



**USAID** | HEALTH POLICY  
FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



**FIVE-YEAR RECOMMENDATIONS FOR LEGAL/POLICY DEVELOPMENT  
RELATED TO HIV/AIDS:**

**SHORT REPORT**

**Hanoi: September 5, 2013**



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FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



This initiative is made possible by the generous support of the American People through the United States Agency for International Development (USAID) and President's Emergency Plan for AIDS Relief (PEPFAR). The author's views expressed in this publication do not necessarily reflect the views of the USAID or the United States Government.

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## 1. Introduction

Vietnam has established a strong legal and policy foundation for the response to HIV/AIDS. The Law on HIV/AIDS Prevention and Control (2006) and its implementing Decree 108 (2007) require that a broad and multisectoral approach be taken, based on harm reduction and including needle/syringe programs, condom programs, and opioid substitution treatment (OST). However, data obtained by USAID/HPI from its Integrated Behavioral and Biological Surveillance (IBBS) surveys and a qualitative assessment of the implementation of the HIV/AIDS Law over a five-year period (data summarized in a separate document) indicate that implementation of the existing laws and policies needs to improve. There is a particular need for improved knowledge and a better understanding of exactly what the laws and policies are by officials at the provincial and local levels, and for systematic multisectoral collaboration between enforcement authorities.

USAID/HPI's assessment also found that implementation and enforcement at all levels and across all sectors would benefit greatly if improvements were made in the legal and policy framework itself. This report summarizes USAID/HPI's recommendations for legal and policy development over the next five years in regards to HIV/AIDS, and the key related areas of drug control/drug treatment, sex work, and the role of civil society in the HIV/AIDS response.

## 2. Sources

The recommendations in this report are based in part on the USAID/HPI qualitative assessment of the implementation of the HIV/AIDS Law, which involved more than 300 respondents in eight provinces, as well as a desk review of more than 160 legal documents and other materials. The assessment and desk review, carried out with the assistance of BDL Company, addressed the domains of prevention, stigma and discrimination, and general HIV/AIDS programming, as covered in the HIV/AIDS Law, the Law on Drug Control, the Ordinance on Prostitution Prevention and Control, and the Law on Handling Administrative Violations. USAID/HPI, with assistance from the Center for Community Research and Development (CCRD), also conducted an assessment of health insurance policy and coverage for PLHIV, obtaining information from 38 respondents in 2 provinces, and generated recommendations regarding the Laws on Health Insurance and Medical Examination. In addition, this report includes recommendations that derive from an assessment of HIV/AIDS care and treatment undertaken by VAAC and the MOH's Legislation Department, with support from the CDC.

The five-year recommendations are based both on the findings from the qualitative assessments and desk review and on the analysis and thinking of the USAID/HPI, BDL, and CCRD study teams.

## 3. Organization of the Recommendations

The recommendations are organized under four topics: HIV/AIDS in general, drug control/drug treatment, sex work, and the role of civil society in the HIV/AIDS response.

In the introduction to each topic we present the following:

- General recommendations;
- Gaps, inconsistencies, and issues related to sustainability; and
- Suggestions regarding revisions to existing documents vs. development of new documents.

We then present specific recommendations in order of priority.

#### 4. Achieving the Recommendations

These recommendations are ambitious and, to some degree, aspirational. They are also intended to be viewed with the understanding that the feasibility of accomplishing each item has not been assessed, and that the development and adoption of legal documents is always subject to government timelines and schedules.

These recommendations are based on evidence and they focus on harmonizing the legal framework, eliminating inconsistencies, and filling in gaps.

In order to achieve these recommendations, donors and their implementing partners, CSOs, UN agencies, and other stakeholders should proactively engage with the Vietnamese government to assist in the development/revision of legal and policy documents. They should make concerted efforts to advocate for the adoption and promulgation of documents with the recommended foci and contents. Realizing the adoption of these recommendations will require close collaboration between government agencies, stakeholders, and providers of technical assistance (e.g. INGOs and UN agencies). Adoption will also require extensive inter-ministerial and multisectoral collaboration within the government.

