



NATIONAL STRATEGY TO END THE AIDS EPIDEMIC BY 2030

(Issued together with the Decision No 1246/ QĐ-TTg
dated August 14, 2020 of the Prime Minister)

October 2020



LAO DONG PUBLISHING HOUSE

CONTENTS

Part 1. BACKGROUND FOR ISSUANCE OF THE STRATEGY	7
--	----------

Part 2. VIEWPOINTS, OBJECTIVES, TASKS AND SOLUTIONS.....	11
---	-----------

I. Viewpoints.....	11
--------------------	----

II. Objectives	12
----------------------	----

III. Tasks.....	16
-----------------	----

IV. Solutions	18
---------------------	----

Part 3. IMPLEMENTATION ORGANIZATION ..	35
---	-----------

I. Operating organization of the strategy	35
---	----

II. Assignment of responsibilities	36
--	----

THE PRIME MINISTER

No. 1246/ QĐ-TTg

SOCIALIST REPUBLIC OF VIETNAM
Independence - Freedom - Happiness
Hanoi, August 14, 2020

DECISION **APPROVING NATIONAL STRATEGY TO END** **THE AIDS EPIDEMIC BY 2030**

THE PRIME MINISTER

Pursuant to the Law on Organization of the Government dated June 19, 2015;

Pursuant to the Law on Prevention and Control of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) dated June 29, 2006;

Pursuant to the Resolution No. 20-NQ/TW dated October 25, 2017 of the Central Committee on enhancement of citizens' health protection, improvement, and care in new situation;

At the proposal of the Minister of Health;

DECIDES:

Article 1. To approve “the National Strategy to end the AIDS Epidemic by 2030” issued together with this Decision.

Article 2. This Decision takes effect on its signing date.

Article 3. Ministers, Heads of ministerial-level agencies, Heads of government-affiliated agencies and Chairpersons of provincial-level People's Committees shall implement this Decision.

Recipients:

- *The Party Central Committee's Secretariat;*
- *Prime Minister, Deputy Prime Ministers;*
- *Ministries, ministerial-level agencies and government-affiliated agencies;*
- *People's Councils, People's Committees of provinces and cities under the jurisdiction of the central government;*
- *Office of the Central Committee and Party Committees;*
- *Office of the General Secretary;*
- *Office of the President;*
- *Council of Ethnic Affairs and National Assembly Committees;*
- *Office of the National Assembly;*
- *The Supreme People's Court;*
- *The Supreme People's Procuracy;*
- *The State Audit Office;*
- *National Finance Supervisory Commission;*
- *Vietnam Bank for Social Policies;*
- *Vietnam Development Bank;*
- *Vietnam Fatherland Front Central Committee;*
- *Central Office of mass organizations;*
- *Government Office: Chairman, Vice Chairpersons, Prime Minister's Assistant, General Director of Government Portal, Departments, Branches, affiliated agencies; Gazette*
- *Filing: Clerical department, SECSA (2 copies)*

**FOR THE PRIME MINISTER
DEPUTY PRIME MINISTER**

(Signed and Stamped)

VU DUC DAM

NATIONAL STRATEGY TO END THE AIDS EPIDEMIC BY 2030

(Issued together with the Decision No 1246/ QĐ-TTg dated August 14, 2020 of the Prime Minister)

Part 1

BACKGROUND FOR ISSUANCE OF THE STRATEGY

HIV/AIDS is a serious public health problem that affects the economic growth and general development of a country. Viet Nam has, by June 2020, approximately 250,000 people living with HIV. More than 100,000 people have died from AIDS-related illnesses and 100% of provinces and cities and 98% of districts have diagnosed people with HIV infections.

