
WHO	World Health Organization

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- 2) Manufacturing Companies
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- 3) Mass Organizations: 'advocating for the worker's rights and working with them on the ground'
- 4) Private Sector: 'investing in the workers = investing in the company'
- 5) NGOs: 'facilitating the process and building capacity'
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Research Objectives, Methodology, Outputs

(see VI. Annex A Research Matrix)

1) Objectives

The primary purpose is to formulate effective models to address HIV/AIDS and STD issues among workers in Viet Nam through multi-sectoral partnerships. Recommendations will be developed based on the identification of future project ideas to be funded under various schemes by the Government of Japan.

2) Research Topics

The research focused on primarily factory and construction workers in Viet Nam, and covered the following topics:

- a. Problem analysis of HIV/AIDS in Vietnam and among workers
- b. Policies and programmes to address HIV/AIDS issues among workers that are currently implemented in private, joint-venture and state-owned companies
- c. Strategy and roles and responsibilities of stakeholders in the proposed collaboration framework
- d. Strategy and components to be incorporated into the proposed programmes and projects
- e. Existing capacity of stakeholders and capacity building needs
- f. Potential for the utilization of Japanese ODA schemes to support HIV/AIDS initiatives in the business sector

3) Research Methodology

a. Data collection

(see VI. Annex B List of Organizations Visited)

i. The Process: Data collection was conducted in two phases:

- Preliminary preparation.

Desk research involved collection of information acquired from publications in Japan as well as in Viet Nam through CARE Viet Nam. The internet websites were extensively used to collect data.

- Field data collection

Field data collection took place in Viet Nam by a 3 member research team consisting of a Japanese Team Leader with Research, Project Formulation, Monitoring and Evaluation skills, a Japanese Community Health Specialist, and a Vietnamese

HIV/AIDS Expert. The team was accompanied by a Representative of the Viet Nam AIDS Standing Bureau and a translator throughout the research to facilitate the process.

ii. Techniques: The following techniques were utilized in the research.

- Interviews with key informants

The key informants are people who know most about relevant issues and are able to provide insight into the topics explored. Key informants were interviewed in institutions include GOs, mass organisation, NGOs, donor agencies, private sectors.

- Focus group discussions

Focus group discussions were conducted when collecting data from workers, CSWs, and project implementers such as health educators/ IEC trainers, Trade Unions representatives. Discussion groups ranged from 2 to 6 persons.

- Observation

Site observation visits were made in order to better understand the context in which the workers, CSWs and project implementers live and work.

- Telecommunication

E-mail, fax, phone communication were used to obtain additional information for the research, or to confirm or follow up on information collected.

All activities above were carried out according to guidelines or non-structured questionnaires prepared prior to the field research.

b. Data analysis:

The data was analysed according to key questions identified under the broader research theme. Each team member, based on his/her expertise, was assigned a relevant section.

c. Triangulation

Data validity was checked among the team members with key informants through meetings, phone, email communication to ensure all data is accurate.

d. Report Compilation

The report was drafted by each team member contributing sections of the report, which were compiled together. Email, phone and fax communication was used to edit the content, consistency and flow. Finally, the quality of the report was checked by HIV/AIDS experts who were not involved in the research, and approved by JICA.

4) Outputs

Recommendations on the development and implementation of effective and replicable models to address HIV/AIDS issues among workers are presented in this report.

1. Framework to enhance collaboration among the stakeholders in addressing identified needs in relation to HIV/AIDS prevention and care for workers
2. Programmes and projects to promote the involvement and collaboration of businesses in developing and implementing HIV/AIDS prevention and care
3. Initiatives to strengthen the capacity of the stakeholders in supporting HIV/AIDS programmes in the workplace. (ie. provision of information and education material, technical and management training)

I. Background and Overview

A. Country Description

1) Geography

The Socialist Republic of Viet Nam lies in the Eastern part of the Indochina peninsula, and is bordered by China to the north, Laos and Cambodia to the west, and the East Sea and Pacific Ocean to the southeast. Viet Nam's coast line is 3,260 km long and its inland border measures 3,730 km. The country's total length, from the northernmost point to the southernmost point, is 1,650 km. Viet Nam is also a transport junction from the Indian Ocean to the Pacific Ocean.¹

2) Climate

Viet Nam is located in both tropical and temperate zones. Regions located near the tropics and in the mountainous regions are endowed with a temperate climate. The annual average temperature ranges from 22°C to 27°C. There are two distinguishable seasons; the cold season is from November to April and the hot season from May to October. The difference in temperature between the two seasons in southern Viet Nam such as Ho Chi Minh City is almost unnoticeable, but ranges widely in the northern provinces where Hanoi is located.²

3) People

A country with 54 ethnic groups, Viet Nam has approximately 79 million people, of which 51% are women. The Viet (Kinh) people account for about 88% of the population. Most of the Viet population live in the major cities, the Red River delta, the central coastal area, and the Mekong delta. The ethnic minorities, consisting of about 8 million, live mainly in the mountainous areas throughout two thirds of the country. Among these groups, the largest are the Tay, Thai, Muong, Hoa, Khmer, and Nung with about one million each. The smallest are the Brau, Romam, and Odu numbering about several hundred in each group.³

4) Economy

The catalyst behind many of the key reforms in the last decade in Viet Nam has been *doi moi* (renovation) which began in 1986, and marked the move from a centrally-planned economy to a more market-oriented economy. Initial results were impressive. Inflation was slashed from more than 500% in 1986 to single figures in recent years; US\$33 billion in foreign investment pledges have poured into the country since 1988; and poverty has plummeted, from more than 70% in the mid-1980s to less than 40% according to preliminary data collected by UNDP (mid-1999).⁴

¹ http://www.geocities.com/Heartland/6879/Viet_Nam.html

² http://www.Viet_Namtourism.com/e_pages/e_index.htm

³ http://www.Viet_Nambynet.com/Viet_Nam/People.asp?SnID=1616502138

In recent years, however, there has been a slow down in reform momentum as the growth impact of the first generation of reforms faded and the effects of the East Asian crisis hindered growth. Concerns are now emerging that macro-economic stability is under threat as Viet Nam wrestles with low competitiveness, a weak banking system, an inefficient state enterprise sector, falling export growth and falling foreign direct investment (FDI) flows due to the regional crisis. The momentum of growth, including investment, output, and employment is slowing, and the quality and sustainability of growth may be deteriorating. FDI has fallen from US\$2 billion during the 1995-1997 period to US\$800 million in 1998 and an estimated US\$700 million in 1999. Also, state-owned enterprises remain fragile with more than 60% making losses and almost all of them performing inefficiently.⁵

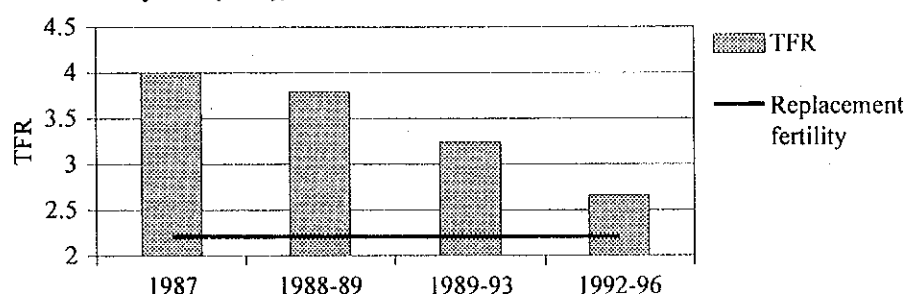
5) Health and Demography ⁶

Viet Nam is the twelfth most populous country in the world, with 82 million people, and is the second most populous nation in South-east Asia, after Indonesia. The population is concentrated mainly in two large river deltas; the Mekong River Delta and the Red River Delta. The overall population density for the country averages 231 people/km², but it is very high in the two main river deltas, where the density rises to an average of 1,180 people/km². The population growth rate has fallen rapidly over the past ten years, and fertility and mortality rates have decreased to levels comparable with more developed South-east Asian countries. These changes are affecting traditional Vietnamese household structures as families grow smaller and the population grows older. In addition, rapid economic development has stimulated population mobility, and sped up the process of urbanisation.⁷

Fertility and Mortality

Fertility rates and mortality rates have substantially declined over the past decade after the family planning programmes were introduced. In that period, the population growth rate has dramatically declined, as has the total fertility rate. (Figure 1)

Figure 1 Total fertility rate (TFR), 1987 to 1992-96



Source: General Statistical office

⁴ <http://www.undp.org.vn/efault.htm>

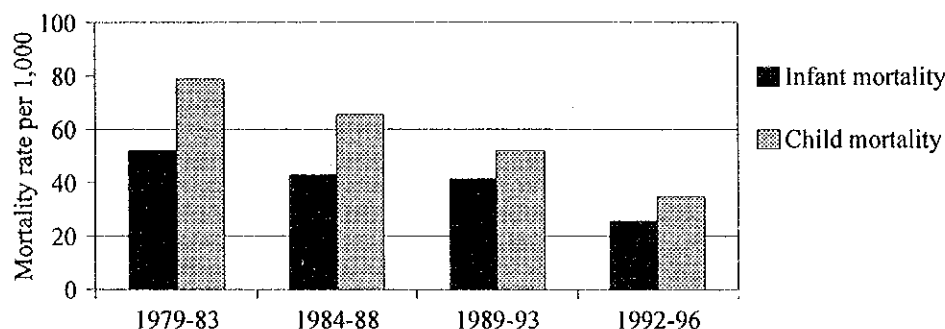
⁵ <http://www.limsi.fr/Recherche/CIG/economy.htm>

⁶ UNDP, *Looking Ahead*, December 1999.

⁷ <http://www.un.org.vn/undocs/cca1999/ccamain.pdf>

Infant and under-five mortality estimates for 1996 are equivalent to those of a more developed country such as Thailand, and have been in decline over the past decade (Figure 2).

Figure 2 Infant and child mortality, 1979-83 to 1992-96



Source: General Statistical office

Life expectancy

Over the next ten years, life expectancy is predicted to increase from its current level of 64.9 years for men and 69.6 years for women, to 65.8 years and 71.7 years respectively.

Migration

Migration from rural to urban areas has emerged as a dominant trend in the 1990s. In 1989 the urban population accounted for just 19.4% of the total population, largely unchanged from 20 years ago. By 1999, the rate of urbanisation had accelerated to 23.5%⁸. Since many migrants do not register their residency with the Government, the true rate of urbanisation is likely to be even higher. It is estimated that 70,000 to 100,000 migrants move to Ho Chi Minh City each year, and approximately 40% of Ha Noi's current growth is attributed to migration⁹. Large numbers of temporary migrants who flow into Viet Nam's cities each year further swell the urban population. Government estimates indicate that the rate of urbanisation will continue to increase to 45% by 2020. Rural-urban migration is especially pronounced among young adults. A survey undertaken in Ho Chi Minh City found that over two-thirds of migrants are between 15 and 29 years of age, and most are women¹⁰. As the number of people in this age group rises and the difficulty of securing a job in rural areas increases, urban centres will continue to grow as young adults migrate to cities in search of employment. The rapid growth of cities, fuelled in large part by migration, is placing increased pressure on the urban living environment and infrastructure. Since existing sanitary and service structures are inadequate to cope with current population levels, pollution levels will continue to rise. Rapid urbanisation also threatens to have a negative impact on urban poverty, overcrowding and unemployment, which in turn may exacerbate crime, drug abuse and sexual exploitation, and generally undermine social stability.

The health status of people in Viet Nam has been improving in the last few decades:

⁸ GSO 1989, 1999

⁹ UNDP 1998

¹⁰ UNDP 1998

crude death rate was reduced by half from 17 per 1000 reported in 1970¹¹. Immunisation coverage for children under one year increased from 50% to 95% in three years, 1994 to 1996¹². However, there are still many health problems such as high morbidity and mortality among women of reproductive age and children under five years.

According to MoH¹³, the top leading causes of morbidity for adults are:

- Accidents and injuries
- Diarrhoea and gastroenteritis
- Pneumonia
- Acute bronchitis
- Malaria
- Hypertension
- Respiratory tuberculosis
- Peptic ulcers
- Infections of the skin and subcutaneous tissue
- Other infectious disease including STDs and HIV/AIDS.

B. HIV/AIDS in Vietnam

1) Epidemiological History of HIV/AIDS in Viet Nam

The first case of HIV was diagnosed in Viet Nam in 1990¹⁴. Initially, HIV/AIDS infections were almost exclusively confined to non-Vietnamese fishermen who were discovered to be HIV positive during mandatory testing. The mandatory testing of 70,000 drug users, STD patients, CSWs, and blood donors throughout 1991 found only one HIV-positive case¹⁵. In the first half of 1993, only an additional 11 cases were reported. However, by the second half of 1993, a total of 1,100 new HIV cases were reported in southern Viet Nam.

