

PEPFAR/Vietnam: Developing Programs to Reduce IDU-Related Risk

Interventions with MARPs in PEPFAR Countries

Chennai, India

18 February 2009



Vietnam Remains a Concentrated HIV Epidemic

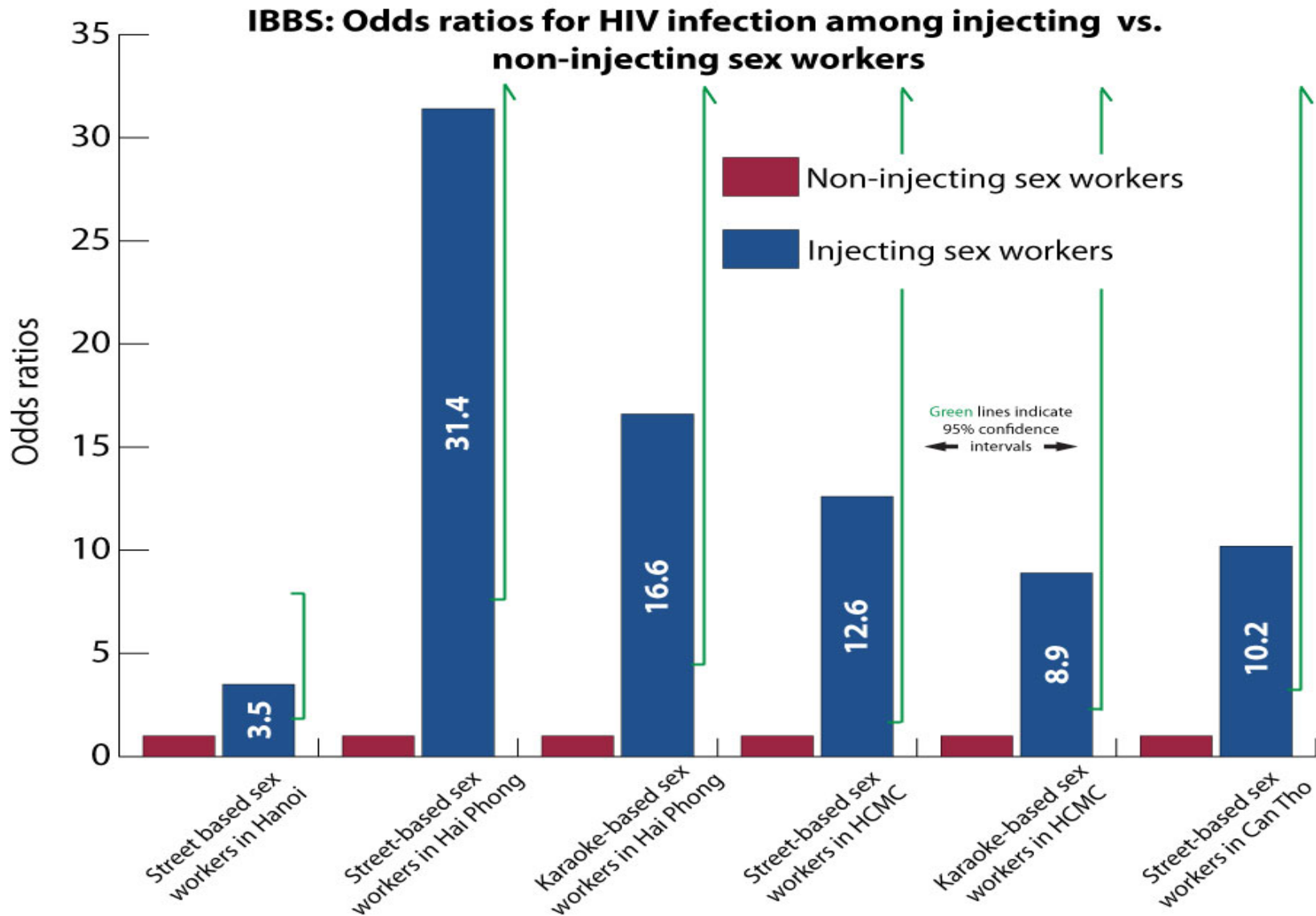
General Population	0.53%
Sex Workers	4%
HCMC MSM	5%
Hanoi MSM	9%
Injecting Drug Users	23%

IDU: Still A Primary Driver



- Sexual Transmission Rising in Absolute Numbers
- Lack of Multiple, Concurrent Relationships
- 60% New Infections Related to IDU
- Intersection of IDU and other Behaviors Increasing Risk

IDU Increasing Risk among Sex Workers



Current Vietnam IDU Strategies

Primary Prevention

- Ministry of Education and Training
- Break the Cycle

Community IDU Programs

- Drop-in Centers/Addiction Counseling
- Community Outreach
- Coordination

Rehabilitation Centers

Methadone Therapy



Accomplishments to Date

Community IDU Programs

- High Risk Youth
- Outreach and DICs
- Condom Distribution

Addiction Treatment

- Addiction Counselors
- Alternatives to O6 in Northwest

Nhi Xuan Center Pilot

Methadone Launched



Challenges in IDU Programming

- I. Community Outreach Coverage and Referrals
- II. Coordination of Donors/Programs
- III. Policy Limitations on Comprehensive Package
- IV. HIV Risk Concentrated in Rehabilitation Centers

HCMC 06 Pilot: Nhi Xuan Center & 4 Target HCMC Districts

Center Interventions

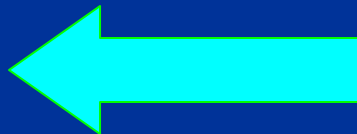
Case Managers:
Addiction Treatment
and Reintegration
Plans

