



**USAID** | HEALTH POLICY  
INITIATIVE VIETNAM  
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**REPORT ON**

**NEEDLE AND SYRINGE GAP ASSESSMENT  
IN SELECTED PROVINCES OF VIETNAM**

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CDC	Centers for Disease Control and Prevention
CUP	Condom Use Program
DFID	U.K. Department for International Development
FGD	Focus Group Discussion
FHI 360	Family Health International
GF	Global Fund
HCMC	Ho Chi Minh City
HDSS	High Dead-Space Syringe
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
HSS+	HIV Sentinel Surveillance
IBBS	Integrated Biological and Behavioral Surveillance
IDI	In-depth Interview
IDU	Injecting Drug User
IEC	Information, Education and Communication
LDSS	Low Dead-Space Syringe
MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
NGO	Non-Governmental Organization
N/S	Needles and Syringes
NSP	Needle and Syringe Program
NTP	Vietnam National HIV/AIDS Target Program
OGAC	Office of the US Global Aids Coordinator
PAC	Provincial AIDS Center
PE	Peer Educator
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PSI	Population Services International
USAID	United States Agency for International Development
USAID/HPI	United States Agency for International Development's Health Policy Initiative
USD	United States Dollar
VCT	Voluntary Counseling and Testing
VAAC	Vietnam Administration for AIDS Control
VHW	Village Health Worker
VND	Vietnamese Dong
WB	World Bank

## Executive Summary

### Background and Rationale

The HIV epidemic in Vietnam remains concentrated among high-risk populations, of which injecting drug users (IDUs) are the majority. While HIV prevention efforts have made great progress in reducing the spread of HIV among Vietnamese IDUs, the infection rate still remains high, with more than 40% of IDUs in some provinces being infected.<sup>1</sup>

Harm reduction programs targeting IDUs in Vietnam have expanded rapidly since the U.K. Department for International Development (DFID) and the World Bank (WB) initiated a large-scale harm reduction program in 2004. A main component of this program is the distribution of free needles and syringes (N/S) to IDUs in 32 provinces across the country. The program has shown a record of success, preventing between 2% and 56% of new HIV infections from 2004 to 2009<sup>2</sup>. By 2011, 60 of the 64 provinces in Vietnam had some form of needle and syringe distribution program (NSP).<sup>3</sup>

Such programs in Vietnam rely heavily on international donor support. However, as Vietnam approaches middle-income status, major donors, including the WB, are preparing to withdraw their funding for NSPs in the country. While the United States Agency for International Development (USAID) continues to provide Vietnam with support to control the spread of HIV through its PEPFAR program, a U.S. Congressional ban prevents all programs supported by the U.S. from directly funding or procuring N/S for IDUs. Both the U.S. funding restriction and current donors phasing out support have left serious gaps in resources for NSPs in Vietnam. In light of this problem, it is critical that the gaps in resources, supplies, and coverage are identified so the programs can determine the best areas to invest their resources and ways to coordinate with other programs that are allowed to purchase N/S.

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<sup>1</sup> MOH. Preliminary Viet Nam HIV/AIDS Estimates and Projections 2011. Ministry of Health, National Technical Working Group on HIV Estimates and Projections, 2011.

<sup>2</sup> Wilson D, et al., Evaluation of the epidemiological impact of harm reduction programs on HIV in Vietnam. Vietnam Administration for HIV/AIDS Control, UNAIDS, World Bank, University of New South Wales, Partnership for Epidemic Analysis, 2011.

<sup>3</sup> VAAC. Report on HIV/AIDS Prevention and Control Programmes in 2010. Vietnam Administration of HIV/AIDS Control: Hanoi, Vietnam, 2011.

## **Study Objectives**

This assessment aims to:

1. Assess the adequacy of the N/S supply, as well as the supply chain and the procurement of N/S at the district and provincial levels in key areas covered by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), with a focus on identifying deficiencies in funding and/or supplies.
2. Examine the distribution of N/S to IDUs at district and provincial levels and determine ways to improve distribution efficiency.
3. Assess the availability and accessibility of N/S in districts and provinces, including the different types of N/S available and the preferences and needs of IDUs.
4. Identify the practices and gaps in collecting and disposing of used N/S at district and provincial levels.

The findings in this assessment are intended to guide USAID's immediate programming decisions and its future engagement in NSPs. These findings may also be used to advocate for improved NSP coverage and coordination.

## **Methodology**

This is a qualitative assessment that involved collecting data through in-depth interviews (IDIs) and focus group discussions (FGDs) in the following ten cities and provinces: Hanoi, Hai Phong, Nghe An, Quang Ninh, Ho Chi Minh City (HCMC), Can Tho, An Giang, Lao Cai, and Dien Bien, as well as Son La, which is the only province not covered by PEPFAR.

Sixty in-depth interviews were conducted with key informants in the ten provinces. Participants included leaders of Provincial AIDS Centers (PACs) in charge of NSPs and province-based NSP staff from FHI360, Population Services International (PSI), the WB, the Centers for Disease Control and Prevention (CDC), and other implementing partners.

Three FGDs were held in each province among different populations: 1) peer educators (PEs) or village health workers (VHWs) involved with NSPs; 2) IDUs; and 3) local pharmacy staff. Each FGD included six to eight participants.

Audio recordings of the interviews and discussions were transcribed verbatim and uploaded for data analysis into ATLAS.ti, a software program that facilitates qualitative analysis.

## **Conclusions and Recommendations**

This gap analysis found that N/S are widely available in most provinces but free distribution relied largely on donors as the government procurement processes were very slow and problematic. However, the available free N/S were often poor quality and not the size or type preferred by IDUs. Access to sterile N/S at pharmacies and fixed boxes and through NSPs and PEs was quite good except late at night.

The most widely available and used N/S are the 3cc high dead-space syringes (HDSS), which present a higher risk for HIV transmission when shared because they retain more blood. The lower risk 1cc low-dead space syringes (LDSS) are only commonly used in a few southern provinces. Knowledge about and availability of LDSS is very limited elsewhere in the country.