Between 1993 and 1997, the prevalence of HIV increased and in 1997, cases were reported across 42 provinces, with the largest concentration being in Ho Chi Minh City and in the south-central coast city of Nyachan. (Figure 3) Although the majority of HIV cases were among IDUs, their prevalence had decreased from nearly 90% by the end of 1993 to over 60% in the middle of 1997. As for newly reported HIV cases, those of CSWs have tended to increase. The epidemiological pattern of HIV infection is similar to that of Thailand and Myanmar where the virus was first detected in IDUs and then spread from CSWs to the clients and among the wider population¹⁶. (Figure 4)

¹¹ UNICEF, 1998

¹² MoH, 1994, 1996

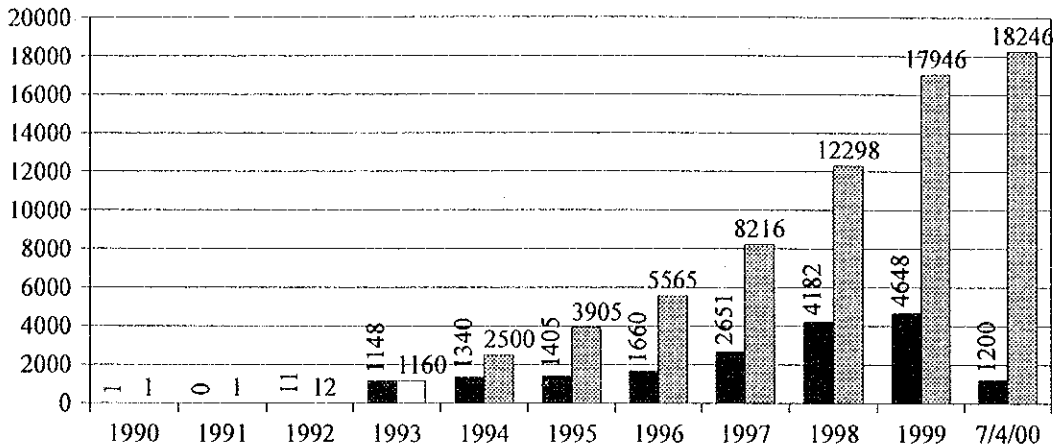
¹³ MoH, *National Statistic Year Book*, 1997.

¹⁴ Viet Nam's National HIV/AIDS Programme *HIV/AIDS Country Profile*, Hanoi May 2000, p 9

¹⁵ *ibid*, p 9

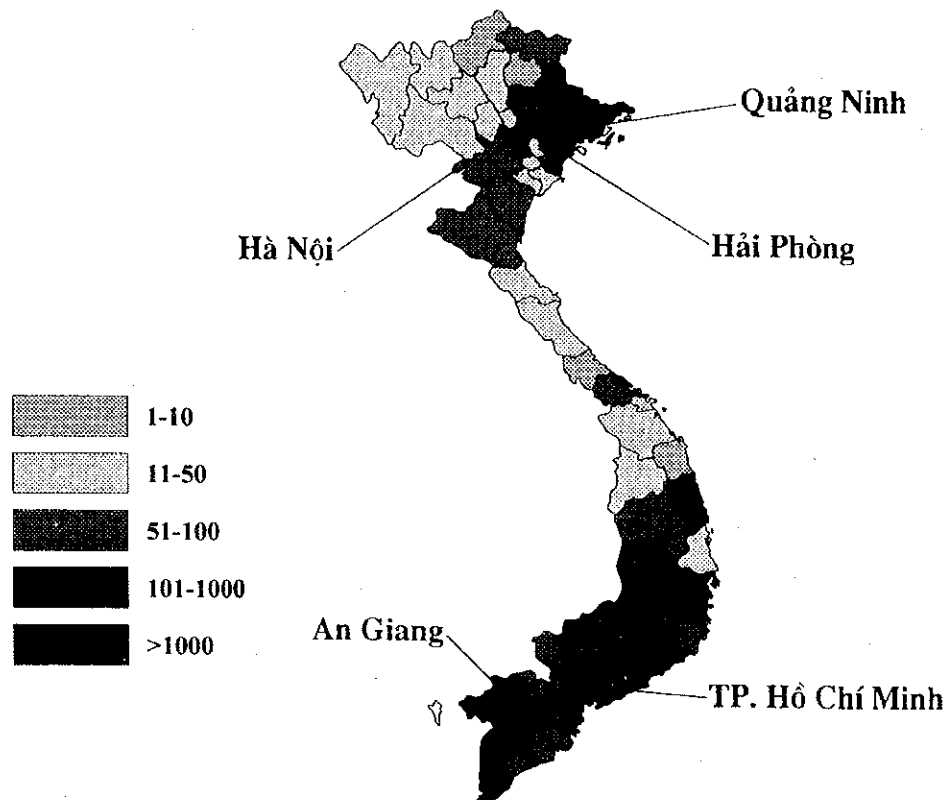
¹⁶ *ibid*, p 11

Figure 3 Cumulative of HIV Infection by Years



Source : Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000

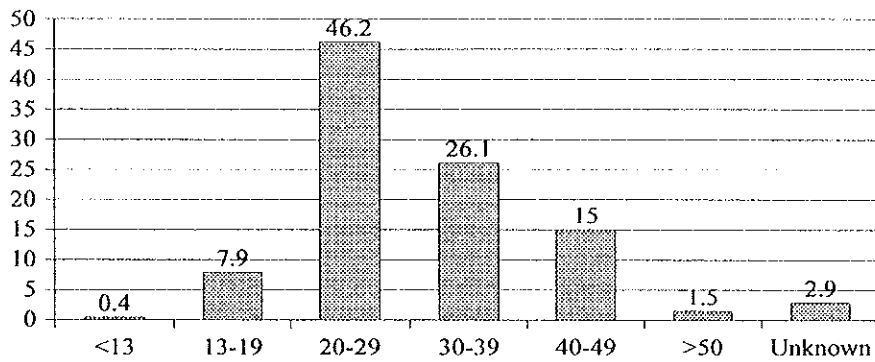
Figure 4 Number of Reported HIV Infected Cases - 1999



Source : Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000

From mid 1997 to the year 2000, the HIV epidemic had spread rapidly in several northern provinces, and by 1999 cases were detected in all 61 provinces throughout Viet Nam with an increasing number of cases being detected amongst younger people, particularly in the 20-29 year age group. Many of the HIV/AIDS cases are among IDUs who are even younger. (16-25). The number of HIV cases among 20-29 years old increased from 15% to 29.7% between 1993 and 1997. (Figure 5)

Figure 5 Distribution of HIV Infection by Age

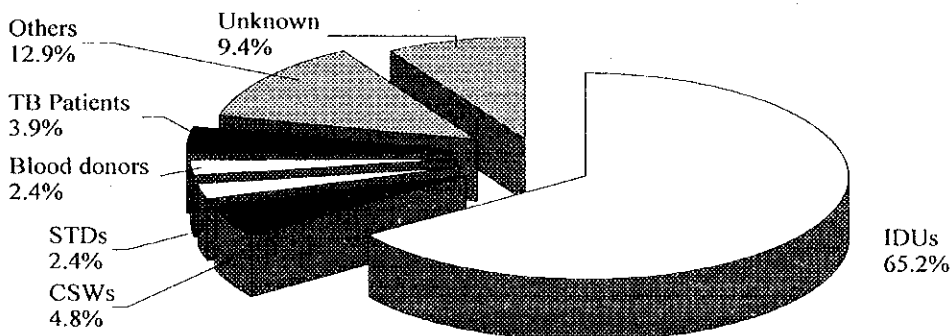


Source : Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000

2) Situation of HIV/AIDS in Vietnam

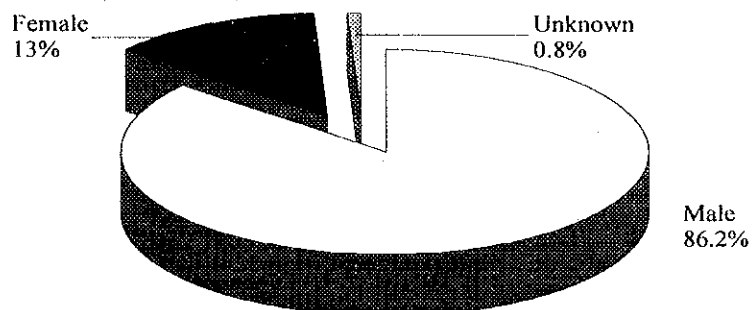
As of January 2001, 28,962 HIV positive cases have been reported in Viet Nam, 4,774 of which are classified as AIDS cases. To date, 2,504 individuals have died from AIDS related illnesses. Moreover, 65.2% of reported HIV infected cases were IDUs, followed by female CSWs (4.8%) and STD patients (2.4%). HIV infection has occurred mainly among the male population which account for 86.2% of total reported infections¹⁷. According to the figures, young adults are the most affected: 46.2% are 20-29 years old, 26.2% are 30-39 years old. (Figures 6 and 7)

Figure 6 Distribution of HIV Infection by Target Groupes



Source : Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000

Figure 7 Distribution of HIV Infection by Gender



Source : Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000

¹⁷ Viet Nam's National HIV/AIDS Programme HIV/AIDS Country Profile, Hanoi, May 2000, p10

3) Factors Influencing the Spread of HIV/AIDS in Viet Nam

The National Committee for AIDS, Drugs and Prostitution Control (NADPC) reports that the HIV/AIDS monitoring system in Viet Nam is limited by lack of resources. Shortage of personnel has also been identified as a problem. (see III. A). The State budget is small and most of it is allocated to purchase equipment and test kits and the budget for training and capacity building for testing and monitoring is limited.

Besides the shortage of government capacity, high risk behavior set against a background of poverty, economic reform, urbanization and migration has facilitated the transmission of HIV/AIDS in Viet Nam. Poor economic prospect in rural areas lead to an increase in the mobile population as people search for job opportunity. There is an official regulation requiring citizens to obtain movement registrations. However, some people living in rural areas migrate with temporary permits or illegally. Migrants without permits tend not to be able to seek or receive health and education services, and social support from the government since they do not belong to a particular commune. Lack of information on HIV/AIDS prevention among migrant workers, combined with the feeling of loneliness which comes from living away from the family could be a factor impacting negatively on the spread of HIV/AIDS in Viet Nam (see II.B).

Another significant contributing factor is the economic dependency and poverty of women who have little power to negotiate protection during sex. In addition, economic hardship is a major reason for women undertaking commercial sex work. The Ministry of Labour, Invalids and Social Welfare (MOLISA) estimated that there were approximately 300,000 CSWs in Viet Nam. As industries expand and income levels grow, there will be increased opportunities for entertainment services involving behaviour associated with HIV/AIDS.

II. HIV/AIDS and the Business Sector

A. HIV/AIDS among Workers

In many parts of the world, accurate figures of STD/HIV/AIDS among workers are unavailable or incomplete. This situation results in part because the type of work or profession is not included in the information sought in the sentinel surveillance systems and the reluctance of workers to undertake voluntary testing due to fear that their confidentiality will not be protected. However, organisations such as UNAIDS, WHO, the World Bank and other NGOs have undertaken a number of initiatives to assess the magnitude and the severity of STD/HIV/AIDS prevalence of workers and also drawn special attention to specific groups within the industrial sector.

Studies conducted in South East Asian Countries have revealed comparable pictures on HIV/AIDS among the workforce to those in Viet Nam. A study undertaken by Supawitkul on Burmese migrant workers in Thailand showed the annual incidence of HIV positive infection to be 4.6%, 4.5%, 5.7% and 2.1% respectively from the years 1996 to 1999. Thailand receives large numbers of migrant workers every year (600,000 people per year)¹⁸, and these workers are documented to be engaging in behaviour associated with high-risk (such as frequenting sex workers or becoming sex workers themselves)¹⁹.

In Viet Nam, the incomplete medical information recording and management system has prevented the collection of accurate data on infection rates of these workers. Furthermore, since HIV voluntarily testing is inhibited by the lack of confidentiality, HIV infection rates of workers is unknown. Nevertheless, there have been reports from CARE Viet Nam and health authorities in Can Tho and Quang Ninh Provinces, highlighting the prevalence of HIV/AIDS among manufacturing and construction workers. Health staff have attempted to estimate the prevalence of HIV/AIDS based on the fact that STDs and STIs are linearly associated with and HIV/AIDS.

In 2000 CARE undertook a rapid assessment among health authorities of Quang Ninh Province and found 45 HIV positive cases among a sample group of coal miners visiting health facilities. Unfortunately, it was unable to project the proportion of HIV cases against the total population of workers in the province since the total number of workers visiting health facilities were not recorded. Another research collected secondary data on the incidence of STD infections among factory workers on production lines at Pou Yuen factory in Ho Chi Minh City, which revealed that among 15,000 employees participating in the annual medical check in the year 2000, 9.76%²⁰ were identified with STDs and therefore considered to be at high risk of contracting HIV/AIDS.