## 5. 5-Year Recommendations For Legal/Policy Development Related To HIV/AIDS

### 5.1. HIV/AIDS in General

General recommendations regarding HIV/AIDS include addressing weaknesses that currently exist in the Constitution, HIV/AIDS law, Decree 108 and other documents related to stigma and discrimination, integration of the HIV/AIDS response with other program areas, HIV testing and disclosure, intervention coverage for key affected populations, and tax benefits for those hiring PLHA and providing HIV/AIDS services in the workplace. The VAAC/MOH assessment recommended that there be more detailed regulations on HIV/AIDS care and treatment at all levels and at every type of facility.

The recommendations address several gaps and inconsistencies related to funding, health insurance coverage and co-payments for HIV/AIDS services, and also language on free services and commodities in this era of “socialization” and reduced donor support. Addressing these gaps and inconsistencies will improve the sustainability of programs. In addition, we recommend revising the Law on the Promulgation of Legal Documents (2008) to provide clearer direction on collaboration among ministries and other entities in the development of joint circulars. This would, of course, apply to legal documents on all subjects, not just those on HIV/AIDS.

The recommendations pertain primarily to the revision of existing documents but included are several new documents on funding and payment mechanisms.

<u>Document</u>	<u>Key contents of revision/new document</u>	<u>Responsible ministry(ies)</u>
Constitution (1992)	Article 17, freedom from discrimination: revise to <ul style="list-style-type: none"> <li>• Include health status as a prohibited basis for discrimination</li> <li>• Include definition of and prohibition of stigma</li> </ul>	National Assembly
HIV/AIDS Law (2006)	Revise to: <ul style="list-style-type: none"> <li>• Provide more detailed requirements for HIV/AIDS care and treatment, specifying the roles and responsibilities of officials and facilities at all levels</li> <li>• Specify processes for referral of PLHIV to high-level facilities when needed</li> <li>• Provide for an integration of HIV and family planning services (Article 23)</li> <li>• Integrate HIV/AIDS services (with specific</li> </ul>	MOH/VAAC



	<p>performance indicators) into socioeconomic development plans and infrastructure projects (Article 23)</p> <ul style="list-style-type: none"> <li>• Clarify PLHIV's right to refuse treatment in late stage of AIDS vs. obligation to comply with treatment (Article 4); define "late stage"</li> <li>• Include people at risk for HIV, including drug users, sex workers, MSM and other key affected populations (KAP), as well as PLHIV in prohibitions against discrimination (Article 8, item 3)</li> <li>• Remove language emphasizing free distribution of condoms and needles/syringes (Article 8, item 1), free HIV testing (article 35), and free ARV treatment</li> <li>• Consider eliminating mandatory HIV testing for those hired to work in "special occupations" (Article 28, item 3); this seems no longer justified</li> </ul>	
<p>Law on Health Insurance (2008)</p>	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Remove exclusion from VSS-HI coverage for treatment of conditions related to addiction or illegal acts (Article 23, items 11-12)</li> <li>• Make OPCs located in PACs, Preventive Medicine Centers and provincial and district health centers eligible to sign contracts with VSS and thus have patients covered by VSS-HI (also the Law on Medical Examination [2009], Article 41)</li> <li>• Change primary health facilities for HI purposes when individuals are sent to closed settings such as reformatories, prisons or 06 centers.</li> </ul>	<p>MOH (HID)/VSS</p>
<p>Decree 108/2007 (Implementing decree for HIV/AIDS Law)</p>	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Include (Article 4) "other" harm reduction measures in addition to NSP, condom and OST so that it is harmonized with the HIV/AIDS Law (Article 2, item 15)</li> <li>• Remove language emphasizing free distribution of condoms and needles/syringes (Article 9, item 1), free HIV testing and free ARV treatment</li> <li>• Provide more details on the integration of HIV, family planning, and sexual and reproductive health programs</li> </ul>	<p>MOH/VAAC</p>