Vietnam's Government has issued many important legal documents with a view to controlling the spread of this epidemic, including the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2020 with a vision to 2030, issued together with the Prime Minister's Decision No. 608/2004/QĐ-TTg dated May 25, 2012. Over the years, ministries, branches, all

levels of Party committees and authorities have actively led and directed the implementation of the Strategy's contents and achieved many results. HIV prevention measures are widely implemented, such as needle and syringe and condom distribution for groups at high risk, treatment of opioid dependence with substitution therapy, Pre-Exposure Prophylaxis (PrEP); behavior change communication, reducing HIV/AIDS stigma and discrimination. HIV screening tests are scaled-up and available in diversified forms at health facilities, in the community and including HIV self-testing. HIV/AIDS treatment has been scaled up with improved quality, such as early treatment for all people diagnosed with HIV; integrated and decentralized HIV/AIDS treatment network; scaled-up prevention of mother-to-child transmission interventions and quality of HIV/AIDS treatment ensured. Thanks to these efforts, the HIV/AIDS epidemic has been gradually brought under control, the numbers of new HIV infections, of HIV cases progressing to AIDS and of HIV/AIDS-related deaths have declined steadily over the years, fulfilling the goal of controlling HIV prevalence below 0.3% in the general population by 2020. It is estimated that over the past 20 years, more than 400,000 new HIV infections have been prevented and 150,000 HIV/AIDS-related deaths have been averted. Viet Nam is seen by the world

as one of the bright spots for HIV/AIDS prevention and control, which basically achieved the objectives and tasks set out by the Strategy.

However, the HIV/AIDS epidemic still presents complex developments. HIV/AIDS remains a public health concern. HIV prevalence among people who inject drugs (PWID) remains high, at over 10%; HIV prevalence among men who have sex with men (MSM) has increased rapidly in recent years. Each year, about 10,000 HIV infections are newly detected; the rate of HIV transmission from mother to child in the community remains at 6%. Besides, reduction of international aid resources, changes in the organizational structure of HIV/AIDS prevention and control at different levels, and inadequate attention to HIV/AIDS prevention and control among some localities are major challenges for HIV/AIDS prevention and control activities.

Viet Nam has a great opportunity to end the AIDS epidemic by 2030 with the goals of reducing the number of new HIV infections to below 1,000 cases/year and HIV/AIDS no longer being a health concern for every individual, family and the community. It is, therefore, necessary to have a new suitable National Strategy on HIV/AIDS prevention and control and implement it comprehensively and effectively.

Part 2

VIEWPOINTS, OBJECTIVES, TASKS AND SOLUTIONS

I. VIEWPOINTS

1. HIV/AIDS is a dangerous pandemic threatening people's health and lives, and social-economic development. HIV/AIDS prevention and control must be considered an important task that requires multi-sectoral coordination of Party Committees, ministries, sectors, administrations at all levels, as well as a duty and responsibility of every citizen, family, and community.

2. HIV/AIDS prevention and control must adhere to the principles of ensuring human rights, combating stigma and discrimination against people living with HIV; and attaching importance to women, children, groups at risk of HIV infection, ethnic minority people and people living in hard-to-reach areas, remote areas, border areas.

3. The fulfillment of Viet Nam's commitments to the international community on HIV/AIDS prevention and control should be guaranteed.

4. Medical technical measures should be combined with social measures in HIV/AIDS

prevention and control, based on the principle of combining prevention with comprehensive care and treatment.

5. The State shall ensure resources for HIV/AIDS prevention and control in line with the developments of the HIV/AIDS epidemic, with the country's socio-economic development capabilities and conditions, and, at the same time, enhance efforts in mobilizing other resources for HIV/AIDS prevention and control. Provinces and cities shall actively allocate resources to ensure HIV/AIDS prevention and control activities in the localities.

II. OBJECTIVES

1. General objective:

Strengthening HIV/AIDS prevention and control activities to reduce the number of new HIV infections and AIDS-related deaths, ending the AIDS epidemic in Viet Nam by 2030, and minimizing the consequences of HIV/AIDS on socio-economic development.

2. Specific objectives:

(1) Scaling up and innovating communication activities, harm reduction interventions and HIV

prevention, achieving 80% of people at high-risk accessing HIV prevention services by 2030.

(2) Scaling up and diversifying forms of HIV testing and counseling, promoting community-based HIV testing services and HIV self-testing; achieving 95% of people living with HIV in the community knowing their HIV status by 2030; closely monitoring the developments of HIV/AIDS epidemic among groups at high-risk.

(3) Scaling up and improving the quality of HIV/AIDS treatment, achieving 95% of people living with HIV who know their status receiving antiretroviral therapy (ART), achieving 95% of people on ART with viral suppression; ending mother-to-child transmission of HIV by 2030.

