SECTOR ASSESSMENT (SUMMARY): HEALTH

A. Sector Performance, Problems and Opportunities

1. Regional connectivity, trade and tourism through economic corridors, economic and social integration, large-scale projects, and urbanization have contributed to rapid economic growth, employment, and reduced poverty in the Greater Mekong Subregion (GMS). However, the undesired side effects of this development include the spread of HIV/AIDS and other communicable diseases, environmental degradation, and increased human trafficking and substance abuse. Poverty among people living along economic corridors, mobile people, and migrant laborers are key factors in the spread of HIV throughout the GMS, and make controlling the disease a regional challenge.

2. The HIV epidemic in the GMS varies across countries and occurs in pockets within countries. The border regions include the most physically and socially isolated and least economically developed communities, and contain the highest concentrations of poorly educated people. They have the highest levels of poverty, and are vulnerable to being impacted by development due to their limited knowledge and awareness of HIV risks and poor access to services; this is particularly true of uneducated casual laborers and other mobile and migrant groups.[1] A weak response to the HIV epidemic will continue to offset the gains made to date in controlling the epidemic, and more generally in reducing poverty and generating inclusive growth through investment in infrastructure and regional integration. The epidemics are largely driven by the behavior of key populations who have elevated risk—injecting drug users (IDUs), female sex workers (FSWs) and their clients, and men who have sex with men (MSM).[2]

3. The progress made by the Lao People's Democratic Republic (Lao PDR) in achieving the health-related Millennium Development Goals (MDGs) is mixed, and life expectancy stands at 61 years. Government health financing is low, with a high reliance on external donor support. Reaching dispersed, rural, ethnic minority communities with health services remains a major challenge. While HIV prevalence in 2011 remains low (0.2%) in the adult population this does not translate to a low risk. The Lao PDR is surrounded by countries with higher HIV prevalence. Increased mobility across borders coupled with the existing risks and vulnerability from commercial sex and the emergence of high-risk groups leads to a higher risk environment, especially in the border districts,[3] which if unchecked, will then extend the risk levels into the rest of the nation. While HIV prevalence is low, improved regional integration and the presence of higher levels in bordering countries makes the Lao PDR very vulnerable. Data is limited but those infected seem to be concentrated in high-risk groups such as FSWs and MSM.[4]

4. Viet Nam is making good progress with regards to health outcomes; life expectancy is 73 years, and the country is making good progress in meeting the health-related MDG targets by 2015.[5] However, the growing non-communicable disease burden represents an emerging threat to progress, as does the vulnerability to a renewed HIV/AIDS epidemic due to border connectivity. Health financing is inadequate, with a high reliance on out-of-pocket expenditures,

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[1] United Nations Regional Taskforce on Mobility and HIV Vulnerability Reduction in South-east Asia and Southern Provinces in China. 2008. *HIV/AIDS and Mobility in South-east Asia: A Rapid Assessment*. Bangkok: United Nations Regional Task Force Secretariat.

[2] HIV/AIDS Data Hub for Asia-Pacific. 2010. *Asia-Pacific Regional Review of HIV, 2010*. http://www.aidsdatahub.org/dmdocuments/Asia_Pacific_Regional_Review_2010.pdf

[3] Global Aids Response Progress. 2012. *Country Report, Lao PDR*. Vientiane.

[4] Joint United Nations Programme on HIV/AIDS (UNAIDS). 2010. *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*. Geneva.