Currently, PEs working for NSPs do most of the collection and disposal of used N/S, but there is certainly room for other organizations to be involved as per the findings and recommendations explained below.

### ***Funding sources for NSPs***

The NSPs in the ten study provinces depended greatly upon international donor support for funding, primarily the WB and Global Fund (GF). Vietnam's National HIV/AIDS Target Program (NTP) also supported NSPs in eight of the ten study provinces, although this funding was quite limited compared to that from international donors.

The WB started phasing out its funding N&S projects in Vietnam in 2012, which means that the majority of provinces are likely to experience shortages of N/S supplies in the near future. If the NSPs in these provinces do not find other funding sources, they will have to rely solely on the NTP's already strained resources. Only the three Northern provinces with continuing GF support (Dien Bien, Lao Cai, and Son La) will be partially shielded from N/S shortfalls in the near future. However, the GF support only covers selected districts in Son La and Lao Cai, not the entire province.

### **Recommendations**

- Key informants recommended that funding for NSPs be diversified, particularly in areas that depend primarily upon WB support. They also hope to see GF support expanded and more funding for N/S procurement allocated to the NTP.
- Many key informants emphasized the need to reduce IDUs' dependence on free N/S, and some suggested social marketing as a promising strategy for achieving this change. This approach uses commercial marketing techniques

to provide low cost N/S to IDUs, in combination with targeted communication to promote positive behavior change. Because these programs encourage IDUs to take responsibility for purchasing their own sterile equipment, they are less costly than NSPs distributing free N/S. This approach has already been tested in Vietnam by the social marketing program initiated in 2011 by DKT International Vietnam and the HIV/AIDS Asia Regional Program (HAARP), which recorded a high rate of N/S distribution to IDUs in three southern Vietnamese provinces.<sup>4</sup>

- Funding should be provided to expand N/S social marketing throughout Vietnam and support the transition to a national response characterized by greater results and less reliance on external funding. To achieve this, organizations capable of launching and expanding N/S social marketing should be identified and these programs should be based on lessons learned from past and ongoing pilot programs.

### ***Procurement of needles and syringes***

For the most part, the NSP process for procuring N/S was not functioning effectively and key informants mentioned several issues that hindered the process. Many informants felt that State and donor requirements made the process overly complicated and cumbersome. The procedures are quite time-consuming because, in addition to a public announcement of the bidding, approval is required from multiple Government agencies. In some communes, transporting supplies also presented a problem and often resulted in delayed procurement and supply shortages.

Informants said that the PACs are currently trying to deal with these issues by planning ahead and coordinating with each other to resolve temporary supply shortages in certain areas. With donor approval, the PACs should be able to transfer N/S from one program to another as needed, although sometimes there are not enough supplies to go around.

### **Recommendations**

- The procurement and bidding process should be streamlined to ensure NSPs are able to secure the supplies they need in time. This requires enhanced communication and coordination between the Government and donor agencies involved.

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<sup>4</sup>AusAID. Harm reduction for sale: Using needle and syringe social marketing to prevent HIV and reduce drug-related harm in Southern Vietnam. Australian AID: Canberra, Australia, 2011.

- Facilitating mechanisms should be established (e.g. reducing the amount of paperwork) to allow NSPs to obtain additional supplies more quickly during times of shortage. Improving the transport of supplies in remote areas should also be prioritized.

### ***Distribution of needles and syringes***

While N/S are relatively easy to obtain during the day, IDUs reported difficulty acquiring them late at night after pharmacies close. This problem was partially alleviated by other distribution channels such as PEs, VHWs, and fixed boxes. However, there were also problems reported in these channels. Peer educators were not always reachable, particularly in remote areas, and PE networks have high turnover rates, largely due to issues with the police. In addition, VHWs distributing N/S said they were overburdened by work and lacked motivation. Lastly, fixed boxes often ran out of supplies if IDUs take too many N/S at a time and PEs find it difficult to monitor and/or prevent this behavior.

### **Recommendations**

- Private-sector initiatives such as the expanded use of pharmacies and other outlets have great potential to improve IDUs' access to N/S. Pharmacies could also expand their services by selling high quality N/S, especially LDSS and other sterile injection equipment, offering referrals, and providing relevant information, education and communication (IEC) materials. The increased use of pharmacies would also have the added benefit of reducing IDU dependence on donor-funded NSPs.
- The "Friendly Pharmacy" model has the potential to create welcoming outlets for supplies and services if it are well designed and monitored to ensure the necessary commodities are stocked and available, and that the pharmacies treat IDUs with respect. Research by the USAID Social Marketing project suggests that some "Friendly Pharmacies" are not actually very friendly to IDUs and often do not stock the commodities they require. The social marketing project's experience working with pharmacies to increase convenient access to commodities near places where IDUs shoot up in Hanoi and Ho Chi Minh City, including stocking, displaying, selling single N/S units, suggests that a behavior change/trade marketing approach makes a considerable difference in motivating pharmacy operators to support public health objectives.
- To increase N/S accessibility during both day and at night, NSPs should consider distributing or selling clean N/S through non-traditional channels

such as small retailers, as is already being done at tea shops in some provinces.

- Needle and syringe programs should work closely with local authorities and the police to dissuade them from arresting PEs, especially now that drug use is viewed as a disease that requires evidence-based treatment rather than detention and punishment.
- As recommended in some key informant interviews, recruiting VHWs to serve as distributors has the potential to expand access to clean N/S in remote and mountainous areas, but these workers should be trained and given incentives to improve their motivation and commitment to the NSPs. Training would also increase VHW efficiency in N/S distribution and thus reduce the extent to which this additional activity would be a burden detracting from their other duties.

### ***Availability of needles and syringes***

The availability of and preference for different types of N/S varies by region. Those most commonly distributed by NSPs in Vietnam are: 1) the standard 3cc “HDSS and 2) the 1cc LDSS. The HDSS retain over 1000 times more blood in the syringe after washing and therefore increase an IDU’s risk of exposure to HIV. Pharmacies generally offer a wider variety of sizes and brands of N/S and many IDUs in the program sites considered the N/S sold at pharmacies to be higher quality than the free N/S provided by NSPs. In the north, the majority of IDUs used the free 3cc HDSS provided by NSPs or on sale in most pharmacies. In southern provinces, IDUs reported preferring the 1cc LDSS (*‘bom kim dau do’*), stating that they had sharper needles, caused less pain, left fewer marks, and wasted less drugs than the 3cc HDSS provided by NSPs. Despite these advantages, very few IDUs in the north had tried *‘bom kim dau do’*, citing their small size as a deterrent to mixing and sharing drugs.