¹⁸ Gooneratne et al 1994, Weerakoon 1997 in Nguyen Nguyen Nhu Trang: *The Reality-Vietnamese Migrant workers in South Korea*. CARE International in Viet Nam and CARAM Asia and Ho Chi Minh City Youth's Publishing House, 1999.

¹⁹ Figure on imported labour forces in Thailand

²⁰ CARE International in Viet Nam: *Report on the Assessment of Needs among the Workers at Pou Yuen Factory*. Funded by Timberland Ltd, 2000.

Groups of experts in the field of HIV/AIDS research such as those from UNAIDS²¹ outlined the association between the HIV infection rates per year, the duration of HIV transmission from individual to individual and the rate of having new sexual partners among the general population. Other research carried out by CARAM Asia (Co-ordination of Action Research on AIDS and Mobility in Asia) highlighted the socio-economic situation of workers, coupled with migration status and inaccessibility to health services as contributing factors to HIV/AIDS infection.

B. Factors Determining the Vulnerability of workers to HIV/AIDS

1) Poor knowledge and unsafe practices of workers

In Viet Nam, knowledge levels of surveyed workers regarding HIV/AIDS awareness was found to be poor. Research by CARE International in Viet Nam for employees and employers of six companies in Viet Nam in 1999, found that many employees demonstrated a lack of understanding of the details of transmission modes, stages of the virus, protection methods and potential impact of HIV/AIDS on the workplace environment²². The practice of unsafe sex is also alarmingly common.

Studies carried out by Can Tho Provincial Health Department and Family Health International of garment and food processing factory workers in five companies in the Mekong River Delta, revealed a low level of understanding and practice of safe sex among the males interviewed, with regard to HIV/AIDS²³. Specific findings from the research showed that the main issues were the absence or inconsistent use of condoms, as well as engagement in casual sex relationships. Can Tho has a high rate of HIV positive prevalence (642 cumulative cases out of 20, 378 among 61 provinces of the country) and with the most developed sex service establishment in Viet Nam²⁴. Inadequate knowledge of HIV/AIDS and unsafe sex practices place these workers at greater risk.

2) Migration and Mobility

Research undertaken in Viet Nam and worldwide has indicated that migrant and mobile workers are particularly vulnerable to HIV infection. Migration patterns of workers including increased mobility, limit the accessibility to STD/HIV/AIDS services. Additionally, the situation of loneliness, isolation and boredom that these workers find themselves in, often leads to an increase in casual sex relationships, including engaging in unprotected sex with commercial sex workers.

²¹ The World Bank: *Confronting AIDS*

²² CARE International in Viet Nam: *An Audience Analysis of Employees and Managers Knowledge and Understanding of and Attitudes towards HIV/AIDS and its Management in the Workplace*. Project "Working With AIDS 1997-2000" funded by AusAID.

²³ Family Health International and Can Tho Provincial Health Department : " *Preliminary Report on the Knowledge, Attitude and Practices Survey among Male Workers* ": *Intervention and Assistance for Male Workers Project*, May 2000 - May 2001

²⁴ Can Tho Province DoLISA: " *Report on the Social Evil Situation* ", July 2000. Phone conversation.

Research carried out under the Asian Development Bank in 1999 and 2000 on the situation of construction workers on the Thai-Myanmar border found that lack of access to condoms and information and unsafe sex behaviour substantially increased the risk of infection for workers.²⁵

Between 1997 and 2000, CARAM Asia's project found that domestic migrant workers in Cambodia and Malaysia, and Vietnamese migrant workers in South Korea were at risk of contracting HIV/AIDS²⁶. For domestic workers, there was a higher chance of engaging in commercial sex work and the problem of lack of access to health care services was serious due to unfamiliarity with the system. In comparison, international migrants faced problems of high health services cost and language barriers. All these factors put workers in a vulnerable situation.

Studies of workers on the production lines of Pou Yuen factory in Ho Chi Minh City and at Hai Phong Province's mining company, carried out by CARE International in Viet Nam revealed that a large of workers have migrated in search of employment to major manufacturing and industrial areas²⁷. In the case of the Pou Yuen factory in Dong Nai Province, 72% of the workers had migrated from other areas of the country. As mentioned in the previous chapter, there is a large number of migrant workers in the construction and coal mining industry as well. As some migrant workers do not register with local authorities and thus are illegal workers, they are not targeted for health promotion activities. For those who are registered, access to public facilities is often limited by the distance of the facility from the workplace and the hours of operation of facilities/ clinics. Moreover, factory based health facilities do not usually include reproductive and sexual health assistance in their services. As a result, workers are unable to receive reproductive health information or supplies of condoms. Furthermore, the high cost of STDs treatment is not covered by health insurance schemes and must be paid by workers themselves.

3) Untreated STDs and STIs

The association between STD and increased risk of HIV infection has been proven and documented by WHO. However, STD prevention and treatment has not been sufficient. The reasons are complex and range from unavailability of services in general, high cost and inaccessibility to services, poor quality of existing services and the influence of social norms preventing STD acceptance.

Surveys of health staff at Pou Yuen Factory and subsequent rapid assessments conducted by CARE International in Viet Nam of the Ngoc Ha Shoe Company in Hanoi and Stella Shoe Factory in Hai Phong showed that these companies do not include STD services in health programmes for factory workers. Moreover, health workers are not trained in STD

²⁵ Paul Shakti, email communication, July 2000.

²⁶ Wolfers et al: *Access to Health Care of Migrant Workers and Their Vulnerability for HIV-Infection*. Co-ordination of Action Research on AIDS and Mobility in Asia, from 1997. Available on: www.hivnet.ch:8000/asia/sea-aids

²⁷ CARE International in Viet Nam: *Report on the Assessment of Needs among the Workers at Pou Yuen Factory*. Funded by Timberland Ltd, 2000.

prevention and treatment. As nearly 10% of the workers surveyed suffer from STDs and there may be more cases that are unidentified, the health services in these setting have not fully met the needs of workers.

Even among the wider community in Viet Nam, STD services at public health facilities are still marked by high cost and lack of accessibility. Most of the STD services are located in central locations, often at a great distance from the rural communities. Therefore, the costs incurred for those outside of the city include travel, loss of income for travel time to the clinic, and fee for the consultation itself which is not covered by insurance.

In Viet Nam, social norms that prevent open discussion of sexual health issues are a barrier to people seeking treatment or advice. Surveys of health staff at Pou Yuen Factory indicated that due to fear of discrimination, many people with STIs do not seek treatment at the factory health care centre²⁸. A cultural factor, is that STD patients are frightened of being ascribed the label of "STD carrier," as STDs are associated with "social evils" in Viet Nam. Therefore, STD patients either self-diagnose and treat or consult untrained pharmacists to prescribe treatment which is inadequate in many cases.

4) Employers' lack of knowledge and awareness

As HIV/AIDS became a serious problem, UNAIDS and the World Bank have called for access to HIV/AIDS information for all. The Government of Viet Nam has stated in the ordinance on HIV/AIDS prevention that the prevention and control of HIV/AIDS is the responsibility of every individual, family and society as a whole.

However, research by CARE International in Viet Nam in the Working with AIDS Project (From January, 1997 to June, 2000) and among labour export companies within the CARAM Asia Project (From January 1997 to March 2000) found that, in general, these managers do not view HIV/AIDS as a threat to company profitability²⁹ and thus of no concern to them. Amongst the firms participating in HIV/AIDS prevention activities in Viet Nam, there has been very little systematic programming, with the exception of those firms that receive direct external assistance such as those from CARE International, Family Health International, and Population Council.

The ambivalence of factory management stems from a lack of awareness of the potential impact of HIV/AIDS on business profitability. In addition, lack of resources and technical expertise also constrain the investment of businesses in HIV/AIDS programmes for workers. Up until now, businesses have shown little commitment to allocate or reallocate resources to HIV/AIDS projects. Of those businesses involved in interviews with CARE International in Viet Nam in May 2000, nearly 45.8% of companies reported that they would be able to annually set aside USD 10 to USD 340 for AIDS prevention activities³⁰ regardless of the size of their business, 25% of the companies would allocate less than

²⁸ Mentioned above

²⁹ CARE International in Viet Nam: *An Audience Analysis of Employees and Managers Knowledge and Understanding of and Attitudes towards HIV/AIDS and its Management in the Workplace*. Working With AIDS Project funded by AusAID, 1997-2000

USD 340 and nearly 15% did not know the relevance or the amount. Many of these companies also stated that they lack the expertise to carry out projects and have never been assisted in the past to plan for such activities

5) Unfamiliarity with laws and policies on HIV/AIDS

In 1995, the Government of Viet Nam issued its National Policy document on HIV/AIDS prevention and control. The ordinance includes Articles setting out the measures for and state management of the prevention and control of HIV/AIDS.

Although the ordinance and guidelines have been disseminated nationwide, they are still unfamiliar to many business operations. They also do not specifically set out the role of the business sector. For example, Article 3 of the Ordinance sets out the responsibilities of organisations and individuals in Viet Nam to implement activities for HIV/AIDS prevention. Yet, the guidelines only outline general issues and do not specify the minimum requirements or standards expected by individuals or businesses in carrying out or monitoring such activities.

C. The Impact of HIV/AIDS on Business Development

Studies worldwide have emphasised the impact of HIV/AIDS on businesses at the individual, national and global levels. This section focuses on the impact of HIV/AIDS on the business sector of Viet Nam. (Figure 8).

1) Declining Productivity and Profits

UNAIDS and the Global Business Council on HIV & AIDS state that the impact on a company as a result of HIV/AIDS includes increased costs, declining productivity and an overall decline in profits. Although the effects of HIV/AIDS on Vietnamese companies have not been documented numerically in terms of mortality, morbidity and productivity, the potential impact on the business sector is predicted to be vast³¹.

Increased costs for the company include insurance payouts, including medical costs for treatment and funeral costs for those that have died from AIDS³². The decline in productivity and profits is heavily influenced by increased absenteeism, which is recognised as one of the primary drivers of rising invisible costs of a company as a consequence of HIV/AIDS. The increase in absenteeism is a result of employees becoming ill due to HIV and associated infections or taking leave to care for family members who are ill³³. This situation is particularly relevant to factories that rely heavily on female labour (as is the case for for factories such as Pou Yen where nearly 98% of the 20,000 workers

³⁰ equal to VND 5,000,000 at the exchange rate of USD 1= VND 15,000

³¹ The World Bank: *Confronting AIDS*.

³² UNAIDS, The Global Business Council on HIV & AIDS, The Prince of Wales Business Leaders Forum, *Response to HIV/AIDS: Impact and Lessons Learned*, 1997, p15.

³³ UNAIDS

employed are women) as the responsibilities of caring for sick family members often falls on women, hence increasing their absenteeism.

