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Social and policy dimensions of HIV and AIDS in Vietnam

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Over the course of more than three decades now, social and behavioural research on HIV and AIDS has evolved in a range of important ways within the field of global public health. From its origins during the first decade of the epidemic primarily in resource-rich industrialised countries such as the USA, Australia and Canada, and the key countries of Western Europe (Turner *et al.* 1989), in the 1990s a rapidly growing body of work emerged in Latin American countries such as Brazil, Mexico and Peru, as well as many of the most heavily affected sub-Saharan African countries such as Kenya, South Africa, Tanzania and Uganda (Miller *et al.* 1990, Cohen and Trussell 1996, Bastos 1999, Smallman 2007). Following the broader spread of the epidemic globally, during the past decade, social and behavioural research has increased significantly in many of the major countries of Asia, such as China, India, Thailand and Indonesia (Narain 2004), as well as in parts of the former socialist block countries in Eastern Europe and Central Asia (Adeyi 2003). While the size, economic importance and potential epidemiological impact of HIV in many large countries have been sufficient to generate both internal research activity and external scientific interest, the lack of the existing research infrastructure together with their often lower status in relation to international development priorities has meant that many smaller countries with more recent or emerging HIV epidemics have tended to lag behind in the development of meaningful social and behavioural research responses to the epidemic.

Within this context, Vietnam offers a somewhat exceptional case. Although it is a relatively small country where, as in a number of other Asian nations, HIV infections began to be reported somewhat later than in many other countries (Nguyen *et al.* 2004), both national concern with the potential impact of the epidemic and international attention due to its perceived vulnerability in the face of HIV and AIDS took shape rapidly (Giang and Huong 2008, Vu *et al.* 2008, Nguyen Ha *et al.* 2010). Over the course of the past decade, significant international attention focused on the importance of responding to HIV and AIDS in Vietnam – a fact that was perhaps most notably highlighted when Vietnam was selected in June 2004 as the only country in Asia among the first 15 countries to be prioritised by The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) programme (Turnbull 2006). Recognising the existing limitations in social and behavioural research infrastructures, and the need for research capacity-building nationally in Vietnam, in 2006 the US National

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Institutes of Health funded the Social Science Training and Research (STAR) Partnership, based in Hanoi, Vietnam. A partnership between the Hanoi Medical University's (HMU) Department of Medical Ethics and Social Medicine and Center for Research and Training on HIV/AIDS (CREATA) and the Department of Sociomedical Sciences at the Mailman School of Public Health at Columbia University, STAR was one of nine projects funded under an Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Request for Applications to strengthen research capacity in HIV-affected locations, with the primary goal of creating a regional hub for social science research on HIV and AIDS at HMU. The articles included in this special supplement of *Global Public Health* on the social and policy dimensions of HIV and AIDS in Vietnam have all been shaped in important ways by the STAR Partnership, either based on STAR-supported research or part of the broader milieu of social science research and debate that the STAR Partnership sought to promote. They provide an important insight into the ways in which Vietnamese society has responded to the HIV epidemic and into the challenges that still lie ahead in seeking to strengthen this response in the future.

Over the past two decades, the HIV epidemic in Vietnam has not developed into a generalised epidemic as was once feared, but instead it has evolved into many concentrated epidemics that are geographically widespread with significant variation in scale and in regard to the key populations affected. The projected overall HIV prevalence among the adult population (15–49 years old) at 0.45% masks substantial epidemics among injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM) (Ministry of Health 2011, Socialist Republic of Vietnam 2012). Further, while the epidemic has been concentrated among men due in large part to injection drug use, recent decreases in the sex ratio raise serious concerns about intimate partner transmission from infected men to their wives and female partners (Lim *et al.* 2012). The past two decades have also witnessed rapidly evolving HIV/AIDS policies and programmes, moving from an emphasis on linking HIV with *tệ nạn xã hội* (social evils) and moves on behalf of the state to address these perceived linkages (Vo 2008) to increasing the adoption of internationally recognised practices and acceptance of international support. In recent years, the state has enacted, supplemented and amended numerous policies and legal documents, creating a stronger, more progressive and more consistent legal framework for prevention and control activities. Vietnamese government funding for AIDS during the past decade has been increased manyfold as compared to the 1990s, and yet in 2009–2010 more than 70% of funding came from international sources, which have played a major role in making HIV/AIDS one of the most well-funded health priorities in recent years.