[5] ADB, ESCAP and UNDP, 2012, *Accelerating Equitable Achievement of the MDGs: Closing Gaps in Health and Nutrition Outcomes*, Table 1-2, p 11.

causing inequity in access to services. Old infrastructure and poor training and human resources support also affect the quality of care.[6] In Viet Nam there is a concentrated epidemic among injecting drug users and sex workers. The adult HIV prevalence in the general population was 0.45% in 2011.[7] Although the epidemic may have begun to stabilize over the last 2 years, the 2011 sentinel surveillance indicates that HIV prevalence remains elevated among high-risk groups—13.4% for IDUs, 3.0% for FSWs, and 16.7% for MSM. Viet Nam has achieved a rapid expansion of antiretroviral therapy (ART), with 57,530 people on ART as of September 2011, but nearly half the people in need of ART still lack access (ART coverage was estimated at 46% at the end of 2010). In addition, many people with HIV have yet to be diagnosed, in particular in the central part of the country where the surveillance system is the weakest, including in emerging hotspots along economic corridors and border areas with large economic investments.

5. Overall the structures and resources for HIV/AIDS are more limited and of poorer quality in the Lao PDR and Viet Nam, especially in remote locations and border areas than in the main urban areas. In Viet Nam the ratio of hospital beds per 10,000 population is approximately 24/10,000 population; this ratio compares favorably with Viet Nam's neighbors,[8] but the health facilities are unevenly distributed. Almost 100% of Viet Nam's communes are served by a health station, and almost all districts have a district hospital or treatment clinic. In the Lao PDR the government estimates that, on average, one health center functions as a focal service delivery point for 8 villages, and about half (51%) of all villages in the Lao PDR fall within the catchment area of these health centers.[9] In Viet Nam private (for profit) provision of medical services is increasing, and some estimates indicate up to 6000 hospital beds are available in private facilities (accounting for 3.6% of all hospital beds throughout the country) [footnote 8]. These are mainly in urban areas, however, and are accessible only to higher-income families with health insurance. The Lao PDR has some private pharmacies and clinics but no private hospitals.

C. Regional and National Responses

6. To contain and halt the epidemic both countries need to address gaps in their existing health systems. In particular, they need to increase health expenditures, tackle inequity and imbalances in service delivery in the poorer districts, expand vulnerable people's awareness of risks and resilience to avoid them, strengthen system planning and management, expand human resources and skills, and continue modernizing service delivery models to improve effectiveness and efficiency. With the many shared borders and rapid growth in infrastructure and mobility in the GMS, member governments are recognising the need for stronger regional cooperation in health and social issues. GMS leaders have given high priority to the control of HIV/AIDS, and signed an MOU for Joint Action to Reduce HIV Vulnerability Related to Population Movement in the GMS in December 2011. A multi-sectoral approach to tackling HIV/AIDS is being promoted in GMS member countries, with HIV/AIDS integrated into broader health strategies as well as other sector strategies (e.g. for infrastructure and transport).

7. Viet Nam and the Lao PDR are both committed to increasing government health expenditures, tackling inequity and strengthening their health systems, in particular by improving health care skills and access. The Government of Viet Nam recognizes HIV as an important multi-sector development issue and is committed to tackling it. The Law on HIV/AIDS

[6] ADB. 2009. *HIV Transmission in Viet Nam-Laos Border Areas: Current Status and Solutions: Joint Study Report.* Manila; ADB. 2009. *Lessons from the Northern Economic Corridor: Mitigating HIV and other diseases.* Manila.

[7] Ministry of Health, National Technical Working Group on HIV Estimates and Projections. 2011. *Preliminary Viet Nam HIV/AIDS Estimates and Projections.* Hanoi.

[8] ADB. 2011. *Viet Nam Health Sector Assessment, Strategy and Roadmap*. Hanoi.

[9] ADB. 2011. *Lao PDR Health Sector Assessment, Strategy and Roadmap.* Vientiane.

Prevention and Control No. 64/2006/QH11, passed in 2006, provides strong protections for the rights of people living with HIV and enables greater access to prevention services for key populations. In the Lao PDR a new HIV law has recently been drafted protecting the rights of people living with HIV. A National Strategy and Action Plan for HIV/AIDS (2011–2015) is in place and work is ongoing to address HIV in national development plans.