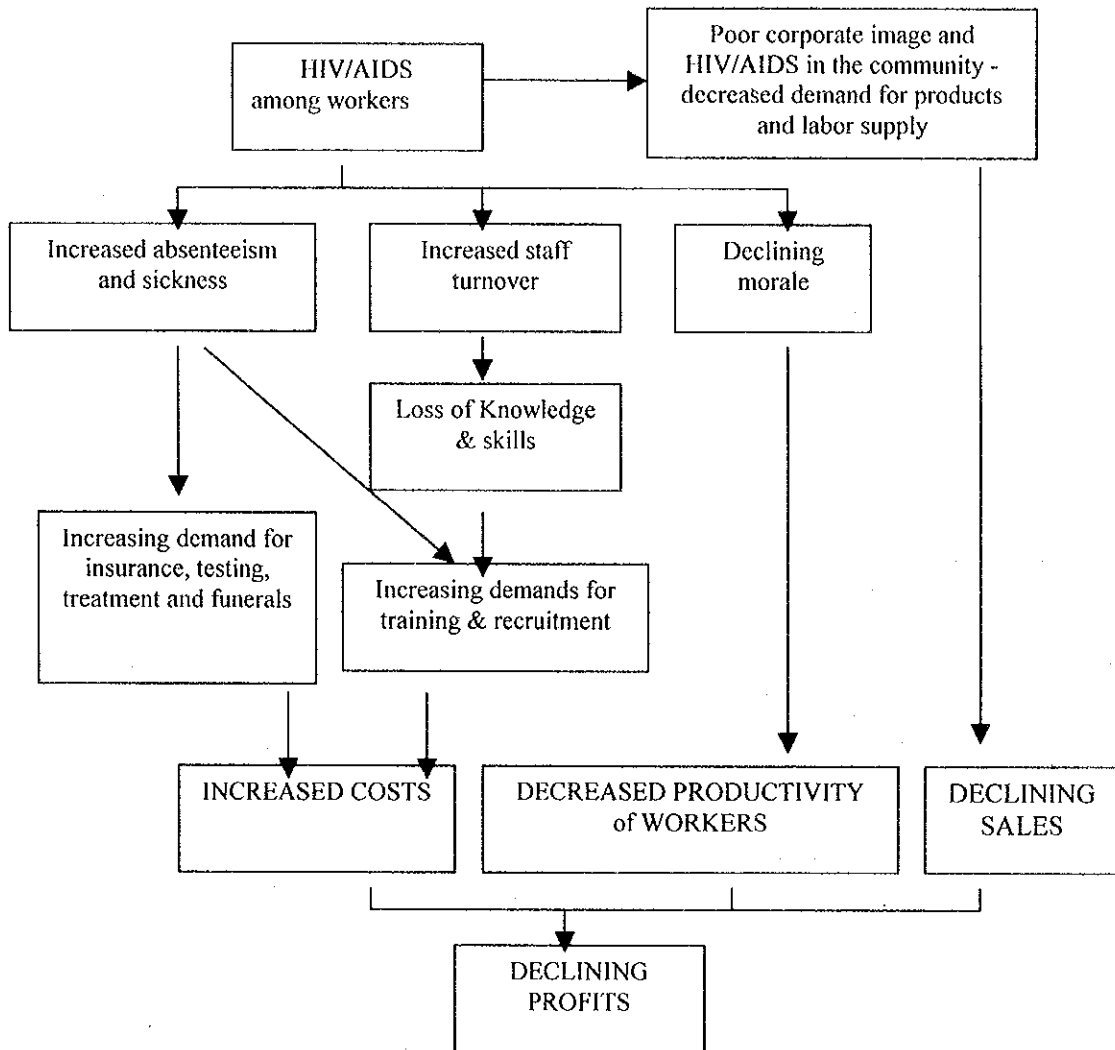
2) Loss of market share

In addition to increasing cost and declining productivity, businesses affected by HIV/AIDS may face the problem of losing recognition in the market place and thus reduced market share. This is associated with the issue of labour rights within the company as well as general attitude of the public towards companies producing items that are hygiene-sensitive.

Nearly 20% of employers participating in an assessment by CARE Vietnam stated that HIV positive employees should be assigned the same jobs or reallocated to 'more relevant jobs'³⁴. Issues such as job satisfaction and working conditions of HIV infected workers were not listed as their priority concerns, which means that when cases become more prevalent, companies with high numbers of HIV positive workers may face a serious problem. If the company is seen as violating the rights of workers, the company may be involved in legal battles, which could create negative publicity. Moreover, companies that produce confectionaries and food items will be devastated by reduction in profits resulting from customers refusing to purchase goods produced by the company with large numbers of HIV infected workers.

³⁴ CARE International in Viet Nam: *Assessment among Business Managers Participating in 'AIDS Education in the Workplace'*, Working with AIDS Project, 2000.

Figure 8 Impact of HIV/AIDS on the Business



III. Initiatives to Address HIV/AIDS

In the late 1980s, Viet Nam quickly responded to the AIDS epidemic. The Government of Viet Nam called for involvement from all sectors including the public and private sectors, including government bodies, mass organisations, and international NGOs, in the effort to control the spread of HIV/AIDS. Recently, there has been an increasing number of organisations including business and religious groups and NGOs, that have been asked to join in the initiative to curb the spread of AIDS. The next section describes these institutions' programmes and activities, their effectiveness and impact.

A. Initiatives of Government Sector

1) Central government and the legal framework

In 1992, the government of Viet Nam developed the first ordinance on the prevention and control of HIV/AIDS in Viet Nam. Since then, the ordinance has been adapted and implemented together with a number of decrees and guidance. Following is the list of main ordinances, decrees and guidance:

- Ordinance on the Prevention and Control of Human Immuno Deficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV/AIDS)- Socialist Republic of Viet Nam, National Assembly, Standing Committee, Hanoi May 31, 1995.
- Instructions on the guidance of the Prevention and Control of AIDS: The Communist Party of Viet Nam. The Central Executive Committee Ref: 52-CT/TW, Hanoi March 11, 1995.
- Government Decree: Guidance to Execute Ordinance on the Prevention and Control of Human Immuno Deficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV/AIDS)- Socialist Republic of Viet Nam. The Government of Viet Nam, Ref: 34/CP, Hanoi June 1, 1996.
- Government Decree: Decision of the Prime Minister of the Government on the tasks, Authority and organisational structure of the national AIDS Committee and other AIDS Committees at different government levels and different sectors. The Government of Viet Nam, Ref: 1122/1997QD-TTg, December 24, 1997

The most comprehensive to date, is the first listed ordinance by The National Assembly, Standing Committee, Hanoi, May 31, 1995. This ordinance sets the rule for any individual or institution to take part in AIDS prevention activities. The implementation of the ordinance is based on the Law of The Socialist Republic of Viet Nam, and related decrees and guidelines.

The ordinance has been distributed to businesses across the public, private and state sectors. Almost all respondents in the companies visited during this research stated that they

had received information regarding the ordinance through the Department of Labour, Invalids and Social Affairs (DoLISA) or the Trade Union (TU). Most of these companies reported having started implementing HIV/AIDS prevention activities such as campaigns or education and orientation sessions for workers.

It is set out clearly in articles 1 and 10 of the ordinance, that HIV/AIDS prevention is the responsibility of the entire society of Viet Nam. Article 28, part 2 states that whoever infringes the legal regulations on HIV/AIDS prevention should be dealt with through administrative or criminal prosecution. The reality is, representatives from the National AIDS Committee (NADPC) reported that a number of companies have not yet launched HIV/AIDS prevention activities, yet no legal action has been taken against them. One of the reasons for this is that the government believes that activities should be carried out voluntarily.

During the course of this research, DoLISA Representatives in Can Tho Province stated that it is a challenge for them to apply the ordinance and decrees in firms operating through foreign investment. Although the My Thuan Bridge Project employed thousands of employees, it did not implement a comprehensive HIV/AIDS prevention programme despite the fact that the tender document mentioned the need for such a programme. No government authority came to monitor or instruct the company to take any measures. Another example is the absence of HIV/AIDS prevention programmes within the Ho Chi Minh National Highway project. Construction workers under this project were considered to be vulnerable to HIV/AIDS, but HIV/AIDS programmes were not available for them due to the lack of resources. Although the problem has been raised, no legal action has been taken.

2) Institutional Framework

(Figure 9 Figure 10)

a. National Committee for AIDS, Drug and Prostitution Control (NADPC)

In 1990, the Government of Viet Nam established the National AIDS Committee (NAC), and approved a proposal to strengthen the mandate and organisational structure of the NAC and its network in 1994. The NAC came under the direct management of the Government with the Deputy Prime Minister acting as chairman of the NAC.

Previously, the NAC appointed the National AIDS Bureau as its secretariat. Recently, the NAC added Drug Control and Prostitution Control as additional responsibilities. It has changed its name to the National Committee for AIDS, Drug and Prostitution Control (NADPC).

At the central level, the NADPC consists of 10 member ministries, 1 department and 5 mass organisations:

- Ministry of Health (MOH)
- Ministry of Labour, Invalids and Social Affairs (MOLISA)

- Ministry of Education and Training (MOET)
- Ministry of Planning and Investment (MPI)
- Ministry of Culture and Information (MOCI)
- Ministry of Public Security (MPS)
- Ministry of Finance (MOF)
- Ministry of Defence (MOD)
- Ministry of Justice (MOJ)
- Ministry of Foreign Affairs (MOFA)
- General Department of Tourism
- Women Union
- Youth Union
- Trade Union / General Confederation of Labour
- The Viet Nam Red Cross Society
- The Fatherland Front.

Each respective member ministry or mass organisation has established AIDS divisions within their own structures. Playing an important role in the NAC is the AIDS division of the MOH, which makes up 5 subcommittees including; Epidemiology Surveillance, STD Prevention, Safety of Hematology and Blood Transfusion, Treatment and Care and Mother and Newborn Protection. Under the NAC umbrella, 61 provinces and cities have also established Provincial AIDS Committees.

Sentinel Surveillance System

Viet Nam started the sentinel surveillance program in 1994 in 8 provinces. The program was expanded to 4 other provinces in 1995 and 8 more in 1996. In 2000 the sites expanded to 20 sentinel provinces out of 61 provinces in Viet Nam. In all selected provinces, most of the individuals surveyed were living in urban areas. The sentinel surveillance is planned to extend to 30 cities and provinces in 2001. Objectives and targeted populations are as follows:

Objectives of sentinel surveillance system:

- To measure prevalence and distribution of HIV infections in defined populations
- To monitor the trends of HIV infection in defined populations
- To set up priorities for the prevention and allocation of resources
- To project the number of HIV/AIDS cases in the future

Sentinel population:

- Patients attending public STD clinics
- IDUs living in drug treatment centers
- Female CSWs detained in rehabilitation centers
- Women attending family planning centers, prenatal care, delivery or abortion clinic.
- Army conscripts receiving training at the sentinel province

b. National AIDS Standing Bureau

The National AIDS Standing Bureau (NASB) is the acting secretariat for the NADPC. The NASB consists of 7 departments as follows:

- 1) Planning and Finance
- 2) Communication-Education and Social Mobilisation
- 3) International Cooperation
- 4) Management of Health Activities
- 5) Administration, Personnel and Training
- 6) Information Centre and Scientific Research Management
- 7) 'AIDS and Community' Magazine

The NASB plays a pivotal role in planning and implementing HIV/AIDS prevention and control activities in Viet Nam. The main responsibilities of the NASB include:

- Establishing annual plans for HIV/AIDS activities in accordance with other member ministries;
- Assisting the NADPC in monitoring the implementation of annual plans;
- Assisting the NADPC in coordinating international cooperation and assistance for HIV/AIDS activities;
- Ensuring that system and documents comply with GoV.

In terms of HIV/AIDS prevention for the business sector, the NASB has recently become more involved. The NASB, in partnership with CARE International in Viet Nam and the Viet Nam Chamber of Commerce and Industry, has been implementing the Working with AIDS (WWA) Project which was funded by AusAID (see section III C). Additionally, the NASB has advocated for the involvement of the business sector, as well as provided support for the administration and implementation of activities related to the prevention of HIV/AIDS in the workplace not only under CARE Viet Nam's project but also those of HCMC PAC, Ho Chi Minh City Trade Union.³⁵

The participation of NASB in these projects demonstrate the commitment of the NASB to the involvement of businesses in HIV/AIDS prevention at the macro level. The NASB is committed to continually learning from the experience of other agencies. However, in addition to a lack of resources, the NASB is faced with staff shortage that creates a challenge.

c. Provincial AIDS Committee

The Provincial AIDS Committee (PAC) is responsible for HIV/AIDS prevention activities at the provincial level. Previously, the PAC came under the management of the Provincial People's Committee (PPC) which is represented by chairpersons at the province. Recently, the PAC was reorganised and has become the Provincial AIDS Unit of the Provincial Health Department (PHD) and headed by the PHD director. The PAC

³⁵ CARE International in Viet Nam: Working with AIDS Project

consists of departments similar to those at the central level.³⁶

Main responsibilities of the PAC include:

- Developing annual plans for HIV/AIDS in the provinces and submitting these plans to the central level
- Implementing AIDS programmes managed from the central to local level
- Implementing collaborative projects with funding from external agencies

In addition to information, education and communication (IEC) campaigns targeting different groups within the community, the PAC has focused its programmes on high-risk groups such as commercial sex workers (CSWs) and intravenous drug users (IDUs). These programme have shown a certain level of progress.

In terms of HIV/AIDS prevention programme for industrial workers, PACs have only recently become involved. At the time this research was conducted, approximately 15 out of 61 PACs were officially involved in initiating activities targeted at business. These PAC have been assisted by CARE International in Viet Nam, Family Health International and Population Council. These initiatives have been implemented to strengthen the capacity of the PAC in advocating HIV/AIDS prevention activities among business as well as provide technical support for implementing activities at workplace level.

In many parts of the country, the PACs have proven their ability in confronting AIDS. However, work overload, lack of capacity, lack of resources and administrative constraints have limited their performance.

With only 4 or 5 staff having responsibility for provinces with a total population between 1 to 8 million people depending on the Province, human resource shortage is a major concern. However, many PACs are now seeking collaboration with other mass organisations or other sectors that complement eachother.

The staff that work in the PAC are not equipped with skills to design and implement projects systematically. Most of the PAC secretaries are medical doctors who have been minimally trained in areas of project management and IEC development. They are also expected to provide counselling, organise campaigns, undertake home visits to PLWHA, undertake courses in training of trainers (TOT) and organise IEC material distribution.