With the broadened legal framework and infusion of technical and funding support in Vietnam has come rapid scale-up of HIV/AIDS services in both quantity and quality. For example, the number of people on ARV has increased from about 500 in the early 2000s to about 50,000 at the end of the decade; the number of IDUs on methadone has increased from 0 to 10,000 within the past five years and is expected to increase further in the next few years. The significant scale-up of the response to HIV/AIDS that has taken place in Vietnam over the past decade provides important reasons for optimism concerning the country's potential for managing and even controlling the epidemic. Yet, there are equally significant

reasons for concern about the future, especially given the fact that the most important international donors supporting this scale-up, including the US PEPFAR Program, have announced plans to decrease funding for Vietnam and in PEPFAR's case to shift its mode of operation (PEPFAR 2011). The commitment of the Vietnamese government and the sustainability of scale-up will be seriously tested over the course of the next 5 to 10 years, increasing the potential importance of social science research both in contributing to the evidence base, which will be needed to extend effective policies and programmes, and in analysing the process of scale-up and the sustainability of the Vietnamese response to the epidemic over time. As the global response to HIV/AIDS enters its fourth decade, Vietnam will be a key test case for the capacity of low- and middle-income countries to sustain the scale-up of prevention, treatment and care policies and programmes in the face of significantly reduced sources of international aid and support. Meanwhile, drug use and sex work continue to be intensely stigmatised, MSM are still forced to live in the shadows and a range of other structural inequalities either have not been challenged substantially or have actually been exacerbated (Giang and Huong 2008, Hammett *et al.* 2008, Nguyen Vo 2008, Quan *et al.* 2009, Montoya 2012, Vuong *et al.* 2012).

Moving forward, research in the social and behavioural sciences will be a critical component of the effort to most effectively utilise available resources to counter the epidemic through a response that will address the persistent problems, including stigma and other structural inequalities. Nevertheless, it is worth underlining that 'social and behavioural science', a label all too frequently bandied about in global health research as if it referred to one unified field, in fact elides approaches to inquiry that are quite distinct in terms of underlying theories, methods, epistemologies and substantive domains of focus. Social science and behavioural science share a focus on determinants of health beyond the strictly biological, but have very different contributions to make to shaping responses to HIV. Behavioural science – characterised by a theoretical grounding in psychology, an emphasis on individual-level interventions, and a set of theories focused on the inter-personal and intrapsychic dimensions of risk and prevention – has sought to craft a set of replicable evidence-based prevention interventions, some of which have had international or cross-cultural dissemination (Global HIV Prevention Working Group 2008). Social science, in contrast, draws not only on social psychology but also on anthropology, sociology, political science and history, and is vitally different in both its social rather than individual level of analysis and in the scope of resultant interventions it is likely to generate. Social science work on HIV has been especially important in highlighting the role of social inequalities in shaping the epidemic and in highlighting the ways in which structural and environmental interventions can play a key role in responding to the epidemic (Pigg 1997, Bayer and Oppenheimer 2000, Parker *et al.* 2000, Parker and Aggleton 2003, Berkman *et al.* 2005, Biehl 2006, Kalofonos 2006, Nguyen 2006, Oppenheimer and Bayer 2007).

Bearing in mind the unique contributions that theoretically grounded, empirically rigorous social science research could make to informing Vietnam's response to the epidemic, the STAR Partnership was intended to enhance the capacity of Vietnamese investigators to conceptualise, develop, realise, analyse and disseminate social science research. In the course of carrying out the various activities conducted under the aegis of the partnership, it

became clear that there was a small but perhaps growing critical mass of other researchers engaged in related work, and so – representing the actual terrain of social science and HIV research in Vietnam – this supplement presents both STAR-supported research as well as research that was sponsored through other mechanisms and institutions, but that contributes in significant ways to the growing body of social science and public health research on HIV and AIDS in Vietnam that the STAR Partnership has sought to build.

