

**Assessment of the
Ordinance on the Prevention and Control of HIV/AIDS
of Viet Nam**

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ILRC SUMMARY

	Anonymous Attorney *	Elke Ballweg
General comments	<ul style="list-style-type: none"> -The Ordinance only offers policy prescriptions and fails to instate enforcement measures. -The Ordinance reflects the lack of a comprehensive public health program that includes specific provisions on HIV/AIDS. If such a program existed, there would be no need to draft a separate ordinance on HIV/AIDS. -Design of the Ordinance reflects inefficiencies in the functioning of Vietnam's governance and public administration agencies. * 	<ul style="list-style-type: none"> -Individual provisions of the Ordinance should be more specific. It should spell out its definitions and terms.
Broader legal, regulatory, and administrative framework	<ul style="list-style-type: none"> -Problems in the structure, and functions of the Ministry of Health prevent it from instituting a comprehensive program against HIV/AIDS that would address rampant drug use and prostitution and propose approaches to sexuality and sex education. -A weakness in the enforcement and regulatory system has weakened the Civil and Criminal Codes. -Lack of standards of priorities for who needs help, how much help, and what the overall benefits to the country are from spending is preventing the government from designing a clear and effective strategy against AIDS. 	
Possible conflicts with other Vietnamese laws	<ul style="list-style-type: none"> - The Ordinance may conflict with Articles 52, 63, 71, 72 of the Vietnamese Constitution for the following reasons: <ul style="list-style-type: none"> -The rule restricting HIV/AIDS infected people from taking care of children has no relation to transmission of disease. -The direct provision of room service in hotels and dancing girls has no relation to transmission of disease if room service is simply the delivery of food. -Barring "dancing girls" is discriminatory since there is no bar on "dancing boys". -Mandating HIV tests on people vulnerable to infection is an overbroad use of power that can be used discriminatorily to cause harm. The law does not indicate who these people are who are vulnerable to infection or how these tests will help them and society. 	
	Anonymous Attorney	Elke Ballweg
Possible conflicts with international treaties	<ul style="list-style-type: none"> -The Ordinance may be in conflict with the International Convention for the Elimination of Discrimination Against Women. 	
Enforcement	<ul style="list-style-type: none"> -The Ordinance cannot be enforced 	<ul style="list-style-type: none"> -The Ordinance fails to define the specific

	because it has not specified any enforcement measures. It declares everyone to be responsible for implementing HIV/AIDS prevention measures without spelling out punitive measures. *	punishments that would befall violators of HIV/AIDS regulations such as intentional transmission of HIV/AIDS
Role of civil society	-The Ordinance should be revised with consultation from domestic AIDS experts and NGOs with experience in health care. *	-Articles 9 and 10 give conflicting accounts of who should be responsible for AIDS prevention measures. It is not clear whether it is the State or the people who should be assigned responsibility. -Delegating responsibility to everyone without specifying what preventative measures to take is also unhelpful.
Information, education, and communication	-The Ordinance provides a vague guideline for media, organizations and schools to inform the public about AIDS and preventive measures. There is no explanation for how they can do better than they are currently doing, why they are not achieving enough, what priorities and behaviors they should change or why.	
Prevention and treatment		
Testing and confidentiality	-Article 18 affirms entitlement to AIDS tests and the confidentiality of those tests but does not make penalties or enforcement clear and does not target specific problems or behaviors that need to be changed. -Article 23 creates duties of a spouse to disclose infection and for others who might spread the disease to disclose it to those who might be affected but does not make penalties or enforcement clear. -The Ordinance should also identify who has a right or obligation to get tested for HIV.	-Article 16 states that health facilities shall be responsible for HIV testing for persons who voluntarily ask for HIV detection. What about people who do not voluntarily ask? -The Ordinance also fails to define how to determine who is at risk of getting infected. -The Ordinance should identify who has a right or obligation to get tested for HIV/AIDS. -Laboratory workers and testing facilities cannot be responsible for confidentiality. It would be better to say that they should keep this information confidential.
	Anonymous Attorney	Elke Ballweg
Discrimination and human rights	-The Ordinance calls for prevention of discrimination against AIDS victims and for stricter observation of AIDS protection by health and beauty services but offers no new penalties or incentives to change	-The Ordinance does not provide specific measures to prevent discrimination against AIDS sufferers. -Article 4 states that AIDS sufferers are to be protected from discrimination but does

