Key affected women and girls include:

- Female sex workers
- Female intimate partners of men with high-risk behaviours
- Female drug users
- Women and girls living with HIV
- Young key affected women

Viet Nam Country Brief

HIV and Key Affected Women and Girls

Percentage of total adults living with HIV who are women:

20%

Estimated number of women living with HIV (aged 15+):

48,000

Intimate partner transmission is a major source of HIV infections among women.

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United Nations Entity for Gender Equality and the Empowerment of Women

About the Country Briefs

- These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.

- A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:

  - Epidemiology
  - Modes of transmission
  - Social and economic vulnerabilities
  - Access to information
  - Access to services
  - Legal and policy environment
  - Current international and regional policy guidelines
  - Information gaps
  - Recommendations

From the cover page

Percentage of total adults living with HIV who are women: 20%[1]

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Estimated number of women living with HIV (aged 15+): 48,000[2]

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Intimate partner transmission is a major source of HIV infections among women.[3]

3 UNAIDS, UN Women. *Measuring Intimate Partner Transmission of HIV in Viet Nam: A Data Triangulation Exercise.* 2012.

EPIDEMIOLOGY

- Key affected women and girls in Viet Nam include female sex workers, female drug users and the spouses/regular partners of key-affected populations – men who have sex with men (MSM), people who inject drugs and clients of sex workers and other high-risk men.
- A rise in reported cases of HIV-positive women, who now represent 31% of newly reported cases, reflects a probably slow but steady transmission of HIV to women by men engaging in highly risky behaviours.[4]
- Intimate partner transmission – the transmission of HIV to women from their long-term male partners who inject drugs, have sex with other men or are clients of sex workers – is a major source of HIV infections among women in Viet Nam. More than half of women who tested positive at HIV testing and counselling sites between 2006 and 2010 reported that their only possible exposure to HIV was through a husband/long-term partner with high-risk behaviours.[5]
- In 2011, HIV prevalence among female sex workers was 3%, seven times higher than the general adult population prevalence rate of 0.45%.[6]
- While overall HIV prevalence among pregnant women attending ANC services is estimated at 0.2%, in Dien Bien and Ha Noi provinces, prevalence among pregnant women exceeded 1%.[7]

MODES OF TRANSMISSION

Sexual transmission

- Condom use in stable sexual relationships is very low. Of the 79% of women who are either married or in committed partnerships and are using birth control methods, only around 9% use condoms.[8]
- A 2009 survey of male clients of sex workers found that consistent condom use with sex workers is around 85% - 90% but consistent condom use with regular partners is very low, with around one-fifth of male clients (21%) reporting consistent use in the past three months.[9]
- Approximately 86.9% of female sex workers used a condom with their most recent client.[10]
- According to the IBBS 2009, consistent condom use in the previous 12 months among men who inject drugs with regular partners (wives and girlfriends) varied, from 15% in Da Nang to 56% in Quang Ninh. While consistent condom use with sex workers was higher than with regular partners, from 38% in Ho Chi Minh City (HCMC) to 74% in Hai Phong, it was still low in the provinces surveyed. Compared to the 2006 results, a greater proportion of men who inject drugs reported consistent condom use with their regular sex partners in most provinces (specifically Ha Noi, Hai Phong, Quang Ninh, and An Giang). The reverse was true for Da Nang and HCMC, where the percentages dropped from 25% and 36%, respectively, to 15%.[11]
- 47% of men who have sex with men (MSM) engaged in transactional sex in HCMC reported sex with a female regular partner in the previous 12 months; the data is 51% and 56% for Ha Noi and Can Tho respectively. Consistent condom use with regular sexual partners among MSM who reported transactional sex is as low as 26%, 19% and 27% in Ha Noi, HCMC and Can Tho.[12]

Injecting drug use

- Injecting drug use is an increasingly critical risk factor for HIV transmission among female sex workers and, according to the IBBS Round II data, rates are considerably elevated in Ha Noi, Hai Phong, HCMC and Can Tho. Street-based sex workers were much more likely to report injecting drug use than venue-based sex workers. HIV prevalence among female sex workers who injected drugs was higher than among those who did not inject in all provinces surveyed, while figures for prevalence among injecting female sex workers were equal to or higher than those of men who inject drugs in the same provinces.[13]