*‘Bom kim dau do’* were usually available from pharmacies in the south but not in the north. Only NSPs in HCMC provided *‘bom kim dau do’* for IDUs, while 3cc HDSS were the only available option from NSPs in other provinces. Very few key informants, IDUs, PEs and pharmacy staff knew about the LDSS potential to reduce the risk of transmitting HIV.

### **Recommendations**

- Needles and syringes provided free by NSPs and those offered for sale in pharmacies and other outlets should be of high quality and meet the needs and preferences of IDUs, based on systematic market research.
- It is important to spread information about the advantages of LDSS for preventing HIV transmission to people working in HIV control, as well as

IDUs and pharmacy staff. This information should be incorporated into harm reduction training for all NSP workers, from program leaders to PEs; then PEs can educate IDUs about the benefits of LDSS. NSPs should consider procuring and promoting the use of high quality LDSS to help prevent HIV infection in IDUs. Ideally, these programs should offer a variety of options, including detachable syringes (both 1cc and 3cc), which have been shown to increase the likelihood of IDUs taking part in the program.<sup>5</sup>

To date, the Government and donors supporting IDU programs in Vietnam have mainly procured HDSS for free distribution. However, the procurement of LDSS should be informed by evidence, including consumer research, to ensure that the products meet the needs and preferences of IDUs. If consumer research or experience indicates, it might be necessary to modify existing LDSS to make them more attractive or appropriate for people who inject drugs, while also meet the relevant quality standards developed and submitted to the VAAC and PACs in 2012.

- A national plan for scaled up LDSS distribution through multiple channels should be developed, consistent with the principles of a total market approach. This would expand access to safe N/S, ensure fully-subsidized N/S are targeted at IDUs that are the least able to pay, and maximize space for partially-subsidized and non-subsidized products, thereby reducing the need for external funding over time. Low dead-space syringes should be available for sale in pharmacies and other outlets so IDUs will have more opportunities to learn about and try them. Trade marketing techniques should also be used to encourage commercial wholesalers and retailers to stock, display and sell single N/S, particularly LDSS.
- Programs for distributing and promoting LDSS through social marketing or otherwise should be designed based on market demand, surveys and qualitative studies. They should also be monitored and evaluated following implementation.

Evidence-based Behavior Change communication (BCC) tools should be developed to create consumer demand for LDSS where many IDUs are currently unaware of them or their benefits, or resist using LDSS based on misinformation. This report makes it clear that many drug users have never

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<sup>5</sup> Strike, C., et al. Ontario needle exchange programs: Best practice recommendations. Ontario Needle Exchange Coordinating Committee. Toronto, 2006.

used LDSS so this preferred behavior will definitely need to be promoted and supported.

### ***Collection and disposal of used needles and syringes***

At present, PEs from NSPs and other HIV prevention programs are primarily responsible for collecting used N/S. Many PEs report that even though they are provided with protective equipment such as gloves and boots, they still feel at risk because of the low quality of some of this equipment.

In big cities such as HCMC, Hanoi, Quang Ninh, and Can Tho, district hospitals have proper medical waste incinerators to dispose of used N/S, while professional hygiene and environmental sanitation companies are contracted to dispose of N/S in some provinces. However, NSPs in remote and mountainous areas face difficulties transferring used N/S to district health centers or PACs so it is common practice for communal health centers to burn or bury used N/S themselves.

### **Recommendations**

- Peer educators should be provided with higher-quality protective equipment such as thick disposable gloves, puncture-proof safety boxes, and tools for picking up rubbish. They should also be able to easily replace depleted N/S supplies as necessary.
- Mass organizations and street sanitation workers should be mobilized and trained to assist with collecting and disposing of used N/S.
- Key informants recommend that where transferring used N/S is difficult, NSPs should procure incinerators to dispose of used N/S or increase financial support for transporting them to appropriate district or provincial disposal facilities.

## 1. Background and Rationale

Since the first HIV case in Vietnam was recorded in 1990, the HIV epidemic has spread to all 64 provinces, including 98% of districts and 77% of communes.<sup>6</sup> However, the epidemic still remains concentrated in high-risk populations such as female sex workers, men who have sex with men, and IDUs. People who inject drugs have comprised the majority of reported HIV infections and AIDS cases for decades. While HIV sentinel surveillance (HSS+) data show that HIV prevalence is declining in this population,<sup>7</sup> HIV remains highly prevalent among IDUs, with the highest rates found in HCMC (46%), and Dien Bien (56%) and Quang Ninh (48%) provinces.<sup>8</sup>

At the beginning of the epidemic, IDUs were the main force behind the spread of the disease, making controlling HIV among this population a high priority. Initially, the Vietnamese government took a “social evils” approach to controlling drug use and sex work, which involved incarceration and forced detoxification of IDUs. However, this approach was not effective so the government shifted its focus to a more active role in combating the epidemic through harm reduction activities.<sup>9</sup>

The 2006 National Law on HIV/AIDS Prevention and Control stipulates that “the Government shall provide for organizing the implementation of harm reduction intervention measures to prevent HIV transmission” (Clause 2, Article 21). Decree 108 detailing a number of articles in the law on HIV/AIDS provides guidance for implementing the law, including specifics for programs and their goals. It calls for harm reduction intervention measures that provide clean N/S for IDUs, guidance on the safe use of N/S, and treating opiate addicts with substitute drugs (Article 4, Chapter II).