(4) Reinforcing and strengthening the capacity of the HIV/AIDS prevention and control system at all levels; ensuring human resources for HIV/AIDS prevention and control; ensuring sustainable financing for HIV/AIDS prevention and control.

3. Targets

Impact targets

(a) The number of new HIV infections to stay under 1,000 cases per year by 2030.

(b) The rate of AIDS-related deaths to drop under 1.0/100,000 population by 2030.

(c) The rate of mother-to-child HIV transmission to drop below 2% by 2030.

Targets on Prevention

(d) The rate of people with high-risk behaviours getting access to HIV prevention services to reach 70% by 2025 and 80% by 2030, respectively.

(d) The rate of people who inject drug on opioid substitution therapy and medicines, remedies to reach 40% by 2025 and 50% by 2030, respectively.

(e) The rate of men who have sex with men (MSM) receiving Pre-Exposure Prophylaxis (PrEP) to reach 30% by 2025 and 40% by 2030, respectively.

(g) The rate of young people aged 15 – 24 years with sufficient awareness about HIV/AIDS to reach 80% by 2030.

(h) The rate of people aged 15 – 49 years with no stigma and discrimination against people living with HIV to reach 80% by 2030.

Targets on Testing

(i) The rate of people living with HIV knowing their HIV status to reach 90% by 2025 and 95% by 2030, respectively.

(k) The rate of people at high-risk of HIV receiving an annual HIV test to reach 70% by 2025 and 80% by 2030, respectively.

Targets on Treatment

(l) The rate of people living with HIV who know their HIV status receiving antiretroviral therapy (ART) to reach 90% by 2025 and 95% by 2030, respectively.

(m) The rate of people living with HIV who are on ART achieving viral suppression to reach at least 95% annually.

(n) The rate of people with HIV/Tuberculosis (TB) co-infection receiving treatment for both TB and ARV to reach 92% by 2025 and 95% by 2030, respectively.

(o) The rate of people with HIV/Hepatitis C virus (HCV) co-infection receiving treatment for both HCV and ARV to reach 50% by 2025 and 75% by 2030, respectively.

Targets on Health System

(p) In 2021, 100% of provinces and cities under the jurisdiction of the central government shall develop sustainable financing plans or proposals for their local implementation to reach the goal of ending the AIDS by 2030 and allocate local budget annually to HIV/AIDS prevention and control according to the approved plans.

(q) Ensuring 100% of people living with HIV are enrolled in social health insurance.

(r) Ensuring sufficient supply of drugs, biological products, medical supplies and equipment for HIV/AIDS prevention and control activities.

(s) 100% provinces and cities under the jurisdiction of the central government shall have quality data collection systems for surveillance of the epidemic situation and evaluation of the effectiveness of HIV/AIDS prevention and control activities.

III. TASKS

1. Study, formulate policies, the system of legal documents and technical and professional guidance on HIV/AIDS prevention and control suitable to the socio-economic context in the new situation.

2. Mobilize all resources and the participation of all agencies, organizations, units, individuals and the entire community in HIV/AIDS prevention and control activities.

3. Organize information, education and communication on HIV/AIDS prevention and control for all stakeholders, combine the propagation of the Party's guidelines and State's policies and laws on HIV/AIDS prevention and control with the propagation of information on the harms and consequences of HIV/AIDS to human health, and the socio-economic development.

4. Organize the implementation of medical and technical measures to minimize HIV transmission and resolving issues related to the health of AIDS patients.

5. Closely combine HIV/AIDS prevention and control with drug use and prostitution prevention and control activities.

6. Implement commitments and organize the effective implementation of international cooperation activities on HIV prevention and control.

IV. SOLUTIONS

1. Political and social solutions:

a) Enhance the implementation of the Party's direction, the State's policies and laws on HIV/AIDS prevention and control.