8. Despite strong commitments and achievements made so far by the governments of the Lao PDR and Viet Nam in expanding the HIV services, both countries are challenged to expand capacity to enable adequate and sustainable service delivery and management to prevent and treat HIV/AIDS. Both have problems with under resourcing and skill deficiencies in management and technical skills, and continue to be highly dependent on donor assistance to provide critical funds for system development, for some recurrent costs, and to supplement capital investment. The government is upgrading facilities in Viet Nam, but equipment is in short supply, leaving many facilities lacking basic equipment to provide the core range of services. Qualified personnel are limited in both the Lao PDR and Viet Nam to provide HIV/AIDS services in rural areas, especially in disadvantaged areas. In particular, health staff in remote areas still lack adequate training and appropriate working equipment.

9. In addition, the Ministry of Health (MOH) in both the Lao PDR and Viet Nam are seeking to decentralize HIV response to provincial and local levels in order to provide more effective services, but lack the knowledge, management skills and systems, and resources to implement decentralization effectively.

D. ADB Sector Experience and Assistance Program

10. ADB has supported the GMS region since 1992 through the GMS Economic Cooperation Program. Human resource development is a focus of the current strategic framework (2012–2022) and this includes support of communicable disease control (CDC).[10] ADB has also invested in the health sector of individual GMS countries since the mid-1990s, with a particular focus on primary health care. ADB's current long-term strategic framework, Strategy 2020,[11] includes health as a non-core sector and gives priority to (i) increasing health impact through other sectors; (ii) addressing funding gaps to achieve the MDGs; and (iii) governance work focused on financing and expenditure management, regional public goods, and partnerships and knowledge management.

11. ADB continues to prioritize ongoing regional communicable disease control and prevention. Communicable disease control, including HIV/AIDS prevention, has been identified as a regional public good by Strategy 2020. ADB's Strategic Directions Paper on HIV/AIDS 2011–2015 focuses on mitigating HIV/AIDS risks and vulnerabilities along economic corridors as one of the three priority areas for ADB's HIV/AIDS response in the region.[12] Furthermore, addressing health and other social, economic, and capacity-building issues associated with subregional connectivity is identified as one of the strategic pillars for ADB's Regional Cooperation Business Plan for the GMS for 2012–2014.[13] ADB also provides support for the implementation of the MOU for Joint Action to Reduce HIV Vulnerability Related to Population Movement in the GMS through ongoing GMS initiatives.

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[10] ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Grant to the Kingdom of Cambodia, Lao People's Democratic Republic, and the Socialist Republic of Viet Nam For the Greater Mekong Subregion Regional Communicable Disease Control Project.* Manila; and ADB. 2010. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan and Grants to the Kingdom of Cambodia, Lao People's Democratic Republic, and the Socialist Republic of Viet Nam: Second Greater Mekong Subregion Regional Communicable Diseases Control Project.* Manila.

[11] ADB. 2008. *Strategy 2020: Working for an Asia and Pacific Free of Poverty*. Manila.

[12] ADB. 2011. *Strategic Directions Paper on HIV/AIDS 2011–2015.* Manila.

[13] ADB 2011. *Regional Cooperation Operations Business Plan, Greater Mekong Subregion 2012–2014.* Manila.

12. Since the mid-1990s ADB has supported several HIV prevention projects in the GMS, including some in association with infrastructure projects. In its HIV/AIDS strategy, ADB gives priority to mitigating the impact of economic corridor development. Outputs have ranged from support for regional policy development for cross-border cooperation to community-based HIV prevention interventions with a focus on areas that receive migrants and mobile populations, large construction sites, and source communities of migrants.[14] GMS projects have supported the development of targeted prevention messages to ethnic minority communities, especially in remote and cross-border areas for a youth-focused project in Viet Nam,[15] and regional CDC projects. Since 2008 regional technical assistance has supported development of a regional policy for cross-border collaboration and implementation of HIV prevention packages associated with a number of GMS transport corridor projects.[16] The projects and technical assistance have expanded the knowledge base for actions in these areas and provided ADB with experience in effective regional and country-level HIV programming.