The Ministry of Health (MOH) is the leading government agency for executing and coordinating harm reduction activities. The objectives and strategies of these activities are outlined in Vietnam’s National Strategy on HIV/AIDS Prevention and Control until 2020, with a vision to 2030<sup>10</sup> (hereinafter referred to as the “national strategy”), which serves as a framework for all 18 ministries and their departments, as well as the 63 provincial authorities, civil society, and international partners. Preventing the transmission of HIV among IDUs is a priority in the national strategy, which aims to reduce transmission in this population by 50% by 2015 and 80% by 2020. To achieve this objective, the national strategy specifically calls for increasing the quality and coverage of NSPs, the 100% Condom Use Program (100% CUP), and the model for

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<sup>6</sup> VAAC. Sentinel Surveillance Survey 2011. Viet Nam Administration of HIV/AIDS Control. Hanoi, Vietnam, 2011.

<sup>7</sup> Ibid.

<sup>8</sup> MOH. Preliminary Viet Nam HIV/AIDS Estimates and Projections 2011. Ministry of Health, National Technical Working Group on HIV Estimates and Projections, 2011.

<sup>9</sup> Reid, G. and P. Higgs. Vietnam moves forward with harm reduction: an assessment of progress. *Global Public Health*, 2010; 6(2), 168-180.

<sup>10</sup> MOH. National Strategy on HIV/AIDS prevention and control in Vietnam to 2020, with a vision to 2030. Ministry of Health. Hanoi, Vietnam, 2012.

methadone maintenance therapy (MMT), focusing on regions with large numbers of IDUs. Through this intervention, Vietnam hopes to achieve 100% safe injections and 100% condom use among IDUs.

Harm reduction services for IDUs have been available in Vietnam on a limited basis since 2001. Service coverage increased dramatically in 2004 with the implementation of a large-scale harm reduction program funded by the WB and DFID. One of the main components of this program is the distribution of free, clean N/S to IDUs in 32 provinces. An independent study showed that the program has been successful in reducing the spread of HIV, preventing 2-56% of new HIV infections over the last five years, depending on the program's level of coverage in particular areas.<sup>11</sup>

By 2011, 60 of Vietnam's 64 provinces had some form of NSP.<sup>12</sup> According to the 2011 HIV Sentinel Surveillance (HSS+), 55.1% of male IDUs reported receiving free N/S in the previous month; on average, HIV-positive IDUs received nine free N/S per month and HIV-negative IDUs received 22 N/S per month.<sup>13</sup> Even so, data indicates that sharing drug equipment may still be relatively common. Data from the 2009 Integrated Biological and Behavioral Surveillance (IBBS) show that 15% to 37% of IDUs had shared N/S in the previous six months.<sup>14</sup>

Despite the success of the DFID- and WB-supported harm reduction program, the DFID plans to phase out its aid to Vietnam by the end of 2013, effectively concluding the program. Other harm reduction programs for IDUs in the country include peer education programs, which have been extensively funded through PEPFAR CDC/LifeGap, and national budgets, and implemented by PACs and PEPFAR partners such as FHI360. However, for the reasons outlined below, these U.S.-supported programs currently cannot directly provide N/S and must rely on other programs or funding sources for N/S supplies.

Since Vietnam became a PEPFAR focus country in June 2004, the U.S. has become its single largest donor for HIV/AIDS prevention. In 2009, the U.S. Congress reversed the ban on federal funding for NSPs that had prevented USAID, the CDC, and PEPFAR from fully funding harm reduction programs for IDUs. In July 2010, the Office of the US Global AIDS Coordinator (OGAC) issued new guidance on HIV prevention programs for IDUs that included NSPs and in June 2011, PEPFAR Vietnam announced that U.S. government funds could now be used to procure and provide N/S in Vietnam. Unfortunately, Congress reinstated the ban on N/S funding in late 2011.<sup>15</sup>

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<sup>11</sup> Wilson D, et al., Evaluation of the epidemiological impact of harm reduction programs on HIV in Vietnam. Vietnam Administration for HIV/AIDS Control, UNAIDS, World Bank, University of New South Wales, Partnership for Epidemic Analysis, 2011.

<sup>12</sup> VAAC. Report on HIV/AIDS Prevention and Control Programmes in 2010. Vietnam Administration of HIV/AIDS Control: Hanoi, Vietnam, 2011.

<sup>13</sup> VAAC. Sentinel Surveillance Survey 2011. Vietnam Administration of HIV/AIDS Control. Hanoi, Vietnam, 2011.

<sup>14</sup> MOH. Results from the Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam 2009. Hanoi, National Institute of Hygiene and Epidemiology, Ministry of Health. Hanoi, Vietnam, 2009.

<sup>15</sup> Harm Reduction International. U.S. reinstates federal funding ban for needle and syringe exchange programmes. Harm Reduction International, 2011. <http://www.ihra.net/contents/1154> (Accessed 4 Nov 2012).

In a country with an epidemic largely fueled by injection drug use, restrictions on NSP funding have left serious gaps in resources. In the face of this problem, Vietnam's National HIV/AIDS Target Program (NTP), provincial governments, and donors such as DFID, Global Fund, and the WB have been purchasing and distributing N/S.<sup>16</sup> It is important to identify the gaps in resources, commodity supplies, and program coverage so that USAID and PEPFAR can determine the best place to invest their resources and how to coordinate services with programs that are allowed to purchase N/S.

## 2. Study Purpose and Objectives

The purpose of this study is to assess gaps in the supply and distribution of N/S in Vietnam in order to inform PEPFAR programming. To achieve this goal, the study aimed to:

1. Assess the adequacy of supply, the supply chain, and procurement of N/S in key PEPFAR areas from the provincial to district level, with a focus on identifying deficiencies in funding and/or supplies.
2. Examine the distribution of N/S to IDUs from the provincial to district level, including ways to improve its efficiency.
3. Assess the availability and accessibility of N/S in provinces and districts, including the types of N/S available and IDUs N/S preferences and needs.
4. Identify the practices and gaps in the collection and disposal of used N/S at provincial and district levels.

## 3. Methodology

This was designed to be a qualitative assessment employing in-depth interviews (IDIs) with key informants and focus group discussions (FGDs) with target groups, including IDUs, PEs, VHWs, and pharmacy staff. The study was conducted in ten provinces and cities: Hanoi, Hai Phong, Nghe An, Quang Ninh, HCMC, Can Tho, An Giang, Lao Cai, Dien Bien, and Son La. All provinces were covered by the PEPFAR program except for Son La.