Vertical transmission

- In 2011, the number of pregnant women tested for HIV and who knew their results was 846,521 (36.7% of all pregnant women) and the coverage of HIV-positive pregnant women who received ARV prophylaxis for prevention of mother-to-child transmission (PMTCT) was 1,707 (44.0% of estimated HIV-positive pregnant women).[14]
- In 2010, 34 to 60% of infants exposed to HIV received antiretroviral (ARV) prophylaxis.[15]

SOCIAL AND ECONOMIC VULNERABILITIES

- HIV transmission is shaped by gender and sexuality, including perceptions of condom use in intimate relationships, gender-based violence and HIV-related stigma and discrimination. Culture norms related to gender and sexuality in Viet Nam contribute to the risks of HIV infection among women and girls.[16]
- Women living with HIV in general experience even greater stigma while men living with HIV seem to be more easily accepted by society due to social and cultural expectations about appropriated behaviours for women and men.
- High rates of intimate partner violence, and the silence that surrounds it, suggest many women face harm if they attempt to refuse sex, to insist on monogamy or to protect themselves from HIV by requesting condom use.[17]
- Compared to women who have never been abused, those who have experienced partner violence are almost two times more likely to report health problems.[18]
- 58% of women reported having ever experienced at least one of the three types of violence: physical, sexual and emotional.[19]
- One in three ever-married women report that they have suffered physical or sexual abuse from their husbands. 54% of all women reported lifetime emotional abuse.[20]
- 23.7% of women having children less than 15 years old reported that these children were subjected to violence by the respondent's husband at least once in their lives.[21]
- People living with HIV, people who inject drugs, sex workers, men who have sex with men and transgender individuals suffer from layered stigma and discrimination due to their various identities.[22]
- Women living with HIV face high levels of stigma and discrimination. Among 746 HIV-positive women randomly sampled from HIV clinics in five provinces, 8% reported that they were forced to change residence or were denied housing, nearly 9% reported that they lost a job or a source of income, and nearly 4% reported that their children were denied schooling.[23]

- Migration creates conditions of vulnerability for women and girls. Male migrant workers are more frequent clients of sex workers and there is a higher prevalence of drug use among migrant workers as compared to the general public.
- In An Giang province, mobility of women and sex work across the border has been linked to the high HIV prevalence rate among female sex workers in the province.[24]

ACCESS TO INFORMATION

- Women are less likely to take an HIV test and have lower knowledge about HIV prevention than men.[25]
- Only half (49.9%) of young women aged 15 – 24 correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.[26]
- Linkages between sexual and reproductive health services and HIV services for women and girls require strengthening, especially at national and provincial level.[27]
- At service delivery level, women living with HIV reported that they are provided with counselling on reproductive health and HIV when they join peer support groups or seek reproductive health and HIV services at public health facilities.[28]
- Women and girls are entitled to a number of gender-specific medical benefits, including free HIV tests for pregnant women.[29]
- Sex workers aged over 25 years are more likely to be reached by HIV prevention programmes (50.1%) than those younger than 25 years (42.3%).[30]
- The results of the 2011 Stigma Index show that female sex workers living with HIV in Ha Noi consistently face greater challenges in accessing work, health and education services as compared to other respondents. Over 20% had been forced to change their residence during the previous 12 months, half of whom stated this was either directly or indirectly related to being HIV-positive. Another 16.2% of female sex workers said that they had lost a job/source of income, and 50% attributed this to the fact that they were living with HIV. Nearly 8% of them had been denied health services. 0.8% of female respondents (454) recruited in out-patient clinics reported denial of family planning or sexual and reproductive health services. A total of 3.4% of female sex workers living with HIV in Ha Noi (150) said that they had been denied sexual and reproductive health services.[31]