13. Important lessons have been learned in implementing HIV/AIDS-specific projects, and health projects in general. These projects demonstrated the importance of targeting vulnerable groups using a comprehensive community-based approach. ADB subscribes to the continuum of care approach, and works closely with partners to assist governments to adopt harmonized HIV prevention activities. It is important to mainstream HIV strategies into ministerial plans and to integrate HIV project activities into annual operational plans to improve results and sustainability. The Greater Mekong Subregion Regional Communicable Disease Control Project was instrumental in strengthening provincial capacity for timely outbreak control for avian influenza, and in controlling dengue, reducing the burden of neglected tropical diseases and tackling HIV/AIDS and improving regional coordination (footnote 12). The project will benefit from existing project management capacity developed by the Second Greater Mekong Sub-region Regional Communicable Disease Control Project to reduce start-up delays. Regional cooperation and knowledge management will help strengthen the institutional capacity of the Ministries of Health in both the Lao PDR and in Viet Nam.

14. HIV prevention services need to be expanded because of growing treatment costs, resulting from the increased number of people living with HIV that receive antiretroviral treatment. This poses an additional burden to the health sectors in the Lao PDR and Viet Nam, which are already constrained by limited financial and human resources, and are struggling to deliver basic health services to their populations. ADB's assistance will focus on strengthening regional and national HIV response through improved (i) management capacity; (ii) accessibility; (iii) quality of HIV services; (iv) awareness and knowledge among populations vulnerable to HIV infection in border provinces, especially along the economic corridors.