	<p>current behaviors. In short, it does not recommend ways to enforce these policies.</p> <ul style="list-style-type: none"> -The Ordinance allows the State to bar AIDS sufferers from certain occupations without explaining how they are not discriminatory. -People who are tested should be assured that they will not be subjected to discrimination. The more protection from discrimination a person receives, the more likely he or she will come forward and agree to being tested. 	<p>not specify the types of discrimination.</p> <ul style="list-style-type: none"> -People who are tested should be assured that they will not be discriminated against. -The National Assembly should consider adding provisions that would protect the family of the AIDS victim from discrimination and public knowledge of the family member's disease status.
Women and children	<ul style="list-style-type: none"> -The Ordinance does not address the impact of AIDS on infants or minors. It only stresses the importance of education and their right to treatment. 	
Prostitution		
Drug use		
Employment		<ul style="list-style-type: none"> -Article 21 is unclear in its statement about regulating insurance.
Migration		
Foreigner declaration of infection	<ul style="list-style-type: none"> -Article 19 calls on infected foreigners to declare that infection when they arrive in the country by does not make penalties or enforcement clear. 	<ul style="list-style-type: none"> -The Ordinance does not anticipate lying on the part of the foreigner or ignorance of the foreigner of his/her infection. -The Ordinance does not specify declaration procedure.
Development factors		
Other comments	<ul style="list-style-type: none"> -The National Assembly should consult with NGOs with experience in Vietnam on HIV/AIDS to offer their own drafts of legislation that would take parts of their model projects and adapt them nationally. Then the Assembly should submit these rough drafts back to foreign experts to write into legislation that is clear and enforceable. -The National Assembly should conduct a functional analysis of key Ministries and reformulate their objectives clearly so that they are more transparent and accountable. -Restructuring of the enforcement system is needed. One method is to enable private enforcement through private lawsuits with flexible punishments rather than wait for the prosecutor and police to set sanctions and to maybe or maybe not enforce laws. 	

	Jacques du Guerny	Michele Forzley
General comments	<p>-The Ordinance provides a holistic framework in delineating the general strategy and means to achieve its stated aims but fails to define what is meant by "prevention and "control". Nor does it provide indicators of success or failure for the monitoring and evaluation of AIDS prevention and control efforts.</p> <p>-The revision of the Ordinance needs to be based both on the realities of the epidemic and the inter-relations between epidemic and development.</p> <p>-The Ordinance needs to add a development chapter to support the health chapter.</p> <p>-The revision needs to be carried out in accordance with human rights, not only on the basis of principles, but because this is essential for effectiveness.</p>	<p>-The Ordinance should become a part of an overall public health and disease control law that will comprehensively empower the Ministry of Health to combat all diseases.</p>
Broader legal, regulatory and administrative framework		<p>-The Ordinance would be unnecessary if Vietnam had a comprehensive public health law against infectious disease in which separate provisions for different diseases can be included since the control and prevention of each is different.</p> <p>-The establishment of a public health law is necessary to enhance the Ministry of Health's ability to influence health legislation and to take actions to fulfill essential public health functions.</p>
Possible conflicts with other Vietnamese laws		<p>-Criminal laws relating to the use of evidence obtained by public health officials should be examined.</p> <p>-Law related to the offense of aiding and abetting criminal offences should be examined to ensure that HIV/AIDS educators are not liable.</p> <p>-Repealing laws related to private sexual acts such as sodomy may help prevent driving high-risk behavior underground.</p> <p>-All other laws should be reviewed to remove any provisions that result in discrimination against HIV/AIDS infected persons.</p>
Possible conflicts with international treaties		<p>-National public health law is now subjected to global standards set by global public health actors such as the WHO and the World Bank. While revising this Ordinance, Vietnam will want to consider provisions that are more consistent with other states, more uniform in approach to different health threats and consistent with global standards.</p>
Enforcement		
Role of civil society		

