

VIET NAM: Discrimination in Healthcare Settings Against People Living with HIV and Key Populations

Globally, discrimination resulting from stigma has been identified as one of the foremost barriers to scaling up the HIV responses. Substantive community involvement is at the center of effective prevention, treatment, and care. Community participation promotes supportive social, political and legal environments and protects the rights of people living with HIV and key populations.

In December 2014, Asia Catalyst commenced the Regional Rights Training Program to increase community-based organization's (CBO) knowledge of human rights frameworks and instill skills to conduct human rights documentation and evidence-based advocacy. The program trained CBOs to effectively advocate for non-discriminatory health services for people living with HIV and key populations. Eight CBOs from Cambodia, China, Myanmar and Viet Nam participated in this 18-month program. They identified the most pressing issues for their communities, collected testimonials and developed recommendations identifying potential avenues for advocacy.

The analysis of the findings from all four countries is synthesized in the report *First Do No Harm: Discrimination in Healthcare Settings against People Living with HIV in Cambodia, China, Myanmar and Viet Nam*, available on the Asia Catalyst website at: <http://asiacatalyst.org/resources/research/>

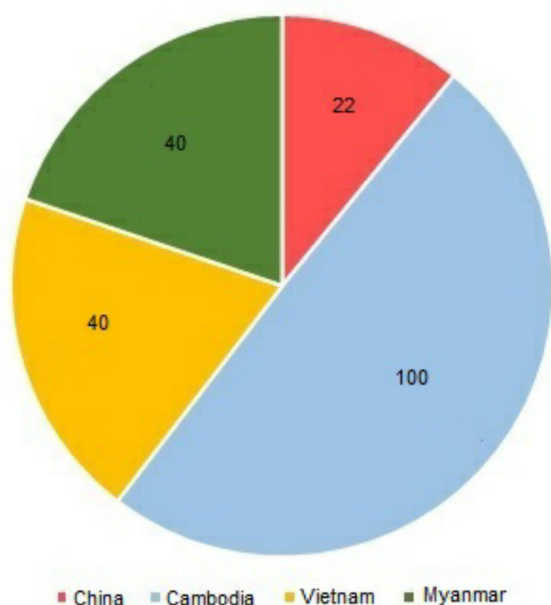
This brief highlights the findings in Viet Nam and recommendations to all stakeholders from the CBOs involved - Kids Sun Group and Viet Nam Youth Network of HIV/ AIDS Prevention. They identified the following issues as the most pressing issues affecting their community in Viet Nam:

- Discrimination against women living with HIV (WLHIV) as they access sexual and reproductive health services;
- Discrimination against men having sex with men (MSM) living with HIV as they access general health services.

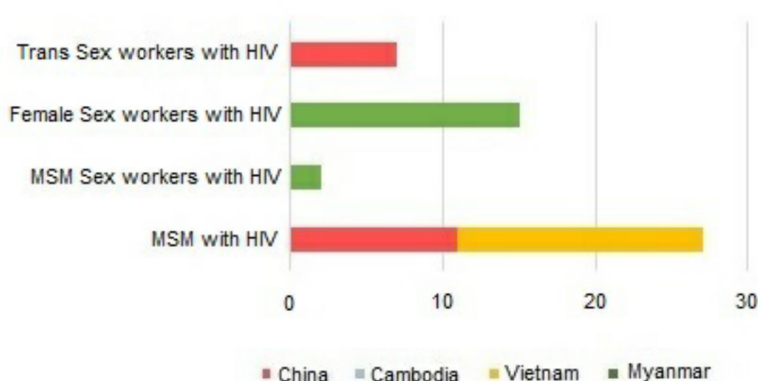
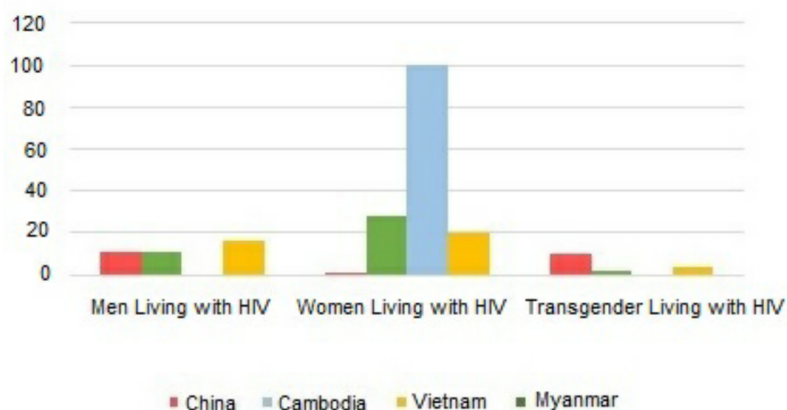
Map of Viet Nam