	<ul style="list-style-type: none"> <li>Strictly limit and clearly define “special occupations” (Article 21) that require HIV testing (unless mandatory HIV testing is no longer required for any occupation in the HIV/AIDS Law)</li> </ul>	
Decree 69/2011 (Handling Administrative Violations)	Revise to: <ul style="list-style-type: none"> <li>Specify enforcement procedures for all violations</li> <li>According to the current draft revision, People’s Committees at the commune, district and provincial level are authorized to levy fines within a certain size range but procedures for reporting and documenting violations are not detailed</li> <li>Provide guidance on the distribution of revenue obtained from fines</li> </ul>	MOJ
Decree 96/2007	Revise to provide more detailed guidelines and requirements for HIV/AIDS care and treatment in closed settings, including reformatories, prisons and O6 centers.	MOH, MOLISA, MOPS
Decree 122/2011	Revise to <ul style="list-style-type: none"> <li>Provide prorated tax exemptions for employers hiring PLHIV, recovering drug users and KAP regardless of percentage of the workforce</li> <li>Protect the confidentiality of employees declared by employers as the basis for a tax exemption claim under Decree 122</li> </ul>	MOF
Action Plan on HIV/AIDS prevention and control in the armed forces	<ul style="list-style-type: none"> <li>Remove the provision for mandatory HIV testing of military recruits</li> </ul>	MOD
Joint Circular No. 3 (2013) (Temporary suspension of imprisonment)	<ul style="list-style-type: none"> <li>Ensure compliance with HIV/AIDS Law, Article 42, item 1: temporary suspension of investigation of criminal cases as well as suspension of imprisonment</li> </ul>	MOJ
Decree 91/2011 (Administrative violations in the care, protection, education of children)	<ul style="list-style-type: none"> <li>Revise Article 16, item 1 to resolve the discrepancy with Decree 69 regarding penalties for HIV/AIDS-related discrimination against children in educational settings</li> </ul>	MOLISA
Decree 67/2007; Decision no. 60/2007; Circular No. 101/2007	<ul style="list-style-type: none"> <li>Revise to increase monthly social welfare allowance for poor PLHIV and OVC to index with inflation</li> <li>Provide specific regulations for managing the fund that supports this allowance to</li> </ul>	MOLISA



	ensure transparency	
Decision 1202 (National Target Program, 2012-2015)	<p>Revise Article 1, Item 4 to include the following subjects:</p> <ul style="list-style-type: none"> <li>• All those having same-sex relations</li> <li>• Transgendered people</li> <li>• Adolescents</li> <li>• People with disabilities</li> </ul>	MOH/VAAC
National HIV/AIDS Strategy, 2012	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Emphasize the role of women and the prevention needs of women</li> <li>• Scale up of women-controlled methods such as female condoms and microbicides</li> </ul>	MOH/VAAC
Labor Code, 2012	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Harmonize with HIV/AIDS Law</li> <li>• Prohibit employment discrimination against PLHIV, recovering drug users and KAP</li> </ul>	MOLISA
Law on Promulgation of Legal Documents (2008)	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Provide clearer direction on collaboration among ministries and other government entities on inter-ministerial and joint circulars and other legal documents</li> </ul>	
New document	<ul style="list-style-type: none"> <li>• Provide guidance on co-payment for HIV-related services such as HCT</li> </ul>	MOH, MOF
New document	<ul style="list-style-type: none"> <li>• Provide guidelines and funding sources for a total market approach to condoms, needles/syringes and other commodities</li> </ul>	MOH, MOLISA, MOCST
New document	<ul style="list-style-type: none"> <li>• Guidelines on collaboration between MOH and MOJ to integrate HIV/AIDS legal services into the MOJ legal aid system</li> </ul>	MOJ, MOH

## 5-Year Recommendations For Legal/Policy Development Related To HIV/AIDS

### 5.2. Drug control/drug treatment

Since the HIV epidemic in Vietnam remains driven to a large extent by injection drug use, laws and policies on drug control and drug treatment are of critical importance to the response. General recommendations in this area focus on maintaining momentum in Vietnam's transition from reliance on detention of drug users in O6 centers and towards a comprehensive system of voluntary, community-based and evidence-based drug treatment, as outlined in MOLISA's Renovation Plan for drug treatment developed during 2013.

There are some inconsistencies between the harm reduction focus of the HIV/AIDS Law and Decree 108 and the detention and detoxification focus of the Drug Control Law, including insufficient legal protection for drug users and outreach workers' in possession of needles/syringes. There is also conflict between procedures on enrollment and retention in methadone treatment and procedures for commitment to O6 centers. Gaps include a lack of clarity on the due process protections for individuals being committed to O6 centers. Improvements in services and support for the reintegration of recovering drug users will contribute to the sustainability of HIV/AIDS and drug treatment programs.

A major recommendation in the drug treatment area is the need to develop a new Law on Drug Addiction Treatment that would institute a comprehensive and harmonized approach based on voluntary, community-based treatment and allow for the repeal of a number of existing decrees that collectively contain confusing and inconsistent guidance on treatment programs. Revisions to the Drug Control Law and several other existing documents are also recommended. According to a Decision of the Prime Minister in October, 2012, almost 60 implementing decrees are planned to be developed by various ministries under the new Law on Handling Administrative Violations. These relate to multiple topics but it is essential that those pertaining to drug control and drug treatment provide harmonized policy that is consistent with the fundamental systematic changes called for in the Renovation Plan.