	Jacques du Guerny	Michele Forzley
Information, education, and communication	-The Ordinance focuses on IEC and education as the basic strategy but studies have shown this approach to be insufficient. A UNDP study of 39 African, Asian, and Latin American countries has shown that although awareness can be over 90%, the prevalence rate can still be extremely high.	
Prevention and treatment		-The Ordinance makes reference to “technical regulations” for disease prevention but it does not define this term.
Testing and confidentiality		
Discrimination and human rights	-The Ordinance forbids discrimination, but the general approach is repressive with regards to prostitution and jobs barred from PLWHAs. This approach has been shown to be ineffective because infected people can hide and work in the informal economy.	-The Ordinance empowers public health officials to prevent employment for individuals suspected of having AIDS violates human rights standards and should be revised. -Joint Circular No. 25 lists occupations prohibited to HIV/AIDS infected persons and requires infected persons to inform employers. Such knowledge can result in the loss of a job and one’s status. These consequences may lead to refusal to be tested, which may be detrimental to the individual. This provision allowing the employer to know of the employee’s infected status is inconsistent with the right to privacy and other provisions ensuring the employment security of infected persons. -Penalizing sex workers and drug users may be counter-productive since many of them are mentally ill. It is important to treat their illness in order to reduce their deleterious activities.
Women and children		
Prostitution		-Prostitution may be legalized in exchange for higher health standards as a precondition for licensure or regulated to require the use of condoms and testing.
Drug use		-Studies have indicated that the primary cause of HIV/AIDS infection is substance abuse. Attention should be directed towards what can be done to reduce and prevent the disorder of substance abuse.
Employment		
Migration	-The Ordinance is silent on the linkages between migration and AIDS.	
Foreigner declaration of infection		

	Jacques du Guerny	Michele Forzley
Development factors	-The Ordinance restricts the strategy for prevention and control of HIV/AIDS to a health issue. It fails to consider background developmental factors at play such as rural-urban migration, the linking of isolated communities to outside markets and failures in rural development that lead to high risk behavior despite knowledge about HIV.	
Other comments		-Inter-ministerial committees should be established and composed of representatives from the ministries of health, education, justice, welfare, etc. to find nonpartisan solutions, promote consensus and provide a forum for politicians to deepen their understanding of HIV/AIDS issues.

	John Godwin	Brendon Christian*
General comments	<p>-Australia's National HIV/AIDS Strategy is based on the following 3 principles:</p> <ul style="list-style-type: none"> -Government is committed to creating a social and legal environment that protects the rights of HIV/AIDS sufferers in order to encourage high-risk individuals to respond positively to AIDS policies and campaigns. -Punitive measures are avoided as they undermine achievement of public health goals. Voluntary testing, counseling, and informed consent are promoted. -Policy responses are developed through partnerships between governments, people with HIV/AIDS, communities at risk, medical and scientific communities. Laws support participation rather than alienate affected populations. 	<p>-The Ordinance should be amended to address underlying gender dynamics in the context of HIV transmission including the need for protection of women, and to protect PLWHAs in the work place and in the community.</p> <p>-The Ordinance should be amended to serve as a normative and guiding document.</p> <p>-The Ordinance lacks any reference to HIV/AIDS treatment. It is doubtful how effective any country's response would be if that country ignores the importance of an effective national treatment plan at the public health level.</p>
Broader legal, regulatory and administrative framework	-The Ordinance lacks an integrated and participatory approach to preventing and controlling HIV/AIDS. *	
Possible conflicts with other Vietnamese laws		
Possible conflicts with international treaties		
Enforcement		
Role of civil society		
Information, education and communication	-In Australia, the government publicizes its anti-discrimination policies for education purposes. The Vietnamese government should follow this strategy as part of its AIDS education effort.	
Prevention and treatment		<p>-Article 4 states, "HIV/AIDS affected people are protected against discrimination but must implement preventative measures against disease transmission to protect community health." However, this law does not take into account circumstances where:</p> <ul style="list-style-type: none"> -The law provides insufficient protection against discrimination. -Tangible means of encouraging PLWHAs to take preventative measures are lacking within the community. -The duty to implement preventative measures against disease transmission rests primarily on the public health authority at the local, state and national level