Lack of coordination skills is one of the most challenging issues for staff of the PACs. For example, the PAC Secretary, who often acts as representative of the PAC, is selected from among the medical staff and therefore is unfamiliar with the operations of other member institution of the PAC such as public security, planning and investment and international NGOs or donor agencies. As a result, they encounter difficulty in coordinating these institutions.

³⁶ For familiarity reason, Provincial AIDS Unit retains the name PAC

d. Ministry of Labour, Invalids and Social Affairs (MoLISA) and Department of Labour, Invalids and Social Affairs (DoLISA)

Within the NADPC institutional framework, MoLISA's responsibilities include:

- Cooperating with the NADPC in HIV/AIDS protection activities;
- Cooperating with the MoH to take care PLWHA in the community;
- Providing care and education to PLWHA in the community.

MoLISA has integrated AIDS prevention and control in their existing activities. Their responsibilities include:

- Disseminating and monitoring HIV/AIDS activities and providing guidance to different agencies within MoLISA
- Combining HIV/AIDS prevention with other campaigns, such as control of drugs, re-education and/or rehabilitation for high-risk groups such as CSWs and IDUs.

DoLISA focuses primarily on the re-education of CSWs and treatment for IDUs. MoLISA has also adopted the model of community-based support, where CSWs and IDUs are trained and supported by family and community members.

With the exception of participation in HIV/AIDS awareness workshops for business managers organised by CARE Viet Nam and the NADPC in 2000, DoLISA's involvement in major projects on HIV/AIDS prevention in the workplace has been limited. As the number and size of projects undertaken by NGOs and Government organisations to address HIV/AIDS among workers are few, DoLISA has not been required to play a major facilitating role.³⁷ Furthermore, the main focus of the projects is information, education and communication activities and basic knowledge of HIV/AIDS. These have primarily involved workers at the grassroots level.

Recently, a number of businesses in Viet Nam have started to develop policies on HIV/AIDS in their workplaces. Examples of such companies include the Ngoc Ha Shoe Company, Hai Ha-Kotabuki Limited and Dong Nai Rubber. The Dong Nai Rubber Company, with the assistance from Dong Nai PAC, developed a policy for the prevention of HIV/AIDS for company workers. Article III of the policy states that the company will reallocate infected persons to relevant positions if needed. The policy does not mention the role of DoLISA in solving conflicts between employers and employees in HIV/AIDS related disputes.

³⁷ HIV/AIDS prevention for Nha Be Garment Factory Workers in HCMC

Figure 9 Organizational Structure of HIV/AIDS Prevention System (Before May 2000)

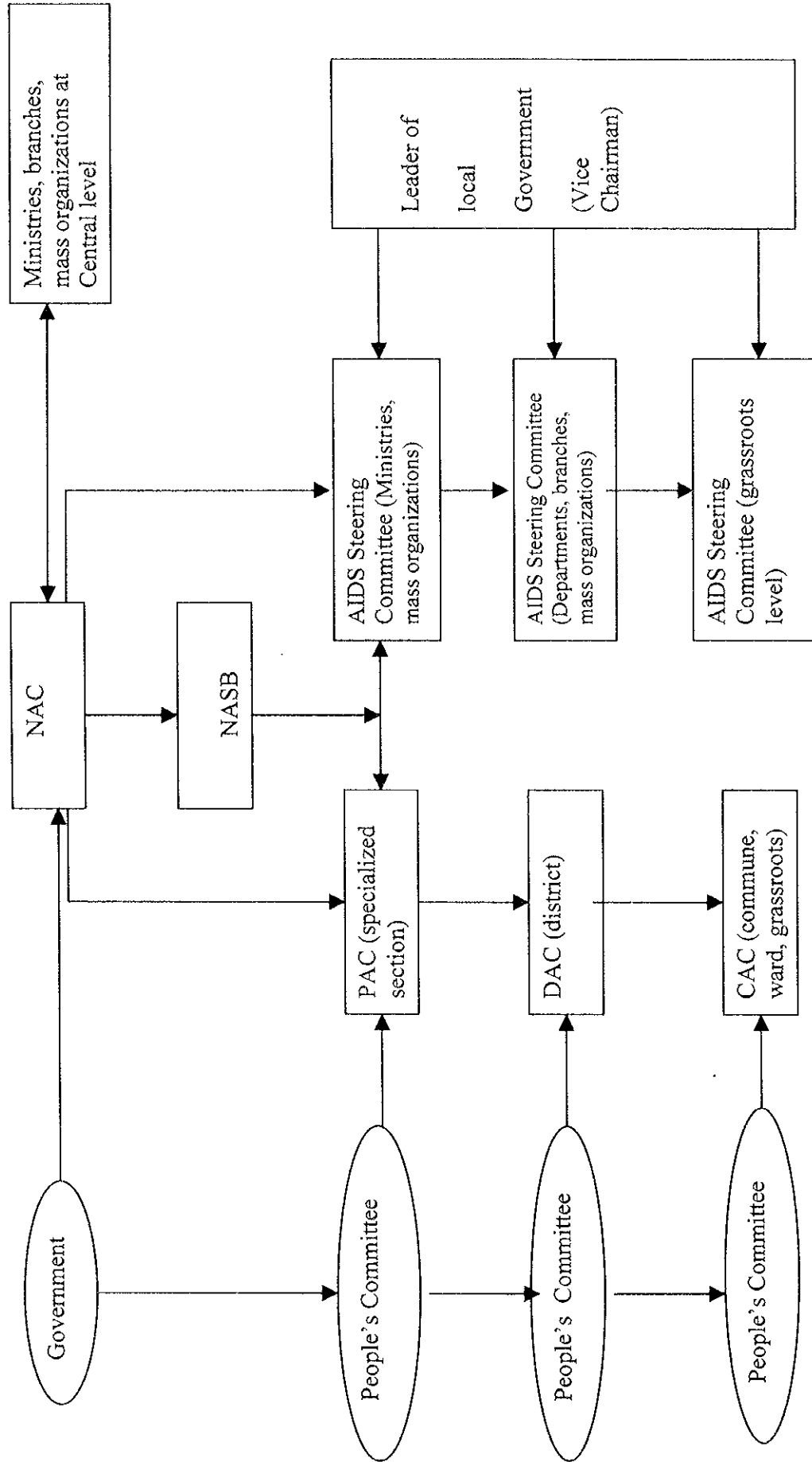
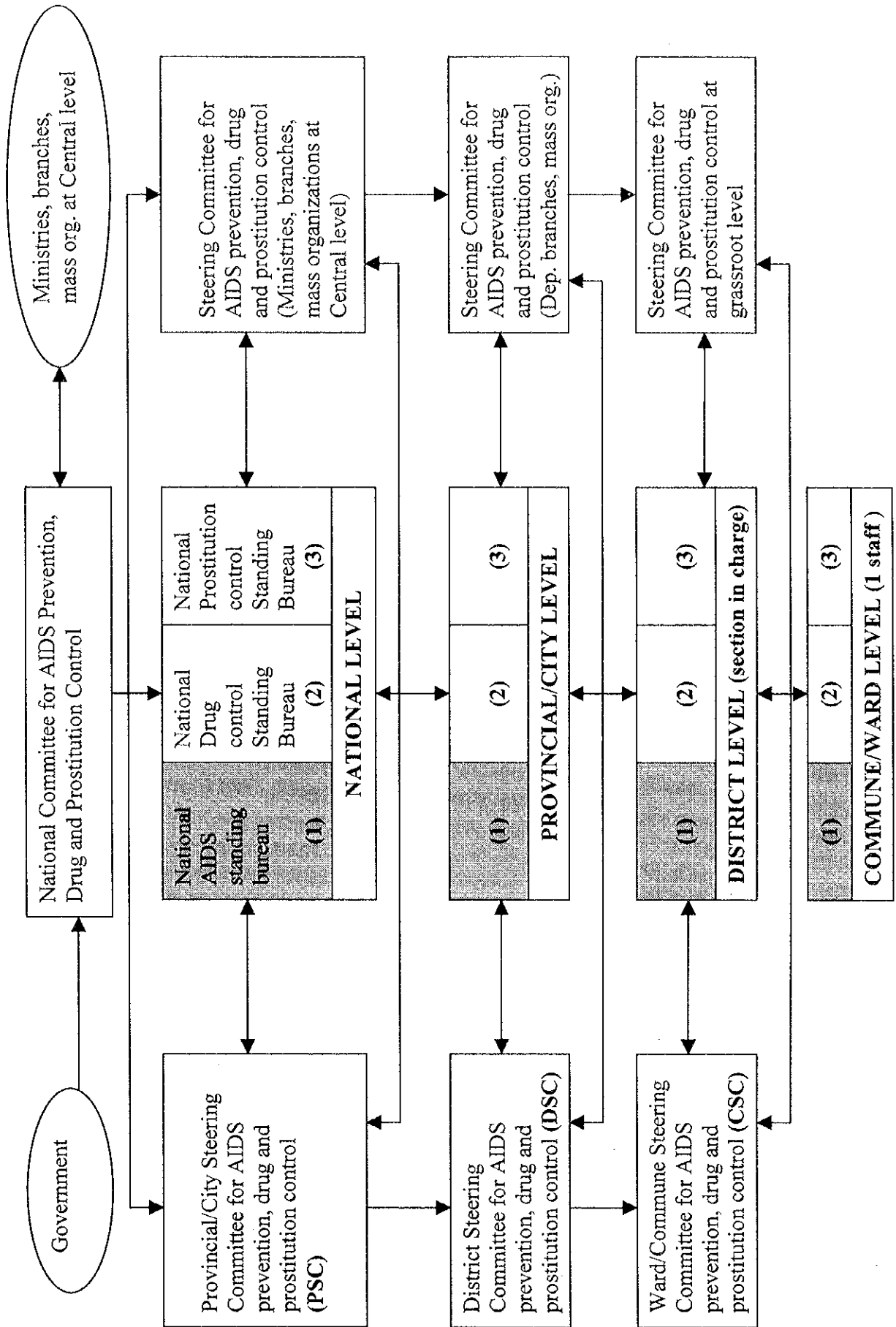


Figure 10 Organizational Chart of HIV/AIDS Prevention System (After May 2000)



B. Initiatives of Mass Organizations

Mass organisations are non-profit organisations established by the state in order to implement social programmes. The operation, administration, management and budget of mass organisations come from the central to local level. The Trade Union (General Confederation of Labour), Youth Union, Women's Union, Red Cross Society and Fatherland Front, are members of the NADPC.

Within the workplace, the Trade Union and Youth Union are the main groups representing workers. Other organisations such as the Women's Union or Red Cross are mostly focused on community activities. In the field of HIV/AIDS education and prevention, most of the aforementioned mass organisations have founded their own HIV/AIDS prevention bodies and have been actively involved in HIV/AIDS prevention activities.

1) Trade Union

Trade Unions are closely aligned with the state and do not necessarily work independently. The Viet Nam General Confederation of Labour is the highest level of the Trade Union in Viet Nam. Following this are the Provincial Trade Union (PTU) or Branch Trade Union (BTU). The Provincial Trade Union and Branch Trade Union work in parallel with one another. The PTU and BTU connect members with their respective unions at lower levels. The PTU manages community based activities while the BTU provides managerial support to Trade Union at specific locations such as factories or schools. Trade Union in an institution may consist of various divisions such as Women Group and Social Activity Group.

In the workplace, Trade Unions are responsible for representing the legal and social issues of workers. The Trade Union is involved in monitoring the application of labour laws and ensuring social welfare policies are implemented in the workplace. Most permanent workplaces have a well-established Trade Union. However, for companies that employ mobile workers, such as construction companies and private and small business corporations, the Trade Unions are weaker and provide more limited functions than those of stated-owned companies. The Federal Trade Union General has called for strengthening the performance of Trade Unions in these latter cases.

In a limited capacity, the Trade Union has implemented HIV/AIDS prevention activities. Events organised by the Trade Unions in relation to HIV/AIDS topics include concerts or distribution of IEC materials. Trade Unions have at times invited local People's AIDS Committee members or health department staff to deliver educational messages.

Recently, Trade Unions in some locations, particularly in urban settings such as Ho Chi Minh City and Hanoi have become more involved in implementing HIV/AIDS projects with a broader scope. HCMC Trade Union is one example. HCMC Trade Union, has established a Social Activities Centre³⁸, which in partnership with The Population

³⁸ HCMC Social Activities Centre works not only on HIV/AIDS but also on social work such as poverty elimination, support for war and poverty affected people.