### ***In-depth interviews with key informants***

In-depth interviews were conducted with key informants that had knowledge of and experience with NSPs in their province. Six interviews were conducted in each province for a total of 60 interviews in the ten study provinces. Participants included PAC leaders in charge of NSP (e.g. heads of Harm Reduction Departments), and

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<sup>16</sup> Turnbull W. *Uncharted Waters: The Impact of U.S. Policy in Vietnam*. Washington, D. C., United States: Population Action International, 2006.

province-based NSP staff from FHI 360, Population Services International (PSI), the WB, CDC, and other implementing partners.

The interviews were audio-recorded with the consent of the participants and each interview took approximately 60 to 90 minutes. Consulting staff from the Institute of Social and Medical Studies in Hanoi were in charge of conducting the interviews in the seven northern provinces, and USAID/HPI HCMC-based staff conducted the interviews in the three southern provinces. The interview guide can be found in Annex A.3.

### ***Focus group discussions with IDUs, PEs, VHWs, and pharmacy staff***

In addition to the IDIs with key informants, three focus group discussions were conducted in each province for a total of 30 discussions in the ten study provinces. The discussions were held with three different populations: 1) PEs and VHWs involved with NSPs, 2) IDUs, and 3) local pharmacy staff. Each FGD included between six and eight participants.

Pharmacists and PEs were selected based on suggestions from provincial staff working for implementing partners. These partners briefed the potential participants about the assessment and invited them to participate. Those who agreed were introduced to the interviewers, who explained the assessment and FGD process in detail before obtaining the participants' informed consent. IDUs were introduced to the study researchers by PEs and given detailed information about the study. Only those who gave their informed consent were included in the study.

The FGDs were also audio-recorded with the participants' permission. Each discussion was held in a private room and took approximately 60- 90 minutes. Detailed guides for each FGD are included in Annex B.2.

## **4. Data Analysis**

Qualitative data were analyzed via the following steps using standard content analysis methods:

1. *Transcription:* All audio recordings of IDIs and FGDs were transcribed verbatim in Vietnamese and checked against the recording for accuracy. Transcribed data were then uploaded into ATLAS.ti qualitative data analysis software.
2. *Coding:* The analysis included coding the transcript contents to identify key patterns and themes. A preliminary *a priori* codebook was developed based on the study objectives and interview topics. The codebook included underlying interview sub-topics (the availability of N/S and related commodities, barriers to distributing these commodities to target clients, etc.). The transcripts were coded to identify passages of text related to the topics and themes outlined in the

codebook, and new codes were added as patterns emerged during the process. The coded transcripts were then categorized according to the type of respondent and used to identify core concepts and themes arising from the interviews.

3. *Data synthesis*: The final analysis step involved synthesizing all the qualitative data, finding relationships between key themes, and developing an organizational structure to present the study findings and recommendations.

## 5. Ethical Considerations

All researchers involved in the study were trained in protecting the human subjects. The potential risks of taking part in the interviews for this study were minimal. To ensure the voluntary nature of the study, participants were informed that they could refuse to answer any question and could leave the interview at any time. They were also reminded not to use names during the discussion as that could pose a confidentiality risk because the interviews and FGDs were audio-taped. Participant names were not written on any paper or entered electronically during transcription. Any identifying information collected from participants was kept separate from the data to ensure confidentiality. All participants provided signed informed consent forms prior to their participation in the study (see Annex A.2 and Annex B.1).

Interviews were conducted in a private place to ensure confidentiality. The information collected during the interview was only used for this study and only key researchers had access to the documents and audio recordings. All documents and audio recordings were kept in a locked cabinet in a secured room.

## 6. Key Findings

This section presents the key findings of the assessment of current funding sources for NSPs and the procurement and distribution of N/S in the ten study provinces/cities, as well as IDU access to N/S in the study sites and used N/S collection and disposal at the sites. Potential gaps and/or barriers related to the NSPs are also identified and presented in this report.

### 6.1. Funding sources for NSPs

Key informants in each province were asked to list the sources of funding for NSPs in their provinces. Three main funding sources were identified, including the WB, Global Fund, and the Vietnam NTP. The WB funds NSPs in all but two provinces in the study: Lao Cai and Dien Bien. The GF covers three of the ten study provinces, including Lao Cai, Dien Bien, and Son La. The NTP supports eight of the ten provinces, with the

exception of Nghe An and An Giang. Key informants said that their NSPs also receive funds from the city/provincial budget in Quang Ninh, Hanoi, and HCMC.

### Current sources of funding for NSPs in ten study provinces

Province	World Bank	Global Fund	NTP	Other
Hanoi	+		+	City budget
Hai Phong	+		+	
Quang Ninh	+		+	Provincial budget
Lao Cai		+	+	
Dien Bien		+	+	
Son La	+	+	+	
Nghe An	+			
Ho Chi Minh City	+		+	City budget
An Giang	+			
Can Tho	+		+	

Of the ten provinces studied, eight have at least two sources of NSP funding, with the WB being the main source. Nghe An and An Giang are the only two provinces with just one funding source, which is the WB in both cases.

*“My project [WB-funded] covers 14 out of 24 districts. It is the main source of N/S for the whole city; almost all N/S distributed in the city come from my project” – IDI with key informant in HCMC*

*“We have two NSPs, one is sponsored by the World Bank and the other by the NTP. The main funding source is the World Bank...and the supply of N/S from the NTP is limited” - IDI with key informant in Quang Ninh*

Key informants reported that the NTP sometimes provides funds directly to the provinces so they can procure supplies themselves. In other cases the NTP procures N/S from the central Vietnam Administration for AIDs Control (VAAC) and then dispenses them to the provinces.

*“We never received funds from the NTP because there was not enough money to buy N/S. The VAAC provided the N/S for last year.” – IDI with key informant in Lao Cai*

According to some key informants, the NTP receives both State and provincial funding. However, not every province received funding for NSPs. In Quang Ninh, Hanoi and HCMC, the province/city was able to allocate more money for its NSP than the State.

