Introduction

The HIV/AIDS epidemic in Vietnam is concentrated in high-risk populations with the heaviest burden among injecting Drug Users (IDUs) in Dien Bien and Lao Cai provinces. HIV prevalence among IDUs is estimated to be 56%, and 22%, respectively.1

The HIV prevalence among IDUs in the Northwest region will reach at least 50% in 2012 if intervention measures are not enhanced.2 Furthermore, accessing HIV prevention services in remote and mountainous areas like Dien Bien and Lao Cai provinces is difficult for IDUs, particularly ethnic minorities. In response to the HIV epidemic in the Northwest region, PEPFAR Vietnam expanded its programs of HIV prevention, care, and treatment to these two provinces in 2009 and Centers for Disease Control (CDC) contracted with Abt Associates Inc. to evaluate the expanded interventions for IDUs.

Materials & Methods

Using the 2009 Integrated Biological and Behavioral Surveillance (IBBS) as a baseline, 13-19 month follow-up cross-sectional surveys including behavioral interviews and HIV testing were conducted among IDUs in Tuan-Giao district (TG) in Dien Bien province, Lao Cai city (LCc) and Bat Xat district (BX) in Lao Cai province, categorized as having high-, medium-, and low-levels of HIV services based on WHO’s defined package.

Time-location sampling, based on IDU mapping, was used to sample male IDUs. Each survey produced data on risk behaviors, HIV prevalence, and Hepatitis C Virus (HCV) prevalence. Fingerprint scanner was used to identify duplication of IDUs within and between the survey sites by survey phase.

RESULTS

Trends in condom use among IDUs do not correspond to the levels of service by survey site since a statistical increase in condom use was only identified in the medium-level service site (LCc).

No differences noted in trends across sites.

Conclusions

Statistical differences were revealed in trends in injection behavior across sites. Reductions in sharing injection equipment were more pronounced in sites with more comprehensive HIV services.

A statistical change in HIV prevalence was found across sites. HIV prevalence fell in two sites and remained stable in the third. Factors such as instability in the IDU population may affect HIV prevalence necessitating additional surveys to confirm trends.

The rise in injection at home poses challenges for reaching IDUs with interventions. Synergistic effects among elements of a comprehensive program of prevention, treatment, care and support services may contribute to better prevention outcomes.

Acknowledgments

Local partners included the Hanoi School of Public Health, Lao Cai and Dien Bien Provincial AIDS Centers for their collaboration during data collection and analysis.

References


Note: Trends do not differ across sites (p<0.001)

www.abtassociates.com

June 2012

Evaluation of the Impact of HIV Prevention Programming Among IDUs in Northwestern Vietnam

Son Phan1, Binh Kieu1, Patrick Nadol2, Nisha Gupta2, Ted Hammett1

1Abt Associates Inc., Hanoi, Vietnam
2CDC Centers for Disease Control & Prevention, Hanoi, Vietnam

This research has been supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) under the terms of the contract #A 200-2001-00188.

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