- Intensify the leadership and direction of HIV/AIDS prevention and control, considering this as one of the important political tasks; step up inspection, control and supervision activities for the HIV/AIDS prevention and control under one's management authority;

- Prioritize investment in HIV/AIDS prevention and control suitable to the epidemic and socio-economic situation of each locality;

- Improve the capacity, effectiveness, and efficiency of state management of HIV/AIDS prevention and control; integrate HIV/AIDS objectives and targets into local socio-economic development programs and plans of each locality.

b) Inter sectoral coordination

- Ministries, branches and mass organizations shall actively formulate plans, allocate funding and coordinate the implementation of HIV/AIDS

prevention and control activities suitable to the assigned functions and tasks of each agency; perform suitable interdisciplinary coordination activities to increase the effectiveness in HIV/AIDS prevention and control;

- Integrate HIV/AIDS prevention and control activities into relevant programs implemented by ministries, organizations, cities and provinces on hunger eradication, poverty reduction, job placement, livelihood creation to support the livelihood and the integration of people living with HIV into the community;

- Strengthen inspection and control of harm reduction interventions to prevent HIV transmission, especially in entertainment establishments, accommodation establishments, and take sanctions against those that do not implement these measures;

- Integrate HIV/AIDS prevention and control activities into movements and seminars; set the targets of supporting the reintegration of people living with HIV into the community for the work programs of social and political organizations.

c) Mobilizing the community in the fight against HIV/AIDS

Create a favorable policy environment and financial mechanism for social organizations to participate in the provision of HIV/AIDS prevention and control services, including from the state budget. Enhance the capacity of social organizations and mobilize them to effectively participate in providing services in HIV/AIDS prevention and control.

d) Social support

- Promote vocational training and job creation activities; set up sustainable business and production models for people living with HIV, people at risk of HIV infection and people affected by HIV/AIDS;

- Provide material and spiritual support to people living with HIV and their families to help people living with HIV stabilize their lives, integrate and be cared for at home and in the community; ensure equity and equality in HIV/AIDS prevention and control activities;

- Continue to implement the social allowance policy for children living with HIV of poor/low-

income households, people living with HIV of poor/low-income households who can no longer work and who do not have pensions or social insurance benefits as prescribed by laws.

2. Legal and policy regime solutions

a) Continue to review and complete the system of legal documents on HIV/AIDS prevention and control to ensure the practicality and synchronization with other relevant legal systems;

b) Regularly organize the dissemination of and education about the law on HIV/AIDS prevention and control, with focus on the dissemination, education on the rights and obligations of people living with HIV;

c) Intensify inspection, control activities, and strictly handle violations of the law on HIV/AIDS prevention and control.

3. Solutions for the prevention of HIV infection:

a) Innovate and improve the quality of information, education, and communication activities;

- Mass media: set up specialized pages and columns to communicate information on HIV/

AIDS prevention and control; develop and post videoclips, still image banners, propaganda banners; propagate on e-newspapers with a large number of viewers, produce news, articles, reporting, documentaries, messages to post and broadcast on mass media;

- Technology-based communication: produce video clips, short films, information to propagate on digital platforms of social networks;

- Communication through the grassroots information system: increase the time and frequency of propaganda, disseminate information and recommendations on the radio and television systems to prevent and control HIV/AIDS that is suitable for people and the communities from each establishment, locality, region;

- Through other activities: integrate in teaching and learning at institutions of the national education system, in cultural, artistic and sports activities, in activities of agencies, organizations, communities and grassroots cultural institutions. Integrate HIV/AIDS prevention and control with propaganda and educational program on gender equality, gender awareness, sexual and reproductive health, family education, in order to build a happy and sustainable family life;

- Promote the roles and responsibilities of the grassroots information system, mobilize the participation of social organizations, celebrities, heads of residential communities, leaders of religious dignitaries, the elderly, prestigious people in the community and people living with HIV to participate in HIV/AIDS prevention and control communication.

b) Reduce HIV-related stigma and discrimination:

- Renew the way of thinking on communication for HIV/AIDS prevention and control, not use threatening style communication; mobilize people living with HIV and people with behaviours putting them at high-risk to participate in communication activities;

- Improve knowledge on the reduction of HIV-related stigma and discrimination at home, in the community, at school and at work. Implement synchronous solutions to reduce HIV-related stigma and discrimination at health facilities;

- Encourage the participation of community groups and people living with HIV in the planning process, implementation, and monitoring of performance of HIV-related stigma and discrimination reduction activities.