Council (PC) and HCMC PAC has implemented a project to pilot and test a comprehensive workplace HIV/AIDS prevention program for highly mobile population: construction and garment factory workers. This project is funded by the Ford Foundation. (see sections III.C and D)

In this project, HCMC Trade Union assigned the Social Activities Centre, its subdivision to be a direct counterpart to the People's Committee and the Provincial AIDS Committee. The centre is responsible for:

- Assigning staff to participate in IEC training and then providing training to staff of the Trade Union at the factory or construction sites
- Research and IEC material development activities
- Monitoring IEC activities
- Coordinating the activities among the PC, HCMC PAC and the companies ie. HCMC Trade Union connects PC, PAC with the Trade Unions of factories and directly to workers.

Discussions with HCMC Trade Union management revealed that the Social Activities Centre and the Women's Group of Trade Unions are both very active in HIV/AIDS education. For instance, the Social Activities Centre is a unique institution that has established a systematic programme of AIDS education with the assistance of several specialist staff.

Lesson learned from Trade Union's HIV/AIDS prevention activities include:

- The Trade Union at the provincial level is a potential partner in implementing HIV/AIDS projects in the workplace.
- Trade Union at the workplace level is an important body in approaching workers.
- The Women's Group of the Trade Union is a key implementing partner particularly for dealing with workplaces that are predominantly made up of women
- For those businesses where the Trade Union is weak, capacity development of the Trade Union is crucial.

2) Youth Union

The Youth Union is one of the largest mass organisations in Viet Nam with 21 million members of which a large proportion is in the workforce. The Youth Union has a structure that is similar to that of the Trade Union.

The Youth Union has made great efforts in educating and mobilising young people to take part in political and socio-economic programmes. In the field of HIV/AIDS prevention, the Youth Union have been involved in activities aimed at:

- Ensuring the awareness and adoption of healthy and safe behaviours by each Youth Union member in relation to HIV/AIDS prevention
- Encouraging Youth Union members to be active motivators for HIV/AIDS education in the wider community

The Viet Nam Youth Union incorporates HIV/AIDS education into their existing programmes. For example, the Youth Unions have organised campaigns at nationwide or local levels on special events, producing IEC materials for youth or more recently, collaborated with other agencies to carry out HIV/AIDS projects. In the business sector, the Youth Union has similar HIV/AIDS programme approaches to those in other settings such as IEC activities. There are no systematic programmes or fixed budgets for HIV/AIDS education and prevention activities. Funding for IEC activities were reallocated from the Youth Union's budget for social activities.

HCMC Youth Union has organised IEC activities for workers at all levels and in many locations, including the city, district, schools and on the street. These activities are often implemented by the HCMC Youth Union in conjunction with the local Youth Union and normally attract a large number of people. The HCMC Youth Union has occasionally engaged in HIV/AIDS education for factory and construction workers in the city or neighbouring provinces. For example, HCMC Youth Union organised entertainment events (singing, dramas) and a forum on HIV/AIDS for workers of the General Company for Construction and Transportation No 6 of HCMC during the My Thuan Bridge Project construction. In the year 2000, the Social Activity Groups of HCMC Youth Union also held HIV/AIDS awareness workshop for leaders in the Tan Thuan Export and Processing Zone. They also organised contests for workers on drug usage and STDs/HIV/AIDS prevention.

Lessons learned from the Youth Union HIV/AIDS programme was that the Youth Union is also an important body in implementing HIV/AIDS activities targetted at the Vietnamese youth, especially young workers. The experience of community-based activities by the Youth Union is an advantage for operating programmes at the community level.

C. Initiatives of Non Governmental Organizations (NGOs)

1) CARE International in Viet Nam

CARE worked in Viet Nam from 1945 to 1975 in the areas of health, vocational training and emergency relief. CARE returned in 1989 and has been working in nearly all of the 61 provinces and cities of Viet Nam, providing both quality long-term development programs as well as emergency relief and rehabilitation assistance when necessary. CARE Viet Nam sees capacity building of local partners as an integral part of all projects, and implements all projects in cooperation with local partners such as the Women's Union of Viet Nam. Today CARE Viet Nam focuses its program in the areas of agriculture and natural resources, primary health care, vocational training, small economic activity development, HIV/AIDS and emergency relief and rehabilitation.

CARE Viet Nam was one of the first NGOs to respond to the challenge of HIV/AIDS in Viet Nam, and works closely with the National AIDS Committee of Viet Nam in attempting to raise awareness of HIV/AIDS and provide a creative and dynamic response to the

issue. CARE Viet Nam has conducted and published pioneering research into HIV/AIDS in Viet Nam and has undertaken pilot projects for prevention and care. Currently, it is implementing a number of projects in Viet Nam, which includes two projects targetted at workers as described below:

a) Working with AIDS

This project is funded by AusAID and CARE Australia and implemented by CARE Viet Nam in cooperation with VCCI and NAC. The two companies in Hanoi were chosen as pilot companies for the implementation and development of an effective model for HIV/AIDS prevention activities in working place. The two-year project was started in December 1997 and was extended to July 2001 to respond to the need for replication and application in the other provinces.

The project consists of increasing knowledge, awareness of the risk of HIV/AIDS and skills for protection amongst the business community in Viet Nam. HIV/AIDS education (including prevention and care techniques) programmes are piloted within the workplace of two companies operating in Viet Nam. Policy makers are provided with recommendations to encourage both domestic and foreign companies to contribute to HIV/AIDS programs in their workplace. The goal of project is to decrease the spread of HIV/AIDS in Viet Nam. The objective of the project is to promote business partnership endeavors to assist the Government. The main activities of the project are to:

Establish the intervention model

- Conduct the baseline survey
- Develop and distribute materials (booklet/leaflet/poster)
- Establish the project management board in two companies
- Conduct the orientation workshop for the managers of the two companies
- Train IEC trainers in the two companies
- Conduct small group sessions for workers in two companies
- Distribute condoms (free of charge)

Lessons learnt from beneficiaries are described at part 4 in this section.(see III. 2))

b) Confronting HIV/AIDS in the Workplace

This project builds on the experience of the earlier "Working With AIDS" project to introduce workplace interventions for HIV/AIDS prevention for over 60,000 workers in the coal mining industry of northern Viet Nam (centered on the northern Quang Ninh province) and to provide support for people living and working with HIV/AIDS. International experience has shown that the spread of HIV/AIDS has direct and costly effects on individuals, families, employers, and industries, national and regional economies. More than 85% of HIV/AIDS deaths occur among people between 20 and 45 years old, and this age also represents the most economically active segment of the population. This project emphasizes the importance of mobilizing business commitment to

HIV/AIDS prevention, and raising awareness and knowledge within the workplace. Vinacoal, the giant state run Viet Nameese coal-mining operator is participating in the project and developing workplace policies, strategies and interventions. Project activities are to:

- Conduct a detailed needs assessment to assist in understanding current levels of awareness of HIV/AIDS issues among company management and staff
- Develop, test and introduce appropriate training materials for managers and employees
- Train 600 peer educators, 10 trainers and 80 "care givers"
- Establish "Support Clubs" for people living and working with HIV/AIDS within the area of the coal mining companies operations
- Train 10 CEOs and 50 middle level managers in the process of developing, adopting and implementing appropriate workplace policies on HIV/AIDS
- Strengthen the capacity of the Quang Ninh Provincial AIDS Committee to carry out a program of HIV/AIDS management in the workplace and themselves provide training for other relevant bodies
- Facilitate regional links between Vinacoal, other companies introducing workplace interventions for HIV/AIDS in Viet Nam, the Viet Nam Chamber of Commerce and Industry and other companies and business interest groups throughout SE Asia.

2) DKT International

DKT International is a privately funded, non-profit health organization established in the late eighties in the United States. Its stance is that family planning, and disease control are both critical for a country's prosperity. DKT provides fertility control and STD/AIDS prevention information, products and services through social marketing, and has supervised contraceptive and AIDS-prevention social marketing programs in Viet Nam since 1993. At the same time, the organization uses commercial distribution channels and standard private-sector marketing and advertising techniques to sell condoms at subsidized prices. Mass media campaigns with famous actors/actresses have included 30 minute educational videos, comic books, and other IEC material. Products are branded with attractive packages and sold at low prices affordable by those with low income. These projects make condoms more accessible and affordable to those who need them most. DKT is trying to increase accessibility by using non-traditional outlet such as cigarette booths and condom cafés.

3) Family Health International (FHI)

Family Health International (FHI) works to improve reproductive and family health through biomedical and social science research, innovative health service delivery interventions, training, and information programs. FHI works in partnership with universities, the Ministry of Health and NGOs, conducting ongoing projects in the U.S. and more than 40 developing countries.

FHI strengthens programs in developing countries to prevent the spread of HIV/AIDS and STDs and improve care for people with HIV/AIDS in Viet Nam through the IMPACT Project. The IMPACT Project's key intervention strategies are to:

- Reduce risk and vulnerability to HIV
- Strengthen HIV/AIDS care and support
- Support the public and private sectors and communities for a sustainable response
- Improve the availability and use of data for decision making

The strategies for an expanded response to HIV/AIDS risk and vulnerability include participation, community empowerment, gender sensitivity, collaboration, capacity building, and applying best practices.³⁹

Current projects in Viet Nam are as follows:

National level:

- Behavioral Surveillance Survey
- Counterpart: The National AIDS Standing Bureau

Provincial level:

- Behavioral Change Communication Campaigns
 - Men's Interventions
 - STD skill training
 - Women's Health Club
 - Drop-in-Centers
 - Condom Social Marketing for HIV/AIDS Prevention
- Counterparts: Provincial AIDS Committees

4) Population Council

The Population Council was established in 1952 by John D. Rockefeller 3rd, to search for a better understanding of problems relating to population. It is an international, non-profit institution that conducts research on three fronts: biomedical, social science, and public health. The Population Council's mission in Viet Nam is to expand reproductive health and contraceptive choice through a greater understanding and awareness of the needs and concerns of Vietnamese women and men. This mission is being accomplished through research and training of Vietnamese individuals and institutions to address critical population, family planning, and reproductive health issues.

The Population Council has undertaken basic and applied research to combat HIV/AIDS in Viet Nam since 1997. Currently it has two projects promoting HIV/AIDS prevention.

³⁹ <http://www.fhi.org/en/aids/impact/strategy/response.html>

a. Pilot and test a comprehensive workplace HIV/AIDS prevention program for highly mobile construction workers.

This two-year project commenced in 2000 and is funded by USAID and Ford Foundation and implemented by the Population Council in collaboration with HCMC AIDS Committee, HCMC Trade Union, HCMC College of Social Sciences and Humanities, and Thai Business Coalition on AIDS. The construction workers were chosen as a target group after extensive KAP research conducted by the Population Council. The beneficiaries of this project are workers at selected construction companies. The criteria to select companies were as follows:

- Number of workers in a company
- Duration of workers' contract period (more than 6 months)
- Type of companies: state owned, private

Peer education and health communicator approaches are applied to achieve the objectives. Health communicators are voluntary educators at the Social Activity Center or college students. The following are activity components:

- Peer educators training
- Condom distribution
- IEC material development and distribution
- Counseling

b. HORIZONS Global Operations Research Project

Population Council is implementing a five-year (1997-2002) global operations research project concerned with HIV/AIDS prevention and care. It is designed to:

- Identify components of effective HIV/AIDS programs and policies
- Test potential solutions to problems in prevention, care, support, and service delivery
- Disseminate and utilize findings with a view towards replication and scaling-up of successful interventions⁴⁰

D. Initiatives of the Business Sector

1) Viet Nam Chamber of Commerce and Industry (VCCI)

The Viet Nam Chamber of Commerce and Industry (VCCI) is responsible for promoting commercial and economic relations between Vietnamese and international business communities. VCCI has approximately 4000 members, including 90% private and public Vietnamese businesses and 10% from direct foreign investment companies. It has a self-financing mechanism whereby operational funding is made up of 10% from membership fees and 90% from consulting fees.

The VCCI has been involved in the HIV/AIDS in the Workplace Project undertaken by

⁴⁰ <http://www.popcouncil.org/horizons/AIDSquest/about.html>

CARE Viet Nam in collaboration with NADPC. Under this project, VCCI acted as a coordinating body between CARE, NADPC and participating companies in Hanoi (see C1). It has assisted in advocating for the project, delegating staff to attend training in HIV/AIDS and provided training to businesses. Additionally, VCCI appointed a full-time staff member for the project's extension in 10 provinces of Viet Nam. Recently, VCCI established the Business Community Mobilization for AIDS Control and Prevention in Viet Nam (VBMA). VBMA activities include a comprehensive survey of businesses focusing on the needs and feasibility of executing HIV/AIDS programmes and training key personnel resources.

Formal discussions with the VCCI Chairperson revealed that there is potential for VCCI to be more involved in coordinating the business sector in designing and implementing HIV/AIDS programmes. However, financial constraint has been raised as a factor hindering the proactive involvement of VCCI. VBMA's participation in HIV/AIDS prevention in the business sector has been realised through recent funding from the Ford Foundation.