<u>Document</u>	<u>Key contents of revision/new document</u>	<u>Responsible ministry(ies)</u>
Constitution (1992)	<ul style="list-style-type: none"> <li>Remove Article 61 on illegal use of opium (conflicts with decriminalization of drug use) and compulsory treatment of drug users (conflicts with transition announced in MOLISA's Renovation Plan for Drug Treatment.</li> </ul>	National Assembly



<p>Law on Addiction Treatment</p>	<ul style="list-style-type: none"> <li>• This change has already been proposed.</li> </ul> <p>As envisioned in MOLISA’s Renovation Plan, develop new law to include:</p> <ul style="list-style-type: none"> <li>• Definition of addiction as chronic, relapsing disease of the brain (already included in draft implementing decree under the Law on Administrative Violations that will replace Decree 135/2004</li> <li>• Strictly limited commitment (clear specifications i.e. only people who commit crimes) and reduced (over time) number of 06 centers</li> <li>• Implementation and scale-up of new system of voluntary, community-, and evidence-based treatment, including methadone and other in- and out-patient modalities, with realistic schedule and budget</li> <li>• Specify different treatment regimens for different substances and addictions</li> <li>• Harmonized procedures and eligibility criteria for all types of programs</li> <li>• Specific mechanisms of support in education, employment, health care and other domains for recovering drug users.</li> <li>• Inter-ministerial collaboration in delivery of treatment, especially MOLISA, MOH, MOPS, Defense</li> </ul>	<p>MOLISA, MOH, MOPS, MOD</p>
<p>Decree 108/2007</p>	<p>Revise to include:</p> <ul style="list-style-type: none"> <li>• Clearer protections for outreach workers and others carrying out needle/syringe distribution (harmonized with Article 21, HIV/AIDS Law)</li> <li>• Explicit statement that possession of needles/syringes may not to be used as basis for arresting drug users or outreach workers</li> <li>• Include collection of used needles/syringes as part of needle/syringe programs</li> </ul> <p>Remove Article 10 entirely, because:</p> <ul style="list-style-type: none"> <li>• Superseded by Decree 96</li> <li>• Prohibits OST in 06 centers (Article 10, item 1)</li> <li>• Provides that OST patients who re-use heroin may be sent to 06 centers (Article 10, item 5)</li> </ul>	<p>MOH, MOLISA</p>



Drug Control Law (2008)	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Harmonize with HIV/AIDS Law, MOLISA/DSEP Renovation Plan, Law on Handling Administrative Violations, and new Addiction Treatment Law (by reference):</li> <li>• Strengthen emphasis on harm reduction and HIV prevention, providing specific guidance on implementation of programs, and reduce focus on punitive measures such as compulsory detoxification and detention in 06 centers</li> </ul>	MOLISA
Law on Handling Administrative Violations, 2012	<p>Include in implementing decree(s):</p> <ul style="list-style-type: none"> <li>• Specify clear option for District People’s Courts to decide that the individual should not be sent to 06 center but referred instead to community-based treatment (in addition to postponement or exemption in cases of illness, pregnancy, child-rearing, or under/over age limits)</li> </ul>	MOJ
Decree 96/2012 on MMT	<p>Revise to:</p> <ul style="list-style-type: none"> <li>• Remove provision that MMT clients who fail 2 urine tests are terminated</li> <li>• Clarify definition of establishments authorized to provide MMT (Articles 11-12) (see Law on Medical Examination and Treatment Article 2, item 2)</li> <li>• Strengthen protection of MMT patients’ confidentiality</li> <li>• Specify prices/co-payments for MMT/OST provided in public and private facilities</li> </ul>	MOH, MOLISA
Implementing Decree(s) under Law on Handling Admin Violations: Replacement for Decree 135/2004, Sending subjects to medical treatment establishments;	<ul style="list-style-type: none"> <li>• Revise as necessary once revisions to Drug Control Law and new Addiction Treatment Law are enacted</li> <li>• Provide the explicit option for District Courts, which have exclusive authority to make final decisions, to rule against commitment to 06 center based on finding that individual would do better in voluntary, community-based treatment such as methadone substitution</li> <li>• Remove provision that individuals who fail or relapse after undergoing family- or community-based detoxification should be sent to 06 centers</li> <li>• Strictly limit categories of individuals who may be committed to 06 centers, e.g. those who commit drug-related crimes</li> </ul>	MOJ, MOLISA, MOH, MOPS