- Despite the high coverage of antenatal care, many pregnant women are tested during labour rather than earlier: in 2011, 42% of women were reported to have been tested at delivery, not during antenatal care visits. This late testing prevents HIV-positive women from receiving the optimal treatment regimen.[32]
- A 2011 study of 203 HIV positive women in Viet Nam reported that 16% of women living with HIV had been asked to undergo sterilization. In a quarter of these cases the women were not given the option to decline. Only 35% of women in the study who received maternal health care services were satisfied with them; 44% of women had difficulty finding a gynecologist due to their HIV-positive status and 25% were dissatisfied with the confidentiality offered to them. At times of delivery, many women reported facing extreme discrimination, often being neglected during labour with healthcare professionals refusing to attend to them, touch them or bathe their newborn infant.[33]
- A 2009 rapid assessment of HIV interventions targeting key affected populations as well as people living with HIV (PLHIV), migrant workers and youth found that nearly all HIV interventions for key affected populations overlooked any specific discussion about transmission to intimate partners. In contrast, interventions aimed directly at PLHIV and their families usually did address wives or long-term partners as groups vulnerable to HIV infection. However, these projects targeted women only and failed to involve men, thus placing more responsibility for protection on women without acknowledging the realities of power dynamics and issues that affect sexual behaviour and decision making such as gender-based violence or economic dependency.[34]
- At the end of 2011, 53% of eligible adults and 82.9% of children were receiving antiretroviral therapy.[35]

LEGAL AND POLICY ENVIRONMENT

- The 2006 Law on HIV/AIDS Prevention and Control provides strong protection for the rights of people living with HIV (PLHIV) and creates favorable conditions for the delivery of HIV services. These rights include: the right to live as an integrated member of the community; the right to enjoy medical treatment and health care; the right to be educated and work; and the right to privacy and confidentiality.
- The Law on Handling of Administrative Violations, to take effect in July 2013, was passed by the National Assembly in June 2012. The law overturns a regulation under which people found guilty of sex work are forcibly sent to compulsory treatment and rehabilitation centres.
- Under Vietnamese law, people living with HIV have an obligation to apply measures to prevent the transmission of HIV to other people, and those who know they are HIV positive and intentionally transmit HIV to another person can be put in prison from between one to seven years.
- The 2006 Law on HIV/AIDS Prevention and Control contains a provision that PLHIV have an obligation to inform spouses or fiancées of their status and that spouses shall be informed of a positive test result. Disclosing or making public the name, address or image of a person living with HIV without that person's consent is prohibited, except in exceptional circumstances.
- The Law on Gender Equality (2006) specifies that men and women are equal in "deciding on contraceptive measures, measures for safe sex and for preventing and protecting against HIV/AIDS".
- The Law on Domestic Violence and Control (2007) provides explicit protection from violence within the family with a wide range of acts, including physical, emotional and psychological abuse, infringing on custody and visitation rights, sexual abuse including forced sex in marriage, forced marriage and divorce.
- Although HIV programmes and policies in Viet Nam indirectly raise the issue of intimate partner transmission of HIV (IPT), they do not address male responsibility to protect their intimate partners. Nor do they confront gender inequalities and norms that may increase women's vulnerability to infection as well as adequately challenge power relations between men and women in sexual relationships. Yet with the recent Law on Gender Equality and Law on Domestic Violence, the policy environment in Viet Nam has shown signs that decision makers might be ready to address IPT.[36]

- Inconsistencies remain between public security measures to control drug use and sex work and public health measures to reduce harm among women engaged in these activities.
- Sex work is illegal in Viet Nam. Police sometimes arrest those who carry or distribute condoms. This is perceived as evidence showing their involvement in sex work and can discourage the availability and use of condoms in sex work.
- In 2010, a gender analysis of the national HIV response in Viet Nam found that gender dimensions of the epidemic was not included effectively. Examples cited included:
    - Male clients, women who inject drugs and intimate partners of people at high risk are insufficiently addressed in HIV prevention programmes;
    - There is insufficient involvement of husbands and other family members in PMTCT interventions;
    - Different barriers faced by men and women in the uptake of care and treatment services are not considered;
    - Sexual and reproductive health needs for PLHIV are insufficiently addressed;
    - Staff involved in HIV response at all level not only lack understanding of gender dimensions of the epidemic, but also do not appreciate how gender mainstreaming in HIV would improve their programming.