Lessons learned from the involvement of VCCI are namely that:

- VCCI is the most important actor in promoting business involvement, and is an entry point for HIV/AIDS programmes
- The VBMA can be a framework for implementing business initiatives on AIDS
- While still a challenge, VCCI can mobilize resources for AIDS prevention such as personnel and expertise
- The funds secured by VCCI through consultancy services such as technical services for businesses can be used to sustain efforts on AIDS prevention.

2) Manufacturing Companies / Factories

a. Ngoc Ha Shoe Company and Hai Ha Kotobuki Company

Project Description

Ngoc Ha Shoe Company and Hai Ha Kotobuki were selected for the Working With AIDS Project by CARE Viet Nam in cooperation with VCCI and NAC. The project, which was initially planned for two years, started in December 1997 and was extended to July 2001 in response to requests to replicate and adopt the Programme in other provinces. The goal of the project is to curb the spread of HIV/AIDS in Viet Nam, and its objectives are to promote business partnership endeavors to assist the Government of Viet Nam's efforts to prevent and control HIV/AIDS in Viet Nam. (see activities described in III C.)

Characteristics of the two companies

Ngoc Ha Shoe Company is a state owned company recently separated from the Hanoi Shoe Company. This company produces canvas shoes, caps, and handbags, and most of the products are exported. Number of employees is 1,000 (800 of female) and the average salary per month is around 500,000 VND (\$34). Sixty percent of workers are mar-

ried, 30% of all workers were recruited from outside the province and most of them live separately from their families. In addition to permanent workers, seasonal workers are recruited.

Hai Ha Kotobuki is a Viet Nam- Japan joint venture which produces confectionery. The employees work on shift and receive about 700, 000 VND (\$48)- 800, 000 VND (\$55) per month for their salary. The number of permanent employees is about 300 and seasonal workers are hired additionally.

Lesson Learnt from the project

This project involved the management board from the beginning of the project. Both directors of the two companies realized not only the importance and danger of HIV/AIDS, but also social responsibility regarding protection of their workers' right. Each company formed the project management committee, which is chaired by either the Director or Vice Director and members are representative from the Trade Union, Youth Union, and managers. The companies decided that the role of the committee would be:

- To draft policy on HIV/AIDS prevention and management in each company
- To develop annual action plan
- To nominate educators for workers (IEC trainer)

Both directors commented that the disadvantages of the project were that it was time consuming for managers and workers to attend meetings or seminars. However, the directors also realized that the benefits far outweigh the disadvantages, and that employees were able to develop a closer relationship with their managers after the intervention started. The collective spirit of the employees had improved, which was said to have reduced 'social evil' and increased productivity. They also emphasized that HIV/AIDS problems are relevant to companies and pointed out the benefits of the HIV/AIDS intervention as follows:

- Behaviour change to decrease social evils and improve health
- Decrease absenteeism and health care cost
- Increase productivity
- Avoid losing experienced personnel and reduce expenditure necessary to train replacement
- Avoid harming the image of the companies associated with HIV/AIDS

The IEC trainers in the two companies received a 6 week intensive training on basic knowledge of HIV/AIDS prevention and conducted HIV/AIDS group sessions for the workers in their companies. The IEC trainers are highly motivated and were chosen by the committee. They participated in HIV/AIDS seminars enthusiastically and have conducted small group seminars in their companies with great pride.

IEC trainers conduct small group sessions when workers have time, such as while they wait for their next task (e.g. waiting for the shipment to come in). Sessions include infor-

mation on transmission and prevention messages. These sessions are linked with services that provide access to condoms and counseling.

These trainers not only act as facilitators during sessions, but take on the role of leaders and advisers for the workers. They develop a trusting relationship that allows workers to consult and seek advice about their private lives (not only about HIV). IEC trainers also contribute to reducing 'social evil' in the working place through creating change at the group level by modifying norms and promoting collaboration within their groups/sections in the companies. IEC trainers commented that the key to the success of the project is the high level of understanding among the management board and strong cooperation with mass organization officials within the companies.

Through interviews with workers who participated in the HIV/AIDS programmes organized by their companies, it was apparent that workers were generally content with the programmes, and appreciated the company manager's concern for the health of the workers as well as efforts to keep workers informed. Two major positive effects they mentioned included:

- dramatic increase in the awareness of workers regarding HIV/AIDS and their knowledge of prevention of the disease⁴¹
- reduced drug use and social problems within the company such as stealing products which they sold on the streets to feed the habit

What was striking was that despite the fact that none of the workers in the four companies interviewed knew friends or relatives who were affected by HIV/AIDS, and therefore the disease was not an immediate threat to them, their interest level was extremely high. All of them sought more information and also suggested various ways to improve the programmes. Some of the specific suggestions raised were:

- greater use of visual material in the programmes
- better integration with social activities such as sports and music events
- dissemination of updated information on the spread of the disease throughout the world (infections and deaths) as well as additional methods of prevention, treatment and cure
- education on company policies regarding HIV/AIDS in the workplace and distribution of leaflets and written material for reference

b. Dong Nai Rubber Company

Dong Nai Rubber Company (DNRC) is a state owned business that produces and distributes rubber latex products. DNRC has joined the network of businesses involved in HIV/AIDS prevention and education, formed by CARE Viet Nam in collaboration with the PACs. After participating in the orientation workshop held by CARE Viet Nam that

⁴¹ It is important to note that the awareness and knowledge did not come solely from programmes in the workplace. Much information was available to them at home through mass media such as television and radio programmes.

introduced the business sector to HIV/AIDS programme for workers, DNRC decided to take part in its own HIV/AIDS programme. Dong Nai PAC stated that the reasons for the selection of DNRC in such programs, was that this company has a fairly strong health system and so health staff are more likely able to carry out project activities. Another reason was that the company is set up so that the workers live on site which makes it an appropriate environment for HIV/AIDS prevention and education activities.

DNRC is currently in the process of developing a plan for HIV/AIDS prevention for the workplace. The plan includes an awareness workshop for managers, development of policies, training of AIDS educators as selected from the company health staff and dissemination of AIDS information to the employees. In terms of budgeting, the company has so far obtained approval for awareness workshop and training of AIDS educators. Funding for IEC materials development has not yet been secured.

This particular project aims to systemize HIV/AIDS education activities that have been implemented by the company over the past few years. Previous activities included an AIDS campaign organised by the company health care centre and lectures on AIDS prevention, incorporated into the work safety and health-training curriculum. The company also distributed a limited number of IEC materials

Lessons learned from DNRC HIV/AIDS prevention activities include:

- Strong managerial and administrative systems and support is crucial to the success of the project
- The local PAC plays an important role in initiating business involvement in HIV/AIDS prevention work.
- If the PAC acts as a reliable technical supporter in assisting the business planning for HIV/AIDS programme, the business will allocate their resources for the programme including financing.

The integration of HIV/AIDS into a strong health care system may help to reinforce the existing activities.

3) Construction Company: Boulderstone Hornibrook Company:

The My Thuan Bridge was the largest project of this type in the Mekong River Delta with a total budget of USD 55 million⁴². The project which was completed in May 1997, was funded by AusAID and implemented by the Viet Nam Ministry of Transportation in conjunction with contractors Boulderstone Hornibrook. The Project offered employment opportunities for approximately 700 male workers⁴³. The HCMC Economics University estimated that the bridge will benefit the region by USD\$ 75 million over the next 25 years and will save more than 9 million hours of travel time per year ⁴⁴.

In terms of the social impact of the project, there were concerns among the community

⁴² Approximately 90 million Australia Dollars at the exchange rate in the year 2000.

⁴³ My Thuan Bridge Project Manager, July 2000.

⁴⁴ AusAID: *A Bridge for Future*, May 2000.

relating to risks of STDs and HIV/AIDS prior to the bridge construction. The feasibility study report ⁴⁵ on the environmental and social impacts of the My Thuan Bridge Project outlined the concerns of the people living in the surrounding community about possible increases in sex services for construction workers and the ensuing risks of contracting STDs and HIV.

From the initial phase, a clause on HIV/AIDS education was included in the project tender document⁴⁶. The company incorporated HIV/AIDS education in other training activities such as safety and first aid, and disseminated a few posters and reference material. Subcontractors handling the labour force organised activities on HIV/AIDS such as singing competitions and discussion forums. However, there was no comprehensive programme to address HIV/AIDS implemented on a large scale during the course of the project.

The main reason stated for this was that the HIV/AIDS related clause in the tender document was specific and there were no guidelines for implementing such a clause, as well as not concrete mechanisms for monitoring. Another reason was the fear of slowing down the construction due to more costs and administrative tasks. Other reasons include the unfamiliarity with HIV/AIDS issues, and lack of experience in implementing such programmes.

Lesson learnt from the My Thuan Bridge project were the following:

- The earlier the HIV/AIDS prevention is included in the project design, the more feasible it is that the project will be accepted
- Monitoring the application of the HIV/AIDS clause should be considered equally as important as other components
- The presentation of a model for AIDS prevention and technical support is essential to ensure that programmes are conducted
- Tender documents must be closely examined so that HIV/AIDS education and prevention components outline specifically how activities will be implemented and monitored
- NGOs or other partner agencies with experience in the field of HIV/AIDS education, should work in close collaboration with businesses (such as the contractors listed above), to provide technical support and ensure success of HIV/AIDS projects
- Businesses should be advised that implementation of such projects will not slow down construction or production schedules if they are implemented properly;
- Local communities that are concerned about the effects of such major projects (such as the community near the My Thuan Bridge site) can be mobilised to participate in community-based programs

⁴⁵ Snowy Mountain Engineering Corporation Limited, Mac Millan, Britton and Kelly PTY LTD, ACFR Wargon Chapman and PPK International: *My Thuan Bridge Project Feasibility Study on the Environment and Social Impact*, July 1995.

⁴⁶ Baulderstone Hornibrook, Maunsell PTY Ltd, Norconsult International et al: *My Thuan Bridge Project Viet Nam- Tender document, phase 3: Detail Design and Documentation*, December, 1996

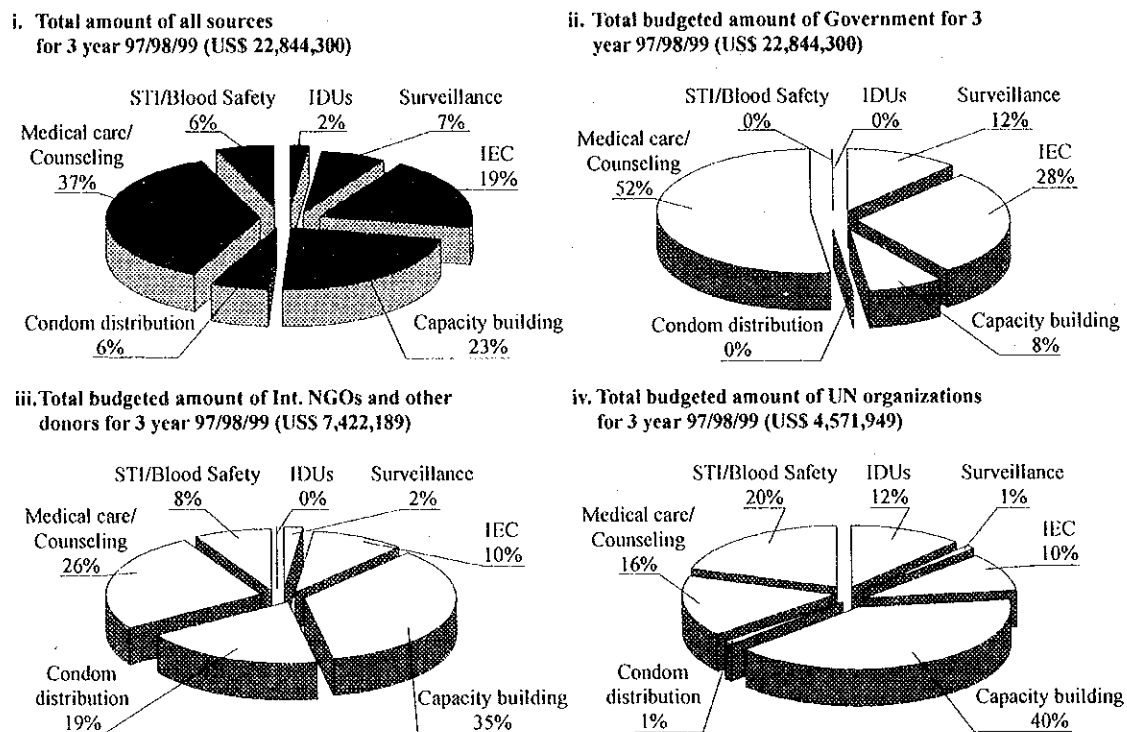
E. Initiatives of Donors

With greater recognition of HIV/AIDS as a serious threat to the country's development, more donors have been channeling resources into the sector.