others	<ul style="list-style-type: none"> <li>Remove provision that wages of 06 center residents are based on production levels</li> <li>Provide more detailed guidance on filing complaints regarding treatment or conditions in 06 centers</li> </ul>	
Action plans on drug control (provincial sub-DSEPs)	<ul style="list-style-type: none"> <li>Remove quotas by province and geographic sub-unit for commitments to 06 centers and provision for lists of individuals eligible for commitment to 06 centers</li> </ul>	DOLISAs
Decree 94/2010 on Family and Community Detoxification	<ul style="list-style-type: none"> <li>Repeal, once revisions to Drug Control Law and new Addiction Treatment Law are enacted</li> </ul>	MOJ
Decree 94/2009 on Post-Detoxification Management	<ul style="list-style-type: none"> <li>Repeal, once revisions to Drug Control Law and new Addiction Treatment Law are enacted</li> </ul>	MOJ
Circular No. 12/2013	<ul style="list-style-type: none"> <li>Repeal, once revisions to Drug Control Law and new Addiction Treatment Law are enacted.</li> <li>In the meantime, remove requirement that to be eligible for MMT, CPC must certify that a person is not in target group for commitment to a 06 center.</li> </ul>	MOJ, MOLISA, MOH
Other (60 planned) Implementing Decrees under Law on Handling Administrative Violations	<ul style="list-style-type: none"> <li>Ensure conformance with any further revisions to Drug Control Law and Drug Addiction Treatment Law (if and when enacted)</li> </ul>	

## 5-Year Recommendations For Legal/Policy Development Related To HIV/AIDS

### 5.3. Sex work

The recommendations call for continuing Vietnam’s momentum away from the punitive, “social evils” approach to sex work and toward a public health, harm reduction approach, and improving the enabling environment for condom programs and expanding these programs to include all types of entertainment establishments.

Inconsistencies should be resolved between the new Law on Handling Administrative Violations, which ended forced commitment of sex workers to 05 centers, and the still existing Ordinance on Prostitution and other legal documents that established the system of detention. Support and services for reintegrating sex workers will improve the sustainability and effectiveness of HIV prevention and other programs targeting sex workers. As previously noted, almost 60 implementing decrees related to multiple topics are planned to be developed by ministries under the new Law on Handling Administrative Violations. Those pertaining to sex work should provide harmonized policy, consistent with the shift toward a public health and harm reduction approach.

The recommendations focus on revising the Ordinance on Prostitution or developing a new Law on Sex Work, an activity included in the National Assembly’s agenda for 2014. Recommendations are also made for new legal documents under the Law on Handling Administrative Violations, the expansion of condom program requirements to all EEs, and for revising several other existing legal documents.

<u>Document</u>	<u>Key contents of revision/new document</u>	<u>Responsible ministry(ies)</u>
Ordinance on Prostitution (2003)	<p>Revise or develop a new Law (in the National Assembly Plan for 2013):</p> <ul style="list-style-type: none"> <li>• Harmonize with HIV/AIDS Law and Law on Handling Administrative Violations</li> <li>• Strengthen the focus on harm reduction, with specific mechanisms and programs and lines of responsibility (including entertainment establishment [EE] owners and clients), and remove punitive measures such as sending violators to 05 centers or local health facilities</li> <li>• Expand provisions to cover male and transgendered SWs</li> <li>• Remove the characterization of providing condoms as “abetting” prostitution (Article 2)</li> <li>• Establish penalties for SW clients not using condoms or attempting to pressure SW not to use condoms, and for EE owners failing to</li> </ul>	MOLISA