  The findings of the gender analysis conducted in 2010 have since been reviewed and taken into account during the development of Viet Nam's new National Strategy on HIV/AIDS Prevention and Control which was finalized in the 2011 – 2012 period.

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)[37];
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)[38];
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)[39];
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)[40];
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)[41];
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)[42].

INFORMATION GAPS

- The ability to measure intimate partner transmission to women from men engaging in high-risk behaviour (unsafe drug injection, unprotected sex work and unprotected sex with men) is limited by insufficient data.
- Behavioural surveys indicate that a significant share of MSM also have sex with wives or female partners, but there remains a lack of information on sexual behaviour and risk in these relationships.
- There is a lack of some sex-disaggregation for indicators in the national monitoring framework. The Government has adopted a decision requiring sex-disaggregated data at national, provincial and district levels but concerns remain around implementation.

RECOMMENDATIONS

- It is imperative to take into account diversity and inequalities among men and women in HIV prevention, care and treatment, and within the different target groups.
- Improved research and data related to intimate partner transmission by prioritizing operations and behavioural research on HIV transmission from key populations at higher risk to their intimate partners.
- Improve post-test counselling support for disclosure of positive status to long-term partners.
- Integrate and increase follow-up for partner notification services for both client-initiated and provider-initiated testing.
- Improve and evaluate couples HIV counselling and testing services and strategically promote these services among couples at risk of intimate partner transmission.
- In light of the effectiveness of treatment-as-prevention, facilitate access to antiretroviral drugs for all serodiscordant couples regardless of how the HIV-positive partner became infected.
- Address diversity within men as a target population addressing their vulnerabilities and power dimensions within different contexts.
- Engage men in a substantial way to address sexual communication, sexual behaviour and male responsibility in relationships and sexual health.
- Build interventions that challenge and transform underlying masculine values, the prestige system of manhood and the hierarchical structure of masculinity that put men at risk, as well as their female partners.
- Ensure that government regulations requiring national and provincial level HIV prevalence data to be disaggregated by sex and age are fully implemented and that official government reports standardize the use of this disaggregated data.
- Ensure that government staff involved in the HIV response at all levels better understand the gender dimensions of the epidemic, as well as how their HIV programming could be improved if gender is more strongly taken into account.
- Ensure increased, sustainable funding for HIV-positive women's networks and strengthen the meaningful involvement of women living with HIV in policy and programmatic interventions. Recognize and support the beneficial role that women living with HIV can play in delivering services and support within healthcare and community settings as highlighted in the 2012 WHO guidance on couples HIV counselling and testing.

REFERENCES

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

3 UNAIDS, UN Women. *Measuring Intimate Partner Transmission of HIV in Viet Nam: A Data Triangulation Exercise.* 2012.

4 Ministry of Health. *HIV/AIDS Case Report and Implementation of HIV/AIDS Prevention and Control Programme in 2011. Planning for 2012*. February 2012.

5 UNAIDS, UN Women. *Measuring Intimate Partner Transmission of HIV in Viet Nam: A Data Triangulation Exercise.* 2012.

6 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.16. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

7 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.16. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

8 General Statistics Office Viet Nam. *The 2008 Population Change, Labour Force and Family Planning Survey: Major findings*. 2009.

9 PSI/USAID. *Behavioral survey of male clients of female sex workers across seven provinces in Vietnam.* 2009.

10 Data source cited as HSS+ 2011 in The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p. 11. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

11 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.18. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

12 National Institute of Hygiene and Epidemiology and Family Health International, Vietnam. *Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam.* 2009.