*“The NTP has two sources of funding for its implementation - the province and the State. The State funding is actually very low. For example, the money for last year covered only one-third of the demand, and there is no funding yet for this year; we still don’t know how much we will get. We heard that State funding for this year will be only half of what comes from the province.” – IDI with key informant in Quang Ninh*

Some key informants in northwestern provinces (Lao Cao, Son La, and Dien Bien) said in the past they received N/S from other sources such as the VNMJ04 drug abuse and HIV prevention program for ethnic minorities in northwestern Vietnam, which is supported by the United Nations Office on Drugs and Crime. However, this program no longer provides N/S.

*“In the past, J04 [VNMJ04] also supported us a lot [for the NSP]. In 2010, there were the J04 program and an HIV prevention program for youth ... but now they have ended.” - IDI with key informant in Lao Cai*

### **Coordination among different NSPs**

As the majority of the provinces have more than one NSP, the PAC coordinates different NSPs in their provinces to avoid overlaps in N/S coverage and resolve temporary supply shortages in their districts.

In general, the NSP covers only a few districts in each province due to the limited number of N/S available. Similarly, not all communes in each district are covered by an NSP. Within each province, the NTP covers NSPs in some districts, while others are covered by the WB or Global Fund.

*“We focus on districts with high numbers of IDUs. We cannot cover all the districts. In each district, we also selected ‘hot’ communes” to cover. – IDI with key informant in Lao Cai*

Key informants said that when an NSP runs out of N/S supplies, the PAC mobilizes supplies from other NSPs in their province to temporarily cover the shortage. They explained that this mobilization is easier to execute with the NTP than with the WB and GF because they require a longer approval time. At times, PACs also borrow supplies from a nearby province, as in Lao Cai and Dien Bien, and this coordination appears to be quite effective.

*“Provincial AIDS Centers can easily coordinate N/S supplies from the NTP and they can be mobilized right away. With NSPs funded by other donors, we can coordinate only with the donor’s approval.” - IDI with key informant in Hai Phong*

Several international groups, including FHI360, PSI, and Life Gap (CDC), have funded HIV prevention programs in the ten study provinces; however, these programs cannot provide money for N/S distribution due to the U.S. funding ban. The PEs in these programs may be supported by programs financed by the U.S., but they can only distribute N/S funded by non-U.S. donors such as the WB, Global Fund, or NTP.

*“Only the WB procures N/S. However, FHI360 and PSI projects use the N/S from the WB. The WB, FHI360 and PSI all distribute N/S.” - IDI with key informant in Nghe An*

*“The peer educators at Life Gap supported us in distributing N/S, however they they are paid by Life Gap, while those in the WB program are paid by the WB.” - IDI with key informant in Quang Ninh*

### **Potential gaps in NSP funding**

The WB is the main source of funding for NSPs in several provinces. However, key informants feared that because the program will end soon, many provinces will face shortages of N/S in the near future unless other funding sources are secured.

*“I know the WB program will be ending this September. When it ends, there will be serious shortages of N/S. We need to look for other sources of funding. If we cannot find another source, we will have to use funds from the national AIDS program [NTP], however I am afraid that these will not be sufficient because funding for the AIDS program this year has been reduced compared to previous years.” – IDI with key informant in An Giang*

Informants in all sites reported that N/S funding from the NTP will not be sufficient to cover the demand in their province when the WB closes its program.

*“The biggest difficulty is the source of funding. The NTP is very limited and we cannot cover all the demand; we can only provide a certain amount of N/S for some districts each year, and not even enough for the whole year - just a couple of months. The WB has not officially informed us but its program will probably end in 2012. This will be problem as the WB is a big donor for the NSP.” – IDI with key informant in Hanoi.*

Key informants in other sites such as Hai Phong, HCMC, and Can Tho shared similar concerns about the NTP’s limited resources. Only funding in the three Global Fund-supported provinces in the north (Dien Bien, Lao Cai, and Son La) did not appear to be a current concern because this program will be maintained.

*“For the next two years, I am not worried much [about the funding for NSPs] because the VAAC still plans to provide N/S to Dien Bien and Global Fund will also ensure the source for N/S. After that, it will depend on the plans of different programs. In our estimation, we will have enough free N/S for IDUs from now until the year 2015.”– IDI with key informant in Dien Bien.*

However, even NSPs supported by the Global Fund occasionally experience shortages of N/S and have had to mobilize supplies from other provinces.

*“[Shortages] happen sometimes. For example, in 2011, the Global Fund program ran out of N/S from September to November and had to borrow from another source, I heard it was the J04 project. In addition, the PAC had to mobilize [supplies] from Dien Bien. For about three months, we did not have enough N/S and the program could not meet our estimated minimum needs.” – IDI with key informant in Lao Cai*

Methadone maintenance therapy (MMT) programs were operating in seven out of the ten study provinces and were planned for the other three (An Giang, Son La, and Lao Cai) by 2012. When asked whether the MMT program affected the N/S supply, several key informants felt that it would not affect the NSPs much, mostly because the capacity of the MMT program is limited and incapable of meeting IDUs’ demand for treatment. Some interviewees also mentioned that many IDUs avoid using MMT services to conceal their drug injecting status.

*“It [the MMT program] will not affect [the NSP] much because the number of people participating in MMT is not large... Not many people admit that they are drug users, and in order to join the MMT program, they have to do so.” - IDI with key informant in Nghe An*

In contrast, other key informants believed that when the MMT program is expanded, the number of IDUs receiving MMT will increase and their needs for N/S will diminish accordingly.

*“It will affect [the NSP] somewhat because when people participate in the MMT program, our N/S number will be cut down.” - IDI with key informant in Nghe An*

The WB support for NSPs is more significant than the NTP funding. However, as the funds from the WB have decreased over the past year or two, key informants in several provinces mentioned that they had to or would have to request more backing from the State (the NTP) in order to cover the shortfall.