	John Godwin	Brendon Christian
Testing and confidentiality	<p>-Article 17 does not guarantee that testing will be voluntary or consensual. A system of testing high-risk people such as sex workers without informed consent may lead them to avoid testing altogether.</p> <p>-The Ordinance should add a provision stating the right of confidentiality for HIV/AIDS sufferers.</p> <p>-Article 17 should be revised to state that all testing would be with informed consent except in clearly prescribed categories. A provision should also be made to ensure post-test counseling.</p>	<p>-Article 17 should be amended to guarantee the informed consent of HIV/AIDS infected persons.</p>
Discrimination and human rights	<p>-Article 4 does not make clear how people who experience discrimination are able to exercise their right to be protected from discrimination.</p> <p>-The Ordinance should define more clearly the term "HIV/AIDS infected people". Does it include people with HIV, associates of people with HIV, or people who are assumed to have HIV?</p> <p>-The Ordinance lacks a provision recognizing the right of HIV/AIDS sufferers to confidentiality of their medical condition.</p> <p>-Efforts should be made to accurately assess the transmissibility of HIV/AIDS in the workplace since broad prohibitions on employments of people with HIV contribute to discrimination and stigma. (ex. There is no risk of HIV transmission in hairdressing).</p> <p>-The Ordinance should adopt a human rights framework that protects and promotes the rights of affected people, encouraging affected people to respond more positively to HIV/AIDS policies.</p> <p>-Laws should be passed with anti-discrimination measures to protect groups vulnerable to HIV/AIDS.</p>	<p>-The Ordinance lists specific kinds of work from which PLWHAS are barred but does not offer any reasons for how and why those specific kinds of work were identified. This is a violation of fundamental human rights contained in a number of international agreements to which Vietnam is signatory.</p> <p>-South Africa has designed a Code of Good Practice on Key Aspects of HIV/AIDS and Employment dealing with the concepts of inherent requirements of the job, principles of non-discrimination, and acceptable dismissal which may be helpful to the Vietnamese government.</p> <p>-The Ordinance stipulates that PLWHAs be penalized for the transmission of HIV or for failing to take preventative measures. However this may render them less likely to reveal to health authorities their HIV status.</p>
Women and children		<p>-Article 23 is problematic because it ignores the gender dynamics underlying HIV transmission. There are significant reasons why women are more vulnerable to HIV infection:</p> <ul style="list-style-type: none"> -Women's reproductive tissue is softer than that of men, and is more susceptible to tearing which allows entry of the virus. Women are also receptors of bodily fluids. -Given the social inequality of women, they may be denied the right to negotiate safer sex with use of condoms.