c) Expand, innovate harm reduction interventions, HIV prevention activities:

- Focus on implementing HIV prevention interventions for groups at high risk of HIV infection, people who use drugs, men who have sex with men, transgender women, female sex workers, and sexual partners and partners who inject drugs of people living with HIV;

- Diversify models of free condom and needles and syringes distribution to suit users' needs, combined with expanding the provision of condoms, needles and syringes through commercial channels;

- Innovate and improve the treatment quality of opioid dependence with substitution therapy. Scale up models of treatment and dispensing of drugs at the grassroots level. Pilot and scale up take-home dose model. Promote intervention models for people who use synthetic drugs, people who use Amphetamine-type stimulant (ATS) drugs and people who use multi-drugs;

- Scale-up antiretroviral pre-exposure prophylaxis (PrEP) for groups at high-risk through the public and private health systems. Implement antiretroviral post-exposure prophylaxis (PEP);

- Pilot and scale-up the implementation of appropriate HIV prevention interventions in temporary custody houses, detention camps, prisons, compulsory education establishments, reformatory schools;

- Provide examination and treatment services for sexually transmitted infections for groups at high risk for sexual transmission of HIV. Develop comprehensive and continuous HIV prevention service delivery models, link with other health and social support services.

4. Solutions for HIV testing and counseling:

a) HIV screening test:

- Diversify forms of HIV testing and counseling. Promote HIV testing at health facilities, scale-up community-based HIV testing services, mobile HIV testing and HIV self-testing;

- Implement HIV testing and counseling models suitable for each group at high-risk of HIV transmission, such as people who inject drugs, men who have sex with men, transgender people, female sex workers, prisoners; scale-up implementation of HIV testing for sexual partners and injecting partners of people living with HIV; HIV testing for pregnant women;

- Apply new testing techniques and biologicals, new sampling method in HIV diagnosis, identify people at high risk for HIV infection to implement appropriate interventions to prevent HIV transmission;

b) Increase the number of certified laboratories eligible for HIV confirmatory testing especially at district level in mountainous, remote, hard-to-reach areas for the results of confirmatory HIV positive test to be returned as soon as possible to the people tested; ensure the delivery of HIV positive test results within 24 hours. Regularly update confirmatory testing methods to confirm HIV positive cases;

c) Ensure the quality of HIV testing through internal control, external quality assessment, technical assistance and supervision, laboratory accreditation to improve the quality of HIV testing and counseling. Ensure and maintain national HIV/AIDS reference laboratories;

d) Promote measures to successfully refer people living with HIV from HIV testing counseling services to HIV antiretroviral treatment and care services.

5. Solutions for treatment and care of people living with HIV:

a) Scale-up the coverage of HIV/AIDS treatment services

- Provide treatment with HIV antiretroviral (ARV) drugs for people living with HIV as soon as diagnosis is confirmed. Scale-up HIV/AIDS treatment in prisons, detention camps, custody houses, compulsory educational establishments, reformatory schools, treatment - education - social labor centers, religious organizations, social organizations, and other legitimate organizations. Mobilize the private health sector to participate in the treatment of HIV/AIDS;

- Integrate HIV/AIDS treatment service into the medical examination and treatment system. Decentralize the treatment of HIV/AIDS to grassroots health facilities; scale-up HIV/AIDS care and treatment at the commune level, care for HIV/AIDS patients at home and in the community;

- Enhance HIV counseling and testing for pregnant women; provide ARV treatment to pregnant women with HIV infection as soon as possible; implement early diagnosis, management and treatment of children born to mothers living with HIV;

- Enhance prevention, detection and treatment of HIV co-infections, including Tuberculosis (TB), Hepatitis B and C, and sexually transmitted infections.

b) Improve the quality of HIV/AIDS treatment

- Timely update HIV/AIDS treatment guidelines following new recommendations that suit the situation of Viet Nam; optimize HIV/AIDS treatment regimens, ensure safe and effective treatment; provide HIV/AIDS treatment services suitable to patients' conditions; enhance management, monitoring and support for HIV/AIDS treatment adherence;

- Scale-up quality improvement activities in HIV/AIDS treatment, integrate them into the hospital quality management system; extend the coverage of testing for HIV/AIDS treatment monitoring;

- Enhance prevention and surveillance of HIV drug resistance, pharmacovigilance; monitor, assess and prevent adverse reactions to ARV drugs during the treatment of HIV/AIDS; integrate monitoring and early warning of HIV drug resistance into the quality management of HIV/AIDS treatment.