The two main thematic axes of the supplement aptly demonstrate the unique contributions of social science perspectives in HIV and AIDS research. First, the salience of stigma and discrimination as elements of the epidemic is made clear by nearly all of the articles, and further underlined by the Dao et al.'s review of social science research on HIV in Vietnam more broadly. Second, all of the articles point to the critical role played by social institutions – largely ignored by biomedical research, and controlled for as ‘noise in the model’ by multi-site behavioural intervention research. Whether the institutions examined were health care establishments, the law, government-approved NGOs, the criminal justice system, government-funded museums, drug treatment programmes or the very systems of education and public health that provide a platform for this kind of research, the work presented here forms a compelling argument for sustained empirical attention to the contexts that shape and constrain practices of individuals who are at risk of HIV. Further, it is vital to note that we are referring here not just to the social context of risk practices, but to the behaviour of the clinicians, policy-makers, advocates and researchers who collectively constitute the response to HIV and AIDS. It has become commonplace to note the significance of social context in shaping health-relevant practices, but there is a vital need for more reflexivity about the ways in which we too are the objects, and not just the subjects, of social forces.

Of course, much ground remains to be covered, both within Vietnam and elsewhere, to realise the potential of social science in HIV and AIDS research. The social science of HIV in Vietnam still sorely lacks the sort of theoretically grounded, experience-near ethnographic research on sexuality or drug use that has contributed so powerfully to understandings of the epidemic elsewhere (Hirsch *et al.* 2009). Also absent – and here Vietnam provides a particularly rich (perhaps tragically so) case – is social science research on the impact of external funding on health priority setting; when we set out on the STAR Partnership, we did not fully realise that PEPFAR funding would scale up so massively, and then withdraw so suddenly, and the story of how the short attention span of international funders has affected health systems is a parable with critical implications for countries throughout the global south. Another unrealised opportunity for social science research has to do with the nature of policymaking and the social organisation of health in post-socialist countries, and we would be eager to see comparative research that explores those questions. Yet another untapped area of opportunity is the substantially under-utilised population-level data-sets that exist in Vietnam, many of which have been collected with partial or total support of PEPFAR and yet most of which are used for only the barest of descriptive analyses. Thinking of the foundational theory-based social science that has used quantitative, as well as qualitative and ethnographic, data, reminds us that much more could be done to understand HIV in relation to population-level patterns of inequality in Vietnam. Finally, an element that when we see it will signal that ‘research capacity’ has truly been built is work

produced by Vietnamese scholars that critiques and advances social science more generally. This would include scholarship that uses HIV as a frame to explore and understand broader social changes in Vietnam, rather than focusing on social context as a way of understanding the HIV epidemic. An initial goal for research capacity-building is to generate scholarship that meets international standards for rigor and is carried out in dialogue with cutting-edge social theory. The next step is scholarship that calls into question the hierarchy between a theory-generating north and field sites in the global south by critiquing and advancing the theoretical and methodological canon of the social sciences.

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References

- Adeyi, O., editor. Averting AIDS crises in Eastern Europe and Central Asia a regional support strategy. Washington, DC: World Bank; 2003.
- Bastos, C. Global responses to AIDS: science in emergency. Bloomington: Indiana University Press; 1999.
- Bayer, R.; Oppenheimer, GM. AIDS doctors: voices from the epidemic. New York: Oxford University Press; 2000.
- Berkman A, Garcia J, Muñoz-Laboy M, Paiva V, Parker R. A critical analysis of the Brazilian response to HIV/AIDS: lessons learned for controlling and mitigating the epidemic in developing countries. American journal of public health. 2005; 95(7):1162–1172. [PubMed: 15933232]
- Biehl, J. AIDS post-treatment access in Brazil. New York: HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University; 2006.
- Cohen, B.; Trussell, J., editors. Preventing and mitigating AIDS in Sub-Saharan Africa research and data priorities for the social and behavioral sciences. Washington, DC: National Academy Press; 1996.
- Giang LM, Huong NT. New bottle, but old wine': from family planning to HIV/AIDS in post-Doi Moi Vietnam. Global public health. 2008; 3(Suppl. 2):76–91. [PubMed: 19288354]
- Global HIV Prevention Working Group. [Accessed 7 April 2013] Behavior change and HIV prevention: (RE) considerations for the 21st century. 2008. Available from:http://www.globalhivprevention.org/pdfs/PWG_behavior%20report_FINAL.pdf.
- Hammett TM, Wu Z, Duc TT, Stephens D, Sullivan S, Liu W, Chen Y, Ngu D, Jarlais DCD. 'Social evils' and harm reduction: the evolving policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam. Addiction. 2008; 103:137–145. [PubMed: 18028519]
- Hirsch, JS.; Wardlow, HW.; Smith, DJ.; Phinney, HM.; Parikh, SP.; Nathanson, CA. The secret: love, marriage, and HIV. Nashville: Vanderbilt University Press; 2009.
- Kalofonos, IA. Treating AIDS in Central Mozambique: hunger, activism, and Evangelism. New York: HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University; 2006.
- Lim, T.; Tran, T.; Tran, H. Triangulation exercise on intimate partner transmission of HIV in Viet Nam. Hanoi, Vietnam: UNAIDS UNWOMEN; 2012.
- Miller, HG.; Turner, CF.; Moses, LE., editors. AIDS, the second decade. Washington, DC: National Academy Press; 1990.