	John Godwin	Brendon Christian
Prostitution	<p>-A provision should be added which permits sex work to occur in approved premises subject to public health and other regulations like any other industry.</p> <p>-The health of sex workers is best promoted through:</p> <ul style="list-style-type: none"> -occupational health and safety standards developed in partnership with sex workers -peer based approaches to provision of health and safety information -requiring employers to provide condoms and lubricants for sex workers <p>-Laws and policies should avoid measures that might add to the stigma associated with sex work. Punitive laws discourage sex workers from voluntary testing, etc, for fear they might be prosecuted.</p> <p>-Vietnamese government should consider allowing sex workers to form organizations and partnerships to help design, manage and participate in HIV/AIDS prevention and health promotion programs.</p>	<p>- There are three possible approaches to prostitution:</p> <ul style="list-style-type: none"> -Criminalizing sex work creates a situation where prostitutes cannot access public health care services, rehabilitation programs, etc. This approach also does not address the root causes of prostitution such as gender inequality of opportunities. -Legalizing sex work is the long-term ideal but requires too many State resources in the short term. -Decriminalizing sex work does not make it completely legal but it permits sex work in specific geographical locations and involves few State resources. It may bring with it the goal of legalizing and regulating sex work in the future.
Drug use	<p>-The Ordinance presently does not support a harm reduction approach to HIV/AIDS prevention with sex workers and drug users. This kind of approach has been instituted in Australia and legalizes needle exchange programs to reduce the spread of HIV/AIDS.</p>	
Employment		
Migration		
Foreigner declaration of infection	<p>-Restricting entry of people with HIV is likely to increase the stigma surrounding HIV within Vietnam and creates a hostile social environment for HIV sufferers.</p> <p>-The Vietnamese population may also develop a false sense of confidence that they are insulated from the epidemic.</p>	<p>-Article 19 is a violation of a foreigner's rights to confidentiality and privacy. If this policy is to be enacted it would be helpful to at least spell out the declaration procedure.</p>
Development Factors		
Other comments		<p>*Many suggestions made by Brendon Christian are of a technical nature that concerns the particular wording of the Ordinance. Since they cannot be easily captured given the format of this report, please refer to his attached assessment.</p>

	Sandra Wierzba	Anne Souleliac
General comments		<p>-The Ordinance ostensibly prohibits discrimination but allows certain acts of discrimination that cannot be justified such as the barring of PLWHAs from certain professions and activities. Such selective acts of discrimination represent a violation of fundamental human rights.</p> <p>-Ensuring a legal protective framework to HIV/AIDS sufferers is, according to many studies, the only means to create a supportive environment to encourage them to openly and voluntarily accept testing and take preventative measures.</p>
Broader legal, regulatory, administrative framework		
Possible conflicts with other Vietnamese laws		-Article 17 empowers health authorities to initiate HIV/AIDS tests on patients who are believed to be at risk. However, it is in contradiction with the right to individual autonomy.
Possible conflicts with international treaties		
Enforcement		<p>-Article 24 prohibits intentional transmission of HIV/AIDS but it lacks sufficient precision in terms of legal certainty and foreseeability.</p> <p>-It is also very difficult to find evidence to establish the circumstances of infection.</p> <p>-Prevention is the responsibility of everyone and it should not rest only on people with HIV/AIDS.</p>
Role of civil society	-The fact that responsibilities are assigned to State offices, the Fatherland Front, and also to social organizations and the family has an educational purpose. For this reason it is something positive.	
Information, education and communication		<p>-The Ordinance calls for all sectors of society to inform and educate people about preventative measures, but such a mandate is specified in very general terms and does not mention sexual education.</p> <p>-Discrimination is often due to lack of information about the means of transmission of HIV.</p> <p>-The ordinance could be improved by adding information concerning treatment, safer sex options, and harm reduction methods.</p> <p>-The Ordinance should include a provision that stresses the importance of disseminating information to the most vulnerable groups such as women, sex workers, etc.</p>

	Sandra Wierzba	Anne Souleliac
Prevention and treatment	<p>-The Ordinance mandates that all physicians and health workers must treat patients with HIV/AIDS but forcing them to offer treatment against their will does not seem justified.</p> <p>-The Ordinance prohibits the refusal by patient to examination or treatment, but adult patients should have the freedom to decide what to do with their own bodies and lives.</p>	<p>-Male and female condoms must be accessible without cost in all areas where prostitution takes place.</p> <p>-Prevention and harm reduction campaigns should not only be directed towards prostitutes but also towards their clients.</p>
Testing and confidentiality	<p>-Article 6 states that authorities have the right to prescribe testing for "persons at risk" without mentioning the right to informed consent. It needs to be amended for the following reasons:</p> <p>-Presently, "groups at risk" is no longer as applicable as the incidence of "risky behavior."</p> <p>-Due to the nature of AIDS, if the health authority imposes the test on a patient without his consent, such action may cause the patient to lose confidence in the health system and to abandon further treatment, thereby increasing the risk of transmission.</p> <p>-The Ordinance does not specify who is authorized to inform third persons about the condition of a patient with HIV/AIDS.</p> <p>-The Ordinance authorizes health authorities to inform the wife or husband of the patient, but knowledge should also be extended to known partners of the patient.</p> <p>-The Ordinance authorizes health authorities to inform family members of the patient but it has to specify which members. In cases of children who requested not to inform their parents and vice versa, the issue of confidentiality is very problematic.</p> <p>-Concerning the issue of whether personnel should be informed about the patient's condition, Argentina has decided not to inform personnel on the basis that they should always take bio-security measures as if the patients were infected.</p>	<p>-The Ordinance has conflicting provisions on confidentiality. Article 18 states that confidentiality is ensured for people seeking HIV/AIDS testing but Articles 18, 20, and 23 compromise this guarantee by authorizing health workers to inform family members of the patient's status.</p> <p>-In order to ensure the right to confidentiality, violations by professionals should be severely punished.</p>