*“...the State...provides us with about 100 million [Vietnamese Dong (VND)] per year. In the past two to three years, the funding from the State was low because the WB procured and provided enough N/S for us to distribute to IDUs. However, funding from the WB for this year decreased, so we started using more funding from the State, up to 500 million [VND].” - IDI with key informant in HCMC*

Key informants revealed that the free N/S distributed by NSPs only meet a small portion of the demand among IDUs, many of whom buy their own N/S.

*“In 2011, we distributed between two and two and a half million N/S. That only met roughly 10% of the IDU needs, so they mainly have to buy N/S.” - IDI with key informant in HCMC*

## **6.2. Procurement of needles and syringes**

### ***Process for procuring needles and syringes***

According to key informants, NSPs procure N/S supplies annually via a bidding process and programs have to meet technical criteria specified by donors or the MOH. More often, the responsibility of procurement falls upon provincial NSP management boards that collaborate with provincial health services to find and contact suppliers. In some provinces, the PAC is also authorized to procure supplies for the province.

*“The Provincial Health Services contracts legitimate suppliers [of N/S]. In fact, our PAC also has legal authorization, but this is rather sensitive. The Health Services want to have the right to do it [buy N/S for the program] so we don’t want to interfere with them...we have become passive.” - IDI with key informant in Hai Phong*

Informants in Lao Cai, Quang Ninh, and HCMC say that the N/S supplies are sometimes procured at the central level and then delivered to provinces rather than being procured directly by provinces.

*“Some years ago, N/S were procured from the center [central level] then shipped to us. Recently, we procured them ourselves through bidding. If we could not procure them in time, we requested to have N/S shipped to us from the center.” - IDI with key informant in HCMC*

The procurement process was viewed as complicated and time-consuming by key informants in most of the provinces. Bidding must follow State and donor guidelines that require public announcements, as well as approval from the provincial Department of Planning and Investment and the Provincial People’s Committee.

*“If we wait for procurement from the Provincial Health Services, it takes up to six months to get the decision from the provincial People’s Committee...” - IDI with key informant in Lao Cai*

*“We get stuck with the bidding [for N/S] almost every year. The bidding procedure is very time-consuming. The public announcement of the bidding takes one month, then it is submitted to the provincial Department of Planning and Investment, then to the city’s People’s Committee to get approval... it really takes a lot of time. And sometimes, they change their staff. New person, new requirements - so we have to resubmit, and that is even more time consuming.” - IDI with key informant in HCMC*

Delays in the bidding process often result in insufficient supplies of N/S early in the year to distribute as planned. Since the delays are often anticipated, the provinces try to plan ahead and procure more supplies to save for the first quarter of the following year. Even so, informants revealed that shortages still occur and programs do not always have enough N/S to distribute to IDUs.

*“It [the procurement of N/S] is late almost every year, so more often than not we have to use N/S stockpiled from the year before. Some years, we ran out of N/S because we could not procure them on time, and the stock from the previous year was also used up.” - IDI with key informant in HCMC*

Some informants also mentioned occasional delays in procuring N/S at lower levels (district or commune) due to limited means of transportation to deliver the supplies.

*“Sometimes, one or two districts experienced a shortage of N/S for about a week. They informed us but we could not deliver N/S from the manufacturer’s warehouse in time. They do not deliver small amounts; it must be a full van, so we could not get the N/S in time. - IDI with key informant in HCMC*

### ***Plans for procuring needles and syringes in the next five years***

The key informants revealed that the majority of PACs do not have a clear N/S procurement plan for the next five years, mainly because the provinces depend heavily upon outside donors for their supplies. Instead, the provinces develop annual plans that outline the estimated number of N/S needed for distribution to IDUs that year. These estimates are based on information about the number of IDUs in the province multiplied by an estimated daily need (e.g. an IDU injects an average of two to three times a day). Whether or not the annual plans receive funding depends upon the amount of money available from donors or the NTP.

As mentioned earlier, many key informants, especially those in WB project sites, were quite concerned about procuring N/S for their provinces in the future because they were informed, either formally or informally, that the WB will be ending their program very soon, in 2012 or 2013, depending on the province. When the WB ends the program, these provinces will have to depend more on the State unless other donors (e.g. the Global Fund) fill the gap.

### **6.3. Distribution of needles and syringes**

Across the study sites, IDUs reported that they access N/S via fixed N/S boxes provided by NSPs, PEs, VHWs, and commune health centers. In addition, N/S are available for purchase at pharmacies and other retailers such as tea shops.

#### ***Distributing N/S through fixed boxes***

According to the interviewed key informants and PEs, N/S boxes are available in almost all of the study provinces. The boxes are primarily managed by PEs, although in some cases, VHWs or tea shop owners manage them. Clean N/S are placed in the fixed boxes every day so IDUs can stop by to pick them up. Some participants said that they also monitor the boxes and remind IDUs not to take too many N/S at one time so others will be able to access the supplies.

Key informants also said that in some NSPs, FHI360 provides financial support for the people who take care of the fixed boxes while in others, the person responsible for managing the boxes is unpaid.

*“In our program, the people who manage N/S boxes are supported by FHI360 with VND300,000 per month. Each month we provide them with 900 N/S and each day they put 30 N/S into the box where IDUs come to get them. If someone takes too many, the person in charge will remind him/her to take fewer and save N/S for others coming later.” - IDI with key informant in Lao Cai*

Fixed boxes are often put in front of or inside health facilities such as commune health centers or hospitals. Sometimes, they are placed near “hot spots” or public restrooms (as in An Giang) or in front of the houses of program personnel.

*“Global Fund has about 23 boxes. We often put the boxes in front of commune health centers or peer educators’ houses.” - IDI with key informant in Lao Cai*

*“The WB has some boxes in commune health centers, or they hang them on a tree, or place some in tea shops so IDUs can stop by to get N/S.” - IDI with key informant in Quang Ninh*

Peer educators and IDUs both said that fixed boxes are a convenient distribution channel for IDUs, especially at night when they cannot obtain N/S from PEs or buy them from pharmacies.

*“When it is too late and I cannot meet Mr. H [a peer educator], I can go to the commune health center to get N/S because there is a fixed box there.” - FGD with IDUs in HCMC*

However, several IDUs mentioned that although they can access the fixed boxes, they are often empty.