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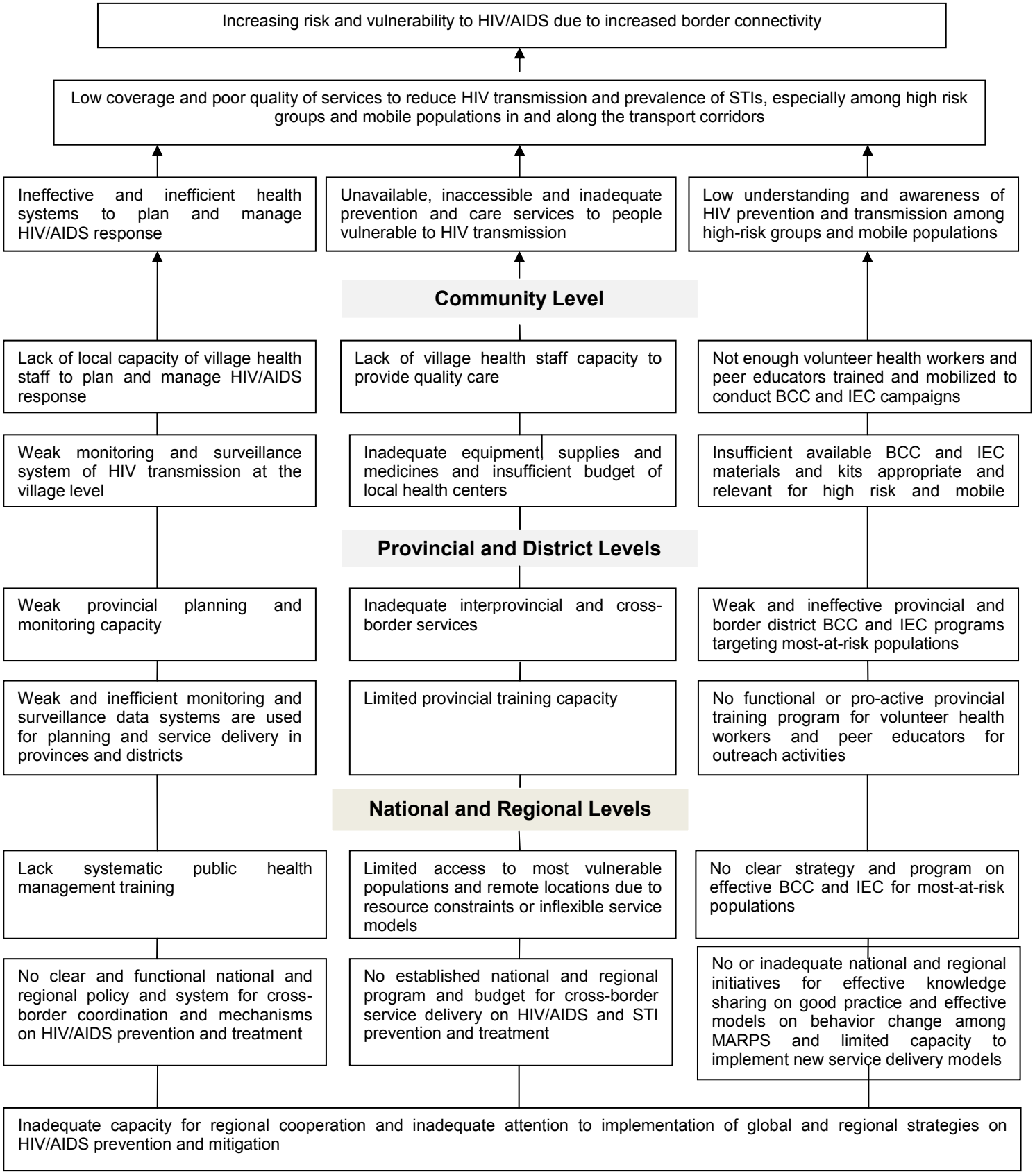
[14] ADB. 2001. *Grant Assistance to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for Community Action for the Prevention of HIV/AIDS*. Manila; ADB. 2003. *Technical Assistance for People's Republic of China for Preventing HIV/AIDS on Road Projects in Yunnan Province.* Manila; and ADB. 2006. *Regional Technical Assistance on Fighting HIV/AIDS in Asia and the Pacific Subproject 3: HIV Prevention and Infrastructure Sector in the Greater Mekong Subregion*. Manila.

[15] ADB. 2005. *GMS: HIV/AIDS Vulnerability and Risk Reduction among Ethnic Minority Groups through Communication Strategies*. Manila; and ADB. 2006. *Report and Recommendation of the President to the Board of Directors on a Proposed Asian Development Fund Grant to the Socialist Republic of Viet Nam for HIV/AIDS Prevention among Youth Project.* Manila.

[16] ADB. 2008. *Regional Technical Assistance on HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion*. Manila.

Problem Tree for Regional HIV/AIDS Capacity in the Greater Mekong Subregion



BCC = behavior change communication; IEC = information, education and communication; MARPS = most at risk population; STI = sexually transmitted diseases.
Source: Asian Development Bank.

Sector Results Framework (Regional HIV Prevention and Control)