Total number of Interviews



Gender breakdown of Interviewees



The CBOs found that:

1. There is established concern within the community of the possibility of facing stigma and discrimination from medical practitioners

"I have not been denied services because I have not sought services. I am scared of going to hospital. I am scared that doctors will know about my status and discriminate against me."

- Interviewee in Ha Noi

2. MSM living with HIV faced denials when accessing health services and were asked to find other service providers. They were told the healthcare centers or the hospitals lacked the specialization and infrastructure to treat patients with HIV, including while seeking regular sexually transmitted infections (STI) services and treatment requiring surgery.

"I asked to have my rectal examination because I suspected I had wart. The doctor first led me to the lab but after knowing about my status, he denied to treat me"

- Interviewee in Ha Noi

3. Service providers changed the treatment from surgery to oral medicine for MSM living with HIV following disclosure of their HIV status. This was despite declaring surgery as the best options for the clients prior to the disclosure. Service providers did not ascertain the physical suitability of their clients before changing the treatment.

4. Women living with HIV lacked critical and medically accurate information related to sexual and reproductive health. This lack of information impacted their ability to make informed decisions on whether or not and when to have children.

"I want to know how to have a healthy child because my husband is HIV negative but I can't find – out who can support me because no one provides me counseling specifically on how to do it. I feel very sad because we are young and we need to have a child."

- Interviewee in Ha Noi

5. Women living with HIV had limited information and knowledge on policies and laws and lacked indispensable skills to negotiate with health care providers and access support from other stakeholders if they faced stigma and discrimination in healthcare settings.

6. Some interviewees from marginalized communities such as transgender persons and men-who-have-sex-with-men faced discrimination at healthcare settings because of their gender identity and sexuality.

The consequences of these abuses include;

Discrimination at healthcare settings had a direct negative impact on the effort of people living with HIV to live a healthy life. It also had a negative effect on their economic status as well as their psychological well-being.

"I do not feel confident about going to health care service, I feel angry and upset. I am always scared that they would have stigmatizing attitude. Because of apprehension, I don't want to go to hospital where I feel doctors are unfriendly."

- Interviewed in Ha Noi, Vietnam

Effective roles of the CBOs in realizing right to health

- Many women reported receiving information related to sexual and reproductive health care and rights from community-based organizations. Community-based organizations regularly conducted awareness raising workshops on sexual and reproductive health care and rights for women living with HIV.
- CBOs involvement in providing counseling services included psychological support, a critical support for people living with HIV.

International Frameworks for Human Rights:

International Bill of Human Rights				
UNIVERSAL Declaration of Human Rights (1948)				
International Covenant on Civil and Political Rights (ICCPR 1966)			International Covenant on Economic, Social and Cultural Rights (ICESCR 1966)	
Convention related to status of refugees (1951)	International Convention on Elimination of all forms of discrimination (ICERD) (1965)	Convention on elimination of all forms of discrimination against women (CEDAW) (1979)	Convention against torture and other cruel, inhuman or degrading treatment or Punishment (CAT) (1984)	Convention on the rights of Child (CRC) (1989)

International and Regional Mechanisms on HIV AIDS

Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV AIDS (Resolutions adopted by the General Assembly in 10 June 2011

International Guidelines on HIV/AIDS and Human Rights 2006 Consolidated Version

7th ASEAN Summit Declaration on HIV/AIDS, November 5, 2001, Brunei Darussalam

Declaration of the 7th ASEAN Health Ministers Meeting, "Health Without Frontiers," April 22, 2004, Penang, Malaysia