- Ministry of Health. National integrated biological and behavioral surveillance (IBBS) 2009-2010. Hanoi, Vietnam: National Institute of Hygiene and Epidemiology; 2011.
- Montoya AJ. From 'the people' to 'the human': HIV/AIDS, neoliberalism, and the economy of virtue in contemporary Vietnam. *Positions?: East Asia cultures critique*. 2012a; 20:564–591.
- Narain, J., editor. *AIDS in Asia: the challenge ahead*. London: Sage; 2004.
- Nguyen Ha P, Pharris A, Huong NT, Chuc NT, Brugha R, Thorson A. The evolution of HIV policy in Vietnam: from punitive control measures to a more rights-based approach. *Global health action*. 2010; 3(1):1–10.
- Nguyen TH, Nguyen TL, Trinh QH. HIV/AIDS epidemics in Vietnam: evolution and responses. *AIDS education and prevention*. 2004; 16:137–54. [PubMed: 15262572]
- Nguyen, VK. *Rethinking adherence and reproduction in the era of expanded use of ART in Africa*. New York: HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University; 2006.
- Nguyen Vo, TH. *The ironies of freedom: sex, culture, and neoliberal governance in Vietnam*. Seattle: University of Washington Press; 2008.
- Oppenheimer, GM.; Bayer, R. *Shattered dreams?: an oral history of the South African AIDS epidemic*. Oxford: Oxford University Press; 2007.
- Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social science and medicine*. 2003; 57(1):13–24. [PubMed: 12753813]
- Parker RG, Easton D, Klein CH. Structural barriers and facilitators in HIV prevention: a review of international research. *AIDS*. 2000; 14(Suppl 1):S22–S32. [PubMed: 10981471]
- PEPFAR. Fiscal year 2011: PEPFAR operational plan. Washington, DC: The US President's Emergency Plan for AIDS Relief; 2011.
- Pigg, SL. Authority in translation: finding, knowing, naming and training “traditional birth attendants” in Nepal. In: Davis-Floyd, R.; Sargent, CF., editors. *Childbirth and authoritative knowledge: cross-cultural perspectives*. Berkeley: University of California Press; 1997. p. 233-262.
- Quan VM, Go VF, Nam le V, Bergenstrom A, Thuoc NP, Zenilman J, Latkin C, Celentano DD. Risks for HIV, HBV, and HCV infections among male injection drug users in northern Vietnam: a case-control study. *AIDS care*. 2009; 21(1):7–16. [PubMed: 19085215]
- Smallman, SC. *The AIDS pandemic in Latin America*. Chapel Hill: University of North Carolina Press; 2007.
- Socialist Republic of Vietnam. *Vietnam AIDS response progress report (January 2010–December 2011)*. Hanoi, Vietnam: National Committee for AIDS, Drug and Prostitution Prevention and Control; 2012.
- Turnbull, W. *Uncharted waters: the impact of US policy in Vietnam*. Washington, DC: Population Action International; 2006.
- Turner, FC.; Miller, HG.; Moses, LE., editors. *AIDS: sexual behavior and intravenous drug use*. Washington, DC: National Academy Press; 1989.
- Vu, MQ.; Hien, NT.; Go, VF. The HIV epidemic in Vietnam: past, present, and opportunities. In: Celentano, DD.; Beyer, C., editors. *Public health aspects of HIV/AIDS in low and middle income countries: epidemiology, prevention and care*. New York: Springer; 2008. p. 457-480.
- Vuong T, Ali R, Baldwin S, Mills S. Drug policy in Vietnam: a decade of change? *International journal of drug policy*. 2012; 23:319–326. [PubMed: 22206713]