6. Solutions for HIV/AIDS epidemic surveillance, monitoring, evaluation, and scientific research:

a) Collect and synthesize data on HIV/AIDS prevention and control nationwide and periodically; improve the quality and the use of data for policy formulation, planning and evaluation of the effectiveness of the HIV/AIDS prevention and control activities;

b) Establish a case-based surveillance system to track cases from detection of HIV infection to enrollment in treatment, change of treatment facilities, quality of treatment, treatment adherence and death (if any) of each person living with HIV. Map, identify areas with high HIV infection, set up epidemic warning information systems to direct, implement measures to control HIV transmission in a timely manner;

c) Continue to maintain HIV and STI sentinel surveillance activities, and suitable HIV behavioral surveillance. Apply new recency diagnostic techniques in sentinel surveillance to assess and estimate the risk of HIV infection among groups at high-risk, especially MSM;

d) Study and apply methods of estimating the size of populations at high-risk and estimation and

projection of the HIV/AIDS epidemic that suit the new situation; conduct periodical estimation and projection of HIV/AIDS epidemic at the national level and for provinces with a high burden of HIV/AIDS. Evaluate the effectiveness of HIV/AIDS prevention and control activities. Intensify sharing and use of data in HIV/AIDS prevention and control;

e) Implement scientific research and apply science and technology in the implementation of HIV/AIDS prevention and control measures.

7. Application of information technology in HIV/AIDS prevention and control

a) Review to integrate and merge software, information systems relevant to HIV/AIDS management; synchronize data on HIV/AIDS treatment with hospital information management system;

b) Modernize the information management system on HIV/AIDS prevention and control to innovate the mode of provision and improve the quality of reporting data to ensure data exchange in a proactive, timely, accurate and effective manner;

c) Develop a centralized HIV/AIDS database, apply information technology in early warning,

control and public health response to HIV/AIDS prevention and control; scale up the application of information technology in managing people living with HIV, HIV/AIDS treatment, treatment of opioid dependence with substitution maintenance therapy;

d) Develop information technology on HIV/AIDS based on national and the health sector's information technology standards to facilitate HIV/AIDS-related data exchange among the health information system and the national databases on population and health insurance.

8. Solutions for sustainable financing

a) Strive to fully meet the funding needs for HIV/AIDS prevention and control. Orient to prioritize the allocation of the state budget at all levels to focus on harm reduction interventions, prevention of HIV transmission, epidemic surveillance, communication, interventions for priority groups in accordance with the Law on HIV/AIDS Prevention and Control and mobilize to offset the funding gap when international aid sources decrease and end. Ministries, branches and central agencies shall actively allocate budgets for HIV/AIDS prevention and control activities in order to perform assigned tasks;

b) In 2021, 100% of the provinces and cities under the jurisdiction of the central government shall have sustainable financing plans or proposals for implementation to reach the goal of ending AIDS by 2030 approved by competent local authorities and allocated adequate budget annually according to the approved plan;

c) Scale-up HIV/AIDS treatment services payable by the Social Health Insurance Fund in the interests of patients enrolled in social health insurance; adopt appropriate mechanisms to ensure 100% of people living with HIV enroll in health insurance;

d) Continue to mobilize and effectively use international aid for HIV/AIDS prevention and control;

e) Enhance the participation of individuals, organizations, private sector in investing in and providing HIV/AIDS prevention and control services as regulated by law; develop suitable financial mechanisms and create favorable conditions to mobilize sustainable participation of social organizations in the provision of HIV/AIDS prevention and control services;

e) Strengthen coordination and effective use of financial resources for HIV/AIDS prevention

and control; organize checking and supervision of the allocation of central and local state budget for HIV/AIDS prevention and control according to the contents approved by competent authorities.