In 1999, UNAIDS conducted a survey on international and national funding allocated to HIV/AIDS in Viet Nam between 1997 and 1999 and furthermore predicted funds to be made available during the 2001 – 2005 period. During the three year period between 1997 and 1999, the total amount of resources allocated to the sector was US\$22,844,300, of which the Government of Viet Nam disbursed US\$10,850,162, the UN disbursed US\$4,571,949, and international NGOs and other organizations disbursed US\$7,422,000.⁴⁷

It appears from the total funding distribution, that the approach has been to address both short-term as well as long-term needs. The largest amount of resources has been spent firstly on medical care and counseling (37%) and secondly on capacity building (23%), and thirdly on IEC activities (19%). However, the breakdown according to the disbursement agency/ organization, shows that the Government of Viet Nam places emphasis on medical care / counseling (52%), whereas the UN and NGOs etc tend to allocate greater resources to capacity building (40% and 35% respectively). (Figure 11)

Figure 11



Source: UNAIDS Progress Report 1999

⁴⁷ disbursement figures here (inconsistent with those mentioned in the UNAIDS Progress Report 1999) were confirmed by UNAIDS in Vietnam.

At present, while there are multitude of bilateral as well as multilateral donors interested in the HIV/AIDS sector, programming has foremost been targeted towards 'high risk behaviour' groups such as Intravenous Drug Users (IDUs) and Commercial Sex Workers (CSWs) or the general public. Few are supporting programmes targeted towards workers. As the HIV/AIDS Country Profile has a summary of the donors and level of their involvement, several that are most relevant have been selected for an in-depth analysis for the purpose of this study. AusAID and USAID are currently funding pilot programmes with a focus on the worker population. UNAIDS has been encouraging corporate sector involvement in HIV/AIDS initiatives on a worldwide scale. The Japanese Government has been included as this report presents recommendations and programme/project ideas that could be further developed and proposed to the GoJ for funding.

a) Japan: JICA, Embassy of Japan and JBIC

In February, 1994, the Japanese government announced the launch of the Global Issues Initiative on Population and AIDS (GII) and its commitment to provide \$3 billion over a seven-year period. In an effort to promote family planning through basic health care, primary education, and women's empowerment, and addressing the issue of HIV/AIDS, both from a comprehensive approach, the Ministry of Foreign Affairs Economic Cooperation Division has established regular deliberations with NGOs and funded various research missions and workshops. Project formulation missions have been sent to countries in such as Cambodia (July, 2000). Furthermore, this initiative has been conducted in conjunction with the Japan-US Common Agenda for Cooperation in Global Perspective, and joint project formulation missions have been dispatched to countries such as Bangladesh and several other countries in Africa.

In recognition of the impact of infectious and parasitic diseases on the socio-economic development of particularly poor countries, the Infectious Diseases Initiative (IDI) was unveiled at the Okinawa Summit (July, 2000), in which the Government pledged the amount of \$3 billion over the next five years. The IDI also outlines the measures to be adopted by the Japanese Government, including the institutional strengthening of the health sector, human resource development, partnerships with civil society, donor countries, and international organizations, South-South cooperation, support of research, promotion of community level public health initiatives.

Education, health and medicine are priority areas under the Japanese Government's assistance towards Viet Nam. JICA's approach has been to strengthen the capacity of the health sector through the improvement of facilities at the National and Provincial levels. Grant aid projects under this sector have amounted to approximately US\$100 million between 1993 and 2000, and include the Rehabilitation of Cho Ray Hospital, the Improvement of Bach Mai Hospital, as well as improvement of medical equipment and facilities. Project type technical cooperation has been provided through the Bach Mai Hospital Project and the Reproductive Health Project in Nghe An Province.

With particular relevance to STDs and HIV/AIDS, a project formulation study on 'HIV/AIDS, Children's Health and Reproductive Health' was conducted in July, 1997.

More substantive assistance has been in the form of a grant aid programme titled 'Prevention of AIDS', which was approved recently (1999). In accordance with the Action Plan resulting from the donor workshop in Hue which took place in 1998, the Government of Viet Nam requested the Japanese Government to assist them in the four areas:

- 1) promotion of HIV/AIDS awareness and behaviour change
- 2) increased condom use
- 3) securing of safe blood supply
- 4) epidemiological monitoring including sentinel surveillance systems

The major component of the programme is to provide equipment and training for sentinel surveillance (ie. vehicle for use as mobile blood testing facilities and ELISA system testing equipment), STD control (ie. testing equipment), securing safe blood supply and HIV/AIDS prevention education (ie. TV/VTR and education promotion vehicles). The equipment is to be allocated to the Ministry of Health AIDS Division and District Health Centres, Pastur Research Centre, Preventive Medicine Centre, Blood Transfusion Centres, Provincial General Hospitals, STD hospitals and centres. It is expected that the recipients have sufficient capacity to utilize the equipment, but it is noted that training will be necessary to improve the technical expertise of the staff to ensure the full realization of the objective / effectiveness of the project.

The Grassroots Grants Project Funding has also been disbursed to 19 small scale projects of up to \$100,000 each for the year 2000-2001. Projects include Providing Medical Equipment for the Medical Centre of Ninh Phuoc, Tinh Bien, Da Nang Districts, as well as Hung Hen General Hospital.

While there are no projects which target workers and address HIV/AIDS in the workplace, JBIC is planning to contract a local NGO to conduct a survey on the socio-economic impact (including HIV/AIDS) of a large scale infrastructure project Pha Lai Thermal Power Plant Project.

b) Australia: AusAID⁴⁸

According to the 'Guide to HIV/AIDS and Development' which outlines the strategy of the Australian Government, the objectives of AusAID's HIV/AIDS programmes are three-fold: to prevent the spread of HIV; mitigate the impact of HIV/AIDS on the individual and on society; address the social and economic needs created by the impact of HIV/AIDS. Furthermore, AusAID recognizes primary health care as an important factor in reducing the vulnerability of the poor to HIV/AIDS.

Among its guiding principles are:

1. Contribute to coordination, particularly with UNAIDs, as well as with other donors and NGOs/ CBOs
2. Respond to partner country priorities

⁴⁸ Bernard Broughton, Project Design and Management Pty Ltd funded by AusAID, *Guide to HIV/AIDS and Development*, October 1999.

3. Build capacity at the national and grassroots level
4. Foster partnership
5. Support community action
6. Adopt a multi-sectoral approach (health, education, etc)
7. Support decentralization and district level primary health care services
8. Consider socio-economic analysis
9. Create enabling environments
10. Protect human rights
11. Address vulnerability of women and girls
12. Focus on youth
13. Utilize Australian expertise.

In Viet Nam, AusAID has been funding a wide variety of HIV/AIDS and STD programmes throughout the country, as well as regional initiatives to respond to border area issues. Consistent with the AusAID's HIV/AIDS programming strategy, the central focus is on prevention. Its programmes are implemented through the following: UN system (ie. UNICEF), governmental organizations (ie. NAC), mass organizations (ie. Women's Union and the Red Cross), international non-governmental organizations (NGOs) including CARE, World Vision, local NGOs primarily Supporting Centre for HIV/AIDS Control and Centre for Reproductive and Family Health. Capacity building is incorporated as a component of the programmes, or specifically as the goal of the programme itself. The approach adopted by AusAID is to address HIV/AIDS among 'high risk behaviour' groups identified as IDUs and CSWs, and mobile workers as well as different sectors of the population such as youth, children, and women. While differences in methodologies to reach these groups may exist, the common method across many programmes has been the inclusion of IEC activities to prevent the further spread of the epidemic.

Despite the fact that there is no reference to the private sector's role in preventing HIV/AIDS in AusAID's overall strategy, AusAID has been supporting initiatives to pilot programmes targeted at businesses. Factory workers have been the focus of the Working with AIDS Project implemented by CARE Viet Nam, which works with 2 companies, one state-owned, and the other a joint-venture, in Hanoi. (see programme description in section III C) The project aims to increase the involvement of the business sector in addressing HIV/AIDS in the workplace, in collaboration with NAC and VCCI.

c) United States: USAID and CDC⁴⁹

Although USAID only recently established its office in Viet Nam (November, 2000), its commitment to HIV/AIDS in Viet Nam has been strong. Viet Nam has been included in several of the global HIV/AIDS programming initiatives such as IMPACT, HORIZONS, and Global Life Initiative. In terms of figures, the US Government has committed approximately US\$30 million for HIV/AIDS Programming in Viet Nam to be disbursed through the USAID and Centre for Disease Control (CDC) during the next five years.

⁴⁹ USAID Fact Sheet – *USAID Funding for HIV/AIDS in Viet Nam*, November 2000

USAID and CDC have similar approaches and methodologies, and peer education and voluntary counseling are incorporated in programmes funded by both agencies. However, while CDC focuses on the national level training and surveys, USAID focuses more on Provincial level initiatives mainly targeted towards IDU and CSWs.

A total of US\$7.5 million will be allocated by USAID towards initiatives to collaborate with the Government of Viet Nam to expand its activities in two new provinces, encourage public-private partnerships to address HIV/AIDS, as well as increase the capacity of the Government to prevent HIV/AIDS in the Mekong Region.

USAID has been programming through NGOs, and its partners in Viet Nam include Family Health International and Population Council. (see section III C.) FHI implements the IMPACT Project in 4 provinces (Haiphong, Binh Dinh, Can Tho and Cam Pha). This Project focuses on behavioural surveillance surveys to study the levels and types of risk behaviour, capacity building for PACs, establishment centres for IDUs such as the Seagull Club in Haiphon and Friendship Club in Cam Pha, peer counseling training for sex workers, and upgrading of the skills of health care providers to appropriately diagnose and treat STDs. The Population Council implements the HORIZONS operations research in collaboration with HCMC AIDS Committee, HCMC Trade Union, HCMC College of Social Sciences and Humanities, and Thai Business Coalition on AIDS.

d) UN: UNAIDS⁵⁰

The mission of UNAIDS in Viet Nam is 'to strengthen the national capacity against a rapidly increasing HIV epidemic'. To this end, UNAIDS has been coordinating HIV/AIDS activities among its seven UN agencies including UNICEF, UNDP, UNFPA, UNDCP, WHO, UNESCO and the World Bank. It has also taken on the role of promoting the development of information networks and facilitating policy dialogue.

HIV/AIDS activities coordinated through UNAIDS focus on:

- youth education: UNICEF and Viet Nam Red Cross collaboration on HIV awareness and prevention programmes among school clubs in the Mekong region, GTZ and UNAIDS collaboration on Youth Café in Hanoi, Viet Nam Railway Union and UNAIDS collaboration on HIV/AIDS trains project.
- condom promotion and distribution: UNFPA's support for social marketing programmes for lower-income consumers and public healthcare facilities.
- mobile populations (seafarers and fishermen): Ministry of Fisheries and UNAIDS collaboration on training healthcare workers in seaports, and providing education materials, UNDP led South East Asia HIV and Development (SEAHIV) Project.
- drug users: UNDCP and UNAIDS collaboration on training of peer educators, alternative income generation schemes, and law enforcement.
- mother-to-child transmission: UNAIDS support for voluntary counseling and testing for HIV in antenatal care in provincial hospitals, UNICEF's development of

⁵⁰ UNAIDS, The Prince of Wales Business Forum and The Global Business Council on HIV & AIDS, *The Business Response to HIV/AIDS: Impact and Lessons Learned*, 2000.
UNAIDS Progress Report, 1999.

- home-based care activities in provinces bordering China, Laos and Cambodia.
- blood safety: WHO recommendation to improve policy on blood safety and equipment.

Globally, UNAIDS has demonstrated an interest in involving the corporate sector in efforts to combat HIV/AIDS around the world. This is apparent in the document titled "The Business Response to HIV/AIDS: Impact and Lessons Learned" jointly published in 2000 by the UNAIDS, The Global Business Council on HIV/AIDS, and The Prince of Wales Business Leaders Forum. The purpose of the document was to increase awareness among businesses that HIV/AIDS is a threat to the company in terms of human, financial and social burden and to guide initiatives to address the issue in collaboration with the public and NGO sectors. It is comprised of a summary of facts and trends on HIV/AIDS and responses by the public and NGOs, impact of HIV/AIDS on businesses at the macro-economic and individual company levels (business case for early action against HIV/AIDS), guidance on policies and programme activities, factors contributing to successful partnerships, and 17 case studies providing models for good practice.

As for Viet Nam, the UNAIDS sponsored Partnership Meeting (October, 1999), attended by medical experts, Government officials, UN representatives and NGO leaders, highlighted the lack of private sector participation as one of the major constraints limiting the effectiveness of the programmes. While it has been recognized that a multi-sector approach to fighting the epidemic is critical, no mechanism has been established to implement this recommendation at present.