	<p>provide condoms, and provide support for SWs who demand condom use by clients (see also Inter-ministerial Circular)</p> <ul style="list-style-type: none"> <li>Establish specific mechanisms of support in education, employment, health care and other domains for former SWs integrating into the community</li> </ul>	
Decree 108/207	<p>Revise to:</p> <ul style="list-style-type: none"> <li>Afford clearer protections for outreach workers and others carrying out condom distribution</li> <li>State explicitly that possession of condoms may not be considered evidence of illegal activity or used as basis for police extortion of SWs</li> </ul>	MOLISA, MOPS
New document	<ul style="list-style-type: none"> <li>Extend the requirement for condom availability to all types of EEs (expanding the list in the 2013 Inter-ministerial circular on condom programs)</li> <li>Establish penalties for violation/non-compliance with the requirements for condom availability in hotels, guest houses and EEs</li> </ul>	MOLISA, MOCST, MOPS
Decree(s) under Law on Handling Administrative Violations	<ul style="list-style-type: none"> <li>Fines for sex work should not be imposed. If they must be imposed they should not be so severe that they drive SWs underground and make them even more difficult to reach with HIV/AIDS and other supportive services</li> <li>All decree(s) should be consistent with the Law's termination of the commitment of SWs to centers, including 05 centers, social protection centers, or compulsory community</li> </ul>	MOJ, MOPS, MOLISA,
Decree 122/2011	<ul style="list-style-type: none"> <li>Revise to provide prorated tax exemptions for employers that hire former SWs who are integrating into the community</li> </ul>	MOF
Decree 178/2004	<ul style="list-style-type: none"> <li>Harmonize with the Law on Handling Administrative Violations by removing those portions that refer to the commitment of SWs to 05 centers</li> </ul>	MOLISA
Decree 163/2003	<ul style="list-style-type: none"> <li>Harmonize with the Law on Handling Administrative Violations by removing those portions that refer to educational measures for SWs at the commune level (Article 3, item 1)</li> </ul>	MOLISA
Decree 142/2003; Decree 66/2009	<ul style="list-style-type: none"> <li>Harmonize with the Law on Handling Administrative Violations by removing those portions that refer to administrative sanctions against SWs and commitment to educational centers (Decree 142, Article 3, item 1)</li> </ul>	MOLISA

## 5-Year Recommendations For Legal/Policy Development Related To HIV/AIDS

### 5.4. Role of civil society

Recommendations regarding civil society are focused on facilitating their expanded role in the HIV/AIDS response. Gaps in the current framework include the need for simpler and “friendlier” procedures for legal registration and access to funding and credit. Civil society organizations have the capability to provide HIV/AIDS services very cost-effectively and thus improve the sustainability of the response. Almost all of the recommendations in this area call for revising existing legal documents.

<u>Document</u>	<u>Key contents of revision/new document</u>	<u>Responsible ministry(ies)</u>
HIV/AIDS Law	Revise Articles 16, 19 to: <ul style="list-style-type: none"> <li>Clearly specify and require (vs. simply “encouraging”) the role of CSOs (NGOs, CBOs, FBOs and self-help groups) in delivering HIV/AIDS services</li> </ul>	MOH
Decree 108/2007	Revise to add an article on “socialization” which specifies <ul style="list-style-type: none"> <li>Registration procedures and criteria for CSOs providing HIV/AIDS services</li> <li>CSOs’ eligibility for government funding to provide HIV/AIDS services</li> </ul>	MOH
State Budget Law (2002)	<ul style="list-style-type: none"> <li>Revise to provide a definition of “social organization” (eligible for government funding) that includes NGOs, CBOs, FBOs and self-help groups that obtain legal registration</li> </ul>	MOF
New document	CSOs’ right to undertake domestic fund-raising	MOHA
Decree 45/2010	Revise to: <ul style="list-style-type: none"> <li>Simplify registration criteria and procedures</li> <li>Allow registration of multiple groups which have the same or similar areas of activity</li> </ul>	MOHA
Decree 39/2008 on procurement of goods and services from the private sector	Revise to: <ul style="list-style-type: none"> <li>Ensure that organizations eligible for government procurement include NGOs, CBOs, FBOs and self-help groups that obtain legal registration.</li> </ul>	MOPI, MOF
Draft Decision on loans to PLHIV and affected people,	<ul style="list-style-type: none"> <li>Revise to make it clear that <u>organizations</u> of vulnerable people, such as PLHIV, SW, and IDU have access to loans, and not only individuals and businesses who hire them.</li> </ul>	MOLISA



recovering IDU, SW and people on methadone treatment and businesses hiring such “vulnerable” people		
Law on Association	<ul style="list-style-type: none"><li>• Not likely to go forward in the foreseeable future but, if it does, it should simplify registration criteria and procedures</li></ul>	MOHA