Peer Educators:
Information and Links
to Community Service

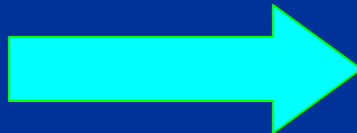
VCT:
Entry Into Continuum
of Care & Tx

Medical Care:
OI and ARV
Treatment for
Residents

Case Managers &
Peers Share
Information



M&E for needs
identification, routine
monitoring, and
outcome evaluation



Community Peers
Share Experience
and Advice on
Transition

Community Interventions

Case Managers:
Individual Addiction Counseling
for Returning Residents

Social Workers:
Facilitate Reintegration in Each
District

Peer Educators:
Relapse Prevention Skills,
facilitate Self Help

VCT:
in 4 Focus Districts for
Returnees and Partners

OPCs:
Continue Medical Care for
Returning Residents

Nhi Xuan Statistics FY 2006-2008

Peer Educators:

265 peer educators trained

Drug Counseling:

900 received addiction
counseling

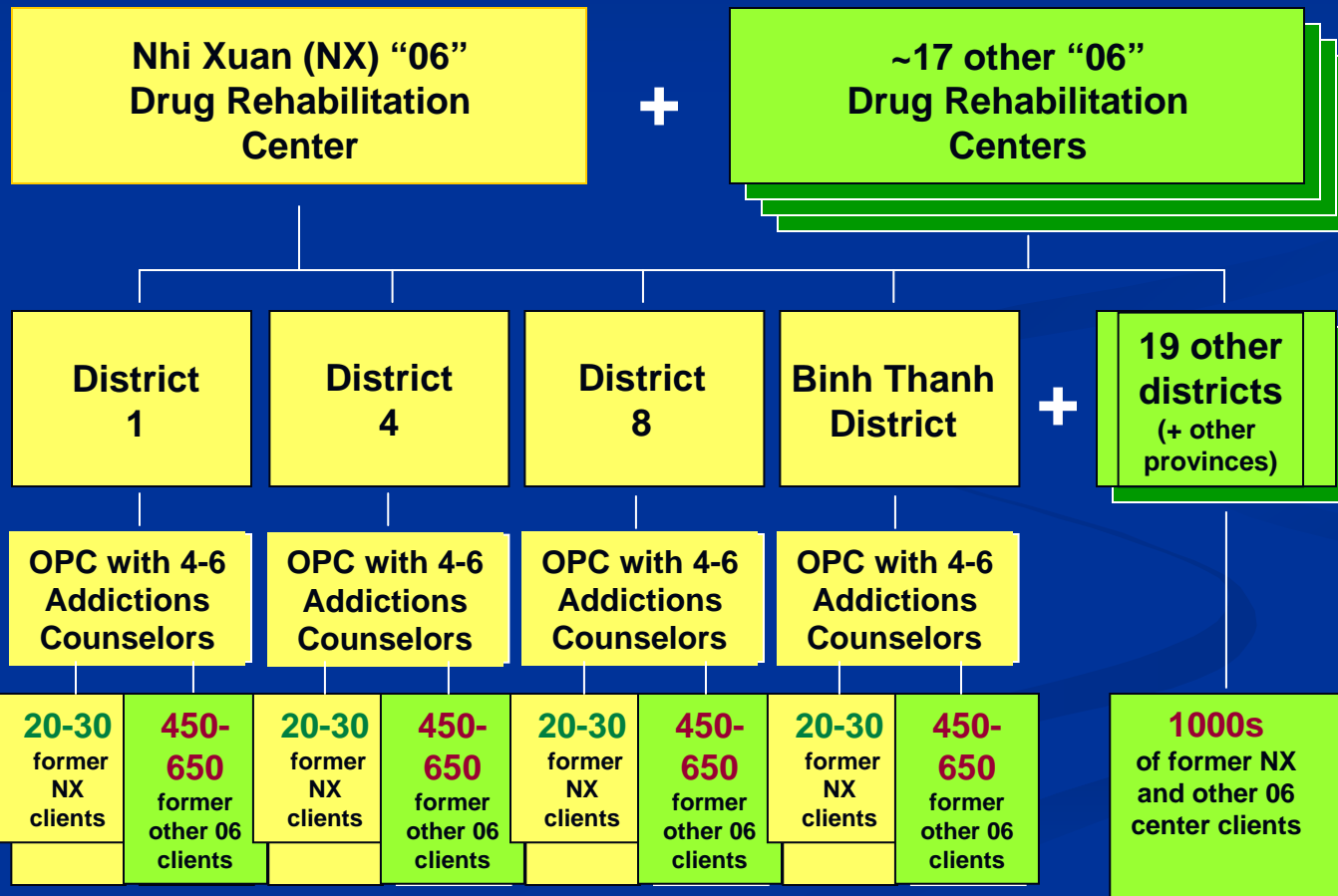
Received VCT: 2,787 (1,152
HIV+)

Commenced ARV: 394 (87
released)



The Importance of Reviewing Program Experience

Ho Chi Minh City “transitions” pilot



What's in Store for Rehabilitation Center Residents?



- Experience with HCMC Pilot suggests need for additional service models
- Potential for mobile service model based at current OPCs. Work with prisons?
- Key Issue: Avoiding Treatment Interruption

A Mobile Model

Advantages:

- Reduced Infrastructure Costs
- Increased Coverage
- Increase Capacity of Local Staff
- Applicable in Different Settings



Methadone Pilot

- Spring 2008, pilot clinics launched in Hai Phong and HCMC.
- Over 650 clients on methadone maintenance to date.



Potential for Scale Up



- Additional locations and settings needed
- VN government support critical
- Practitioners relatively inexperienced
- Important to demonstrate effectiveness

Thanks!