Regional Sector Outcome		Regional Sector Outputs		ADB Sector Operations	
Outcomes with ADB Contributions	**Indicators with Targets and Baselines – from 2013-2018**	**Outputs with ADB Contributions**	**Indicators with Incremental Targets – from 2013 - 2018**	**Planned and Ongoing ADB Interventions**	**Main Outputs Expected from ADB Contributions – from 2013-2018**
Increased coverage and quality of services for targeted populations in and along the transport corridors in selected provinces in the Lao PDR and Viet Nam through enhanced capacity of the HIV/AIDS response.	1.1 Decreased HIV incidence rate; decrease in the number of reported new cases of HIV 1.2 STI rate among target groups in project areas decreased by 25% 2.1 Use of HIV/AIDS services (VCT, PMTCT, ART) and community prevention services among targeted groups increased by 50% 3.1 Decreased HIV prevalence among selected project behaviour surveillance groups in project areas, such as female sex workers, IDUs and MSM 4.1 Increased cross-border coordination and cooperation between two DMCs on HIV and STI prevention and treatment services	1. Strengthened systems to plan and manage the HIV/AIDS response at national, provincial, and selected district levels in project areas.	1.1 HIV plans are integrated into provincial annual operation plans 1.2 Routine monitoring and surveillance data systems are used for planning and service delivery 1.3 At least 80% of provincial and district health managers have completed management training 1.4 Performance of provincial and district managers reaches 80% of core standards	**(i) Planned Key Activity Areas** for the Regional HIV Prevention and Control 1. Capacity building for planning and management 2. HIV service delivery in border provinces 3. Community-based BCC activities in border areas 4. Regional cooperation and coordination **(ii) Projects in the Pipeline with Estimated Amounts:** TA: Strengthening Regional Capacity Development for Strengthened HIV Response ($1 million) **(iii) Ongoing Projects with Approved Amounts** RETA 6467 HIV Prevention and Infrastructure: Mitigating Risks in the GMS ($6 million) RETA 6321 Fighting HIV/ AIDS in Asia and the Pacific: Subproject 3: HIV Prevention and the Infrastructure Sector in the GMS ($1.3 million) Second GMS Regional Communicable Diseases Control Project ($27 million)	1.1 Joint cross-border work plans developed 1.2. Capacity need assessment conducted 1.3 Developed capacity building plan and training conducted 1.4 Project management and M&E strengthened 2.1 National guidelines and standard operating procedures developed and updated 2.2 Training on clinical capacity for STI diagnostics and treatment updated and delivered 2.3 Pilot “mobile clinics” implemented 2.4 Diagnostic and medical equipment provided 2.5 Quality assurance and monitoring systems developed 3.1 BCC models developed 3.2 Scaling up of the condom program to 100% coverage 3.3 Community BCC activities 3.4 Improve referral system 3.5 Scaling up of the network of for community outreach 4.1 Signed MOU for coordinating mechanism for HIV control 4.2 Developed a joint strategy for regional cooperation 4.3 Cross-border meetings and conferences organized 4.4 Pilot interventions in the border areas conducted 4.5 Regional knowledge management established
		2. Enhanced capacity to provide quality, accessible and appropriate services to people vulnerable to HIV transmissions.	2.1 All health facilities in target districts providing HIV services 2.2 Number of clients served by mobile clinics increased by 10% 2.3 At least 80% of technical staff meet core competency standard 2.4 Quality assessment score measured improved by 25%		
		3. Reduced behavior associated with the risk of HIV transmission in vulnerable people in selected locations in project areas.	3.1 At least 6000 VHW trained for community outreach in Viet Nam 3.2 At least 80% of target ethnic populations attend repeat BCC sessions 3.3 At least 80% of most-at-risk population in targeted districts attend repeat BCC sessions 3.4 Use of condoms among target population increased by 30%		
		4. Established mechanism for regional collaboration to strengthen HIV prevention, particularly in border areas	4.1 MOU for regional collaboration and joint activities signed 4.2 A joint strategy for regional cooperation developed 4.3 Joint operational plans ready for implementing in five agreed paired border provinces by Year 2 4.4 Cross-border collaborative pilot activities conducted in three sites		

ADB = Asian Development Bank, ART = antiretroviral therapy, BCC = behavior change communication, CDTA = capacity development technical assistance, DMC = developing member country, GMS = Greater Mekong Subregion, IDU = injecting drug user, Lao PDR = Lao People’s Democratic Republic, M&E = monitoring and evaluation, MOU = memorandum of understanding, MSM = men who have sex with men, PMTCT = prevention of mother-to-child transmission, RETA = regional technical assistance, STI = sexually transmitted diseases , VCT = voluntary counseling and testing, VHW = village health worker.

Source: Asian Development Bank.