13 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.24. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

14 Viet Nam Universal Access Report (2011) as cited in The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.42. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

15 WHO, UNAIDS and UNICEF. *Global HIV/AIDS Response: Epidemic update and health sector progress towards universal access*: Progress Report 2011. Geneva. 2011. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_HIVAIDS_Response_Progress_Report_2011.pdf)

16 UNAIDS, UNIFEM. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* 2010. (http://www.un.org.vn/en/publications/un-wide-publications/doc_details/221-hiv-transmission-from-men-to-women-in-intimate-partner-relationships-in-vietnam-a-discussion-paper.html)

17 UNAIDS, UNIFEM. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* 2010. (http://www.un.org.vn/en/publications/un-wide-publications/doc_details/221-hiv-transmission-from-men-to-women-in-intimate-partner-relationships-in-vietnam-a-discussion-paper.html)

18 General Statistic Office (GSO) of Viet Nam. *"Keeping Silent is Dying": Results from the National Study on Domestic Violence against Women in Viet Nam.* 2010. (http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693)

19 General Statistic Office (GSO) of Viet Nam. *"Keeping Silent is Dying": Results from the National Study on Domestic Violence against Women in Viet Nam.* 2010. (http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693)

20 General Statistic Office (GSO) of Viet Nam. *"Keeping Silent is Dying": Results from the National Study on Domestic Violence against Women in Viet Nam.* 2010. (http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693)

21 General Statistic Office (GSO) of Viet Nam. *"Keeping Silent is Dying": Results from the National Study on Domestic Violence against Women in Viet Nam.* 2010. (http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693)

22 UNAIDS, UNIFEM. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* 2010. (http://www.un.org.vn/en/publications/un-wide-publications/doc_details/221-hiv-transmission-from-men-to-women-in-intimate-partner-relationships-in-vietnam-a-discussion-paper.html)

23 Viet Nam Network of People living with HIV/AIDS (VNP+). *People Living with HIV Stigma Index*. 2012. Publication pending.

24 Based on NguyenAnhTuan, Knut Fylkesnes, Bui Duc Thang,et al. *Human immunodeficiency virus (HIV) infection patterns and risk behaviours in different population groups and provinces in Viet Nam*. Bulletin of the World Health Organization 2007. pp.35-41. as cited in UNAIDS, UNICEF, WHO and ADB. HIV and AIDS Data Hub for Asia-Pacific. *HIV & Migration Viet Nam Country Profile*. 2009. (http://aidsdatahub.org/dmdocuments/HIV_and_Migration_-_Vietnam.pdf)

25 General Statistic Office (GSO) of Viet Nam. *National Survey of Adolescents and Youth*. 2009., and General Statistic Office (GSO) of Viet Nam. *Viet Nam Population and AIDS Indicator Survey*. 2005. (http://aidsdatahub.org/dmdocuments/Vietnam_AID_Sindicator_Survey_2005.pdf.pdf)

26 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

27 WHO, UNFPA, IPPF. *Viet Nam: Rapid Assessment of Sexual and Reproductive Health and HIV Linkages.* 2011.

28 WHO, UNFPA, IPPF. *Viet Nam: Rapid Assessment of Sexual and Reproductive Health and HIV Linkages.* 2011.

29 WHO, UNFPA, IPPF. *Viet Nam: Rapid Assessment of Sexual and Reproductive Health and HIV Linkages.* 2011.

30 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

31 Viet Nam Network of People living with HIV/AIDS (VNP+). *People Living with HIV Stigma Index*. 2012. Publication pending.

32 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. p.43. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

33 APN+. *Positive and Pregnant: How Dare You. A study on access to reproductive and maternal health for women living with HIV in Asia: findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam.* 2012.

34 UNAIDS, UNIFEM. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* 2010. (http://www.un.org.vn/en/publications/un-wide-publications/doc_details/221-hiv-transmission-from-men-to-women-in-intimate-partner-relationships-in-vietnam-a-discussion-paper.html)

35 The Socialist Republic of Viet Nam. *Viet Nam AIDS Response Progress Report 2012*. March 2012. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

36 UNAIDS, UNIFEM. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* 2010. p.18. (http://www.un.org.vn/en/publications/un-wide-publications/doc_details/221-hiv-transmission-from-men-to-women-in-intimate-partner-relationships-in-vietnam-a-discussion-paper.html)

37 Available at http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf

38 Available at http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf

39 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf

40 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf

41 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf

42 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

WHO ARE "KEY AFFECTED WOMEN AND GIRLS" IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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