9. Solutions for human resources:

a) Strengthen the National Committee for AIDS, Drug and Prostitution Prevention and Control, Steering Committees for AIDS, Drug and Prostitution Prevention and Control in localities; amend and supplement operational regulations of the National Committee in line with the tasks of the ministries/branches according to the functions and tasks assigned by the Government;

b) Strengthen and consolidate the organization of and ensure human resources for HIV/AIDS prevention at all - from central to local - levels;

c) Promote technical assistance (TA) activities to strengthen and enhance the capacity of HIV/AIDS networks at all levels, especially at the provincial and district levels;

d) Strengthen the capacity of and mobilize the networks of people living with HIV, people with behaviours at high-risk of HIV, private health facilities and social organizations participating in HIV/AIDS prevention and control.

10. Solutions for supply

a) Set up a supply chain from the central to the local levels to ensure sufficient drugs, biological products, biomedical interventions, and equipment for HIV/AIDS prevention and control;

b) Encourage investment in domestic drug production, strengthen the capacity of domestic suppliers of drugs, biomedical interventions and equipment to proactively meet domestic needs for HIV/AIDS prevention and control;

c) Strengthen management to ensure the quality of drugs and biological products; enhance the implementation of pharmacovigilance activities.

11. Solutions for international cooperation:

a) Fully implement international obligations and commitments in HIV/AIDS prevention and control;

b) Strengthen bilateral and multilateral cooperation with international organizations, as well as mobilize financial and technical assistance for HIV/AIDS prevention and control;

c) Work closely with countries bordering Viet Nam in cross-border HIV/AIDS prevention and control activities.

Part 3

IMPLEMENTATION ORGANIZATION

I. OPERATING ORGANIZATION OF THE STRATEGY

1. At the central level:

a) The National Committee on AIDS, Drug and Prostitution Prevention and Control shall direct and coordinate the examination and supervision of the implementation of this strategy; and direct the implementation coordination of HIV/AIDS prevention and control activities with drug and prostitution prevention and control activities;

b) The Ministry of Health shall act as the standing body to assist the Government and the National Committee on AIDS, Drug and Prostitution Prevention and Control in implementation of this strategy.

2. At the local level:

Provincial-level People's Committees shall develop plans, allocate resources and budgets, and implement this strategy in their localities.

II. ASSIGNMENT OF RESPONSIBILITIES

1. The Ministry of Health shall:

a) Preside over the development of a plan on implementation of the Strategy; guide, monitor and demand the implementation of the Strategy by ministries, sectors, localities; annually review and report the strategy implementation and results to the Prime Minister;

b) Preside over, coordinate with related ministries and sectors in studying, formulating and issuing, according to its competence or submitting to competent authorities for issuance, legal documents on HIV/AIDS prevention and control;

c) Preside over, coordinate with the Ministry of Planning and Investment, the Ministry of Finance and related ministries and sectors in studying and proposing solutions to mobilize resources and to allocate the annual budget for HIV/AIDS prevention and control activities;

d) Guide the People's Committees of the provinces and cities under the jurisdiction of the central government in developing sustainable

financing plans, program, proposals for ending the AIDS epidemic by 2030;

e) Organize the implementation of the Strategy's contents within the scope of assigned duties and powers.

2. The Ministry of Public Security shall:

a) Preside over, coordinate with the Ministry of Health and related ministries, sectors to organize HIV communications, implement harm reduction interventions to prevent HIV transmission, HIV/AIDS prevention, care and treatment activities, as well as direct, guide, check the HIV/AIDS prevention and control activities at the establishments under the ministry's management authority;

b) Review, propose amendments and supplement to the regulations on crime and drug prevention and control; manage security and order of the business establishments that are subject to security and order conditions, and manage localities and handle violations related to HIV/AIDS prevention and control.

3. The Ministry of Labor, War Invalids and Social Affairs shall:

a) Preside over, coordinate with the Ministry of Health and relevant ministries and sectors to organize HIV/AIDS communication, prevention, care and treatment at the establishments under the ministry's management authority; guide, direct, check the implementation of HIV/AIDS prevention and control activities for laborers at workplaces; organize, check and supervise the implementation of regulations and policies to support people living with HIV;

b) Coordinate with the Ministry of Finance, the Ministry of Health and relevant ministries and sectors in reviewing, amending and supplementing social protection policies for people living with HIV, people at risk of HIV infection, children and women affected by HIV/AIDS; formulate and promulgate, according to its competence or submit to competent agencies for promulgation, appropriate policies to encourage organizations and businesses to provide vocational training and recruit people living with HIV, people at risk of HIV infection and spouses of people living with HIV.