	Sandra Wierzba	Anne Souleliac
Discrimination and human rights	<p>-Article 4 states the right to non-discrimination of HIV/AIDS sufferers but the wording expresses an attitude of stigma and shame with respect to HIV/AIDS.</p> <p>-Cited examples of HIV/AIDS legislation from other countries stress the importance of human dignity, freedom and confidentiality of HIV/AIDS sufferers.</p> <p>-There exists no consensus on to whether having a general exclusion list of professions/occupations for PLWHAS is the best system.</p> <p>-It is not clear how HIV/AIDS can be transmitted in several of the barred professions/activities listed in the Job List.</p> <p>-Joint Circular No. 25 seems discriminatory since it allows health authorities to mandate HIV/AIDS tests for people suspected of being high-risk or having HIV/AIDS.</p>	<p>-Discrimination against HIV/AIDS sufferers is already prohibited but they continue to face stigmatization from their communities and hospitals. Discrimination on the part of medical staff is generally linked to lack of knowledge about the means of HIV transmission.</p> <p>-People with HIV/AIDS do not pose a public health risk. Therefore they should not be barred from the professions and activities listed in the Ordinance. HIV can only be transmitted to:</p> <ul style="list-style-type: none"> -People who engage in unprotected sex with an infected person. -People who use shared injecting equipment that contains the virus. -A fetus when carried by an infected pregnant woman. -A baby when breastfed by an infected mother. <p>-The Ordinance can be improved by adding that PLWHAS be treated equal to others.</p>
Women and children		<p>-Children with HIV/AIDS and their families are often discriminated against. The right to privacy and confidentiality must be respected in order to protect them.</p> <p>-Children with HIV/AIDS should have access to educational institutions and leisure activities.</p>
Prostitution		<p>-The criminalization of prostitution and of drug use provided for in Article 12 is an obstacle to prevention policies and contributes to the marginalization of already vulnerable populations.</p> <p>Decriminalization of prostitution and of drug use is necessary to implement an efficient prevention and risk reduction policy.</p>
Drug use		
Employment		
Migration		<p>-Restrictions on movement may interfere with rights such as family unity and the principle of no refusal of entry. Moreover, most migrants are unaware of their HIV status.</p>
Foreigner declaration of infection		<p>-Entry restrictions on persons with HIV/AIDS are unjustified and discriminatory and could be seen as restrictions on the right to freedom of movement.</p>
Development factors		