Declaration of the 8th ASEAN Health Ministers Meeting, "ASEAN Unity in Health Emergencies", Yangon, 21 June 2006

Viet Nam National Laws prohibiting Discrimination and laws related to HIV/AIDS

- The Constitution of the Socialist Republic of Viet Nam (1992)
- The Law on Disability 51/2010/Qh12
- The Law on Gender Equality 73/2006/QH11
- The Law on HIV/AIDS Prevention and Control No. 64/2006/QH11 (2006)
- Law on Medical Examination and Treatment No. 40/2009/QH12;
- Law on Child Protection, Care and Education No. 25/2004/QH11. Law on Gender Equality No. 73/2006/QH11 prohibits all forms of gender-based discrimination;
- The decree number 108/2007/ND-CP: guidance on the enforcement of law of HIV/AIDS prevention and control

Recommendations from the CBOs:

To the Government

- Effectively implement existing laws that prohibit all forms of discrimination against people living with HIV.

- The Ministry of Justice should take a leading role in ensuring legal aid services are accessible for people living with HIV through the revised law on legal aid that expands the beneficiaries to include people living with HIV and key populations. The Ministry of Justice should work with non-governmental organizations such as lawyers association and legal support centers and the CBOs to ensure access to justice for people living with HIV and key populations.
- The Ministry of Health at the central level and the Department of Health at provincial levels should ensure that training curriculum for healthcare providers include HIV related issues such as HIV basic knowledge, HIV related stigma and discrimination, rights of people living with HIV codified in the national laws including rights to sexual and reproductive health.
- The Ministry of health through the Vietnam AIDS Administration Control (VAAC) should use innovative and effective methods to disseminate information on free legal advice hotlines and encourage its use. The VAAC should strengthen close collaboration with CBOs to disseminate clear and accurate information on this service and increase its uptake.
- Institutionalize the role of the CBOs in the HIV responses; including their monitoring of the implementation of the legal obligations on HIV and HIV related discrimination. A dual feedback mechanism should be set up together with CBOs that should include documentation and referral of the rights violation cases to the legal aid services.

To the Healthcare Administrators and Providers

- Ensure healthcare providers and staff at all levels participate in regular trainings on HIV basic knowledge and HIV related stigma and discrimination.
- Effectively implement the client feedback mechanisms developed by the Ministry of Health by ensuring systemic monitoring of non-discriminatory access to health care services. This should include conducting a thorough investigation on complaints of any forms of discrimination against any patients, especially based on their HIV status, and taking appropriate actions to respond to the patients' complaints on discrimination on the ground of HIV status.
- Increase and expand engagement of CBOs in providing health related services to people living with HIV and key populations.
- Collaborate with community-based organizations to increase the level of awareness among health service providers at all levels on rights and dignity of people living with HIV and key populations.

To the International organizations

- Support CBOs to increase their access to justice through strengthening legal literacy as well as strengthening networks with legal service providers for HIV related discrimination.
- International development partners should provide technical and other relevant support for CBOs involvement in monitoring of HIV care and treatment services for PLHIV and key populations.

To the CBOs

- Any CBOs of people living with HIV and key populations, as well as, peer educators and community health volunteers should continue to provide information and knowledge for their communities on HIV prevention, care and treatment, sexual and reproductive health care, legal rights under Viet Nam national laws, including HIV related non-discrimination provisions, and available legal aid services.
- Continue systematic documentation of human rights violations and discrimination against people living with HIV and key populations at health care setting including in urban and rural settings.
- Link up with networks of people living with HIV and key populations such as the Viet Nam National Network of People Living with HIV/AIDS (VNP+), the Viet Nam Network of Sex Workers (VNSW), the Viet Nam Network for People Who Use Drugs (VNPUD), the Viet Nam Network of Men Who Have Sex with Men and Transgender (VNMSM-TG) and others for a stronger national advocacy to eliminate discrimination at all levels. Build and develop partnership with legal service providers from the Viet Nam Lawyers Association and Provincial legal aid centers to provide legal support for the cases of rights violation. Networking and mobilizing private lawyers, law students, media professionals to collaborate for the protection of rights of people living with HIV and key populations.

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