4. The Ministry of Finance shall:

a) Preside over, coordinate with relevant agencies in arranging state budget recurrent expenditure estimates to implement this Strategy

in accordance with the Law on State Budget and the current budget decentralization;

b) Review, amend, supplement, or deliver instructions on the expenditure contents and cost norms for HIV/AIDS prevention and control at the workplace.

5. The Ministry of Planning and Investment shall:

a) Review, guide the integration of targets for HIV/AIDS prevention and control into socio-economic development programs of ministries, sectors and People's Committees at all levels according to regulations;

b) Coordinate with the Ministry of Health and the Ministry of Finance in studying and proposing financial mobilization solutions, including developing projects to mobilize international funding sources and aid for HIV/AIDS prevention and control;

c) Preside over, coordinate with the Ministry of Finance, the Ministry of Health, and donors in the harmonization of processes, procedures, and mechanisms for managing programs and projects. Strengthen the coordination and management of

international grants in accordance with regulations to improve the efficiency of their use.

6. The Ministry of Information and Communications shall preside over, coordinate with the Ministry of Health, relevant ministries and sectors and localities in developing information and communication plans for the mass media and on-site at establishments; direct information and press agencies nationwide and local information system to regularly disseminate HIV/AIDS information and communication activities.

7. The Ministry of National Defense shall:

a) Implement HIV/AIDS prevention and control activities for its officers and soldiers in accordance with the specific characteristics of the sector; strengthen HIV/AIDS prevention and control for new soldiers through the HIV/AIDS prevention and control education program for recruits;

b) Preside over, coordinate with the Ministry of Health in expanding the activities of the joint military-civil healthcare model for disseminating HIV/AIDS prevention and control knowledge, providing counseling, care and treatment for people in border areas, sea islands, and areas with difficult travel conditions.

8. Vietnam Television, the Radio Voice of Vietnam and Vietnam News Agency shall, based on their functions and duties, coordinate with relevant agencies in regularly including HIV/AIDS prevention and control in information and communication programs; and make proper investment in improving the quality of contents and duration of HIV/AIDS prevention and control programs.

9. Vietnam Social Security shall coordinate with the Ministry of Health in amending and supplementing guidelines for the payment of HIV/AIDS prevention and control services through the health insurance system according to the current regulations; coordinate to review and amend a number of articles and clauses of the Law on Health Insurance to create favorable conditions for people living with HIV/AIDS to participate in social health insurance.

10. Other ministries and sectors as the members of the National Committee on AIDS, Drug and Prostitution Prevention and Control and government-affiliated agencies shall take the responsibility to proactively formulate and implement HIV/AIDS prevention and control plans according to their assigned functions, tasks and specific characteristics of their respective sectors

or units; proactively invest a reasonable budget for this work.

11. Request the Viet Nam Fatherland Front and its member organizations, social organizations, socio-professional organizations to actively participate in the implementation and supervision of the implementation of the Strategy according to its functions and duties. Renovate contents, forms and improve the efficiency of communication, mobilization of people to participate in HIV/AIDS prevention and control; support, assist people living with HIV to reintegrate into the community; educate, encourage and mobilize people to fight against stigma and discrimination towards people living with HIV in the community and in the society.

12. People's Committees of provinces and cities under the jurisdiction of the central government shall:

a) Direct and develop implementation plans with detailed tasks and solutions to actualize the Strategy in their provinces or cities; identify and integrate HIV/AIDS prevention and control targets in the local socio-economic development plans;

b) Develop a sustainable financing plan for ending the AIDS epidemic by 2030 and approve the Plan ahead of 2021;

c) Focus on directing local agencies and organizations to closely coordinate the regular, synchronous and effective implementation of harm reduction intervention measures to prevent HIV transmission; and well organize care, treatment and support for people living with HIV.