	Sandra Wierzba	Anne Souleliac
Other comments	<p>-If it has been decided that a Job List System is suitable it would be best if the Vietnamese government consider:</p> <ul style="list-style-type: none"> -Restricting the listing of forbidden occupations/professions for HIV/AIDS sufferers to a minimum. Such a list must also be drawn based on scientific research. -Updating the list on a regular basis. <p>-If an individual refuses testing or treatment, s/he should act as if s/he were infected to avoid transmission of virus.</p>	<ul style="list-style-type: none"> -The Vietnamese government should create an AIDS helpline to provide information to all categories of the Vietnamese population. -Health workers should be trained in order to provide counseling to patients and show them the advantages of knowing their status relating to HIV/AIDS. -More anonymous testing centers should be created not only to protect the privacy of individuals but also to monitor the epidemiological evolution of HIV/AIDS. -The Ordinance can be improved by adding that compensation should be granted to patients who have been HIV infected in the course of the provision of healthcare. -Victims of rape should have immediate access to a post-exposure prophylaxis to prevent the transmission of HIV. -During Counseling, health workers should encourage HIV/AIDS patients to inform their sexual partner of their HIV status but they should not directly inform the patients' partners without consent to preserve confidentiality. -Children with HIV/AIDS should also have the right to privacy and confidentiality. Violations of this right should be punished.

	Lee-Nah Hsu	
General comments	-The Ordinance was meant to protect Vietnam's people from HIV but the strategies proposed are repressive and ineffective.	
Broader legal, regulatory, administrative framework		
Possible conflicts with other Vietnamese laws		
Possible conflicts with international treaties	-Careful consideration of the Human Rights and HIV/AIDS guidelines designed by the UN High Commission on Human Rights is essential to ensuring the protection of human rights.	
Enforcement		
Role of civil society		
Information, education and communication		
Prevention and treatment		
Testing and confidentiality	-The Ordinance does not provide sufficient assurance of confidentiality to PLWHAs or people suspected of having HIV/AIDS. Article 17 needs to be clarified. What does it mean by "empowered"? If it means mandatory testing, this would violate human rights. * -Article 18 needs to clarify to whom health workers should inform about the HIV status of patients. To employers, family members? What about the knowledge and consent of the PLWHA?	
Discrimination and human rights	-The Ordinance rejects the possibility that productive PLWHAs can continue to work. -The Ordinance should allow PLWHAS to work and ensure that they receive care and treatment. -Other than for professions that involve invasive surgery or contact with patients' blood, it is difficult to justify the Job List system as it appears discriminatory. -The Ordinance lacks a workplace policy on HIV/AIDS. What if an employee is found to be HIV positive while working? How will he be treated?	
Women and children		
Prostitution	-The Ordinance does not address issue of Vietnamese sex workers who sell their services in neighboring countries.	
	Lee-Nah Hsu	

Drug use		
Employment	<p>-The Ordinance fails to take into account the increasing integration of trade and labor in different parts of Vietnam. It does not address the need for a workplace HIV prevention program to educate rural migrants who come to work for factories in border areas.</p> <p>-The Ordinance should require labor recruitment and processing agencies to have pre-departure, post-arrival and returnee reintegration programs which include HIV preventive education program as well as care and support services back in the rural communities where most migrants come from.</p>	
Migration	<p>-The Ordinance does not address the issue of migration. Many domestic Vietnamese laborers, military personnel, and businessmen move back and forth to neighboring countries. Such movement may help to spread the virus. *</p> <p>-Members of the military come in contact with rural populations where knowledge and understanding of HIV/AIDS prevention is poor. The Ordinance is silent on this issue. Article 27 falls short of specifying punitive and other measures to regulate the activities of uniformed personnel.</p>	
Foreigner declaration of infection		
Development factors	<p>-The Ordinance does not address the underlying socio-economic and developmental causes of HIV/AIDS. HIV/AIDS is the product of uneven development. The Ordinance fails to address all segments of the population. *</p> <p>-The Ordinance is silent on impact mitigation. In view of the maturing epidemic in Vietnam, it is time impact mitigation be addressed.</p> <p>-Article 12 prohibits prostitution and IDU. However, it does not offer any constructive solutions that address the underlying socioeconomic causes of prostitution and IDU. That is why the revision of the Ordinance must take into account the multi-sectoral aspect of HIV prevention and control.</p>	
Other comments	<p>-It is essential to provide health services and education to underdeveloped populations with little awareness of HIV/AIDS such as ethnic minorities in mountainous areas. To prevent HIV/AIDS from undermining national security, it is important to be inclusive in our responses regardless of ethnicity.</p>	

ASSESSMENTS