*“When I cannot get them [N/S] from PEs, I can stop by a box near the bridge. However, many times when I went there, there were no N/S left. Someone must have taken all of them.” - FGD with IDUs in Hanoi*

Peer educators confirmed that this problem occurred in all study provinces and made it generally difficult to manage the boxes. Usually they place a fixed number of N/S (20 to 50) in a box every one to three days, expecting that each IDU will take no more than three N/S at a time. Often however, an IDU often grabs a large number of N/S and empties the box.

*“I manage two N/S boxes. I check them and place clean N/S there every two days. Usually I put 30 N/S in a box. Managing the boxes is not easy because*

*some IDUs take too many N/S each time and the boxes empty so quickly.” - FGD with PEs in Hanoi*

According to some PEs, people in their community do not support the N/S boxes because they do not want IDUs hanging around their neighborhoods.

*“In suburban districts, there are cemeteries and forests so it is easy to place the N/S boxes there. In urban areas such as Districts 11, 3, and 5, it is more difficult. We placed some N/S boxes there but during the following days, people got rid of our boxes. They threw them into the trash bins.” - IDI with key informant in HCMC*

### ***Distributing N/S through peer educators or collaborators***

In all sites, PE networks are one of the main N/S distribution channels. Peer educators are provided with clean N/S from the NSPs and distribute them to their IDU clients or to IDUs they meet at “hot spots.” NSPs funded by donors such as the WB, Global Fund, or NTP programs have their own PEs. However, PEs from other HIV prevention programs (FHI360, PSI, and LifeGap) have also become involved in distributing N/S to IDUs.

Overall, IDU feedback about PEs was positive in all ten provinces. Drug users reported that the PEs are friendly and approachable. In addition, IDUs said it is easy to get N/S from PEs since they can meet them in many places including “hot spots,” parks, or bridges to obtain N/S. Sometimes IDUs can even stop by a PE’s house or call them on their cell phones to ask for clean N/S. However, some IDUs said that they rarely meet PEs.

*“It is not difficult to get N/S from peer educators. They always have N/S in their bag to give to us.” - FGD with IDUs in Lao Cai*

*“I have not met peer educators for three months. Some people live near a peer educator’s house so they meet them more often, some live far away so they do not meet peer educators regularly.” - FGD with IDUs in Lao Cai*

The number of N/S that IDUs receive from PEs varies. Peer educators mentioned that the programs set a fixed number of N/S to be distributed to each IDU, although PEs show some flexibility in their distribution practices.

*“The WB directs that each day we distribute a maximum of ten N/S to each IDU. No more than ten. I give some IDUs three per day, some five per day, and for those who have to travel far, I give ten per day.” - FGD with PEs in Quang Ninh*

*"I had to travel 15 to 20 km [to the site] and I could not travel regularly so I distributed N/S for the whole month. For example, if an IDU injected three times in one day, he needed 90 N/S for one month, so I distributed that many [N/S to the client] for the whole month." - FGD with PEs in Son La*

Some PEs stated that the number of N/S an IDU is allowed to receive depends on the number of used N/S they bring back for exchange. This approach is used in the WB program.

*"In our district, we are allowed to distribute two N/S per day to an IDU. However, if someone uses four N/S each day, we will distribute four, provided that they bring back four used ones [N/S] to us that day." - FGD with PEs in Quang Ninh*

*"I am also a peer educator for the WB program. Each day I meet about 25 clients and give each of them one clean N/S per day... When they receive a clean N/S from me, they exchange the used ones." - FGD with PEs in Hanoi*

Some IDUs confirmed that the number of N/S they receive each time varies considerably. While many IDUs said that they are given a fixed number of N/S each time, some said that they can request more according to their needs.

*"Mr. T. is a peer educator there. He meets me only three or four times a month. Each time he gives me seven or eight syringes." - FGD with IDUs in Nghe An*

*"Generally speaking, every time Mr. H [a PE] comes, I ask for one box of N/S. Each box has 100 syringes. Travel is difficult for me so I ask for the whole box."*

*"Each time I see him, he gives me two or three syringes." - FGD with IDUs in Lao Cai*

While distributing N/S via a PE network is quite common and convenient for IDUs, key informants raised a number of issues related to this channel. One difficulty mentioned was the high PE turnover rate. When a PE stops working, the program has to recruit a new one, which is challenging to do quickly. Peer educators and key informants at several sites (Lao Cai, Nghe An, Quang Ninh, Son La, Hanoi, Hai Phong, and Dien Bien) also said that some PEs were arrested by the police because of their continued drug use.

*"Our PEs were not stable...after they were trained and got used to their work, some of them were arrested because of stealing or drug use. We had to replace*

*them, but the new people did not have the same experience as the old ones.” - IDI with key informant in Hanoi*

Several PEs stated that they have difficulty communicating with some IDUs, especially those who belong to ethnic minorities, many of whom live in Son La and Dien Bien provinces.

*“There is a language barrier, they speak their H’Mong language. They must have thought that we came to inject with their family member so they asked us to leave... Thai people also acted like that.” - FGD with PEs in Son La*

*“At first we had seven PEs. After one year, there are only four and we are all from the same ethnic group, while in Muong Phang there are three minority groups so it is really hard when we go to H’Mong villages. We cannot understand each other.”- FGD with PEs in Dien Bien*

Another difficulty for PEs, especially those in mountainous areas, is that there are only a few of them responsible for covering large areas in their provinces. They also said that they receive very limited support from the program for transportation and their monthly stipend is low.

*“The problem for us in the mountainous areas is that villages are far away from each other, so travel is difficult. In some places we have to walk five or six kilometers to a village because it is hard to drive there.” - FGD with PEs in Dien Bien*

In Dien Bien, Lao Cai, and Son La, a few PEs were still concerned about the local police, who reportedly arrest some IDUs after the PEs give them N/S. At other times, PEs were arrested for carrying N/S with them, particularly in Son La.

*“To be honest, we are implementing three policies, in which they [police] try to identify drug users in all communes, and the drug users are then put into a detoxification center. It is very difficult for peer educators to approach drug users because the policemen can follow them and catch [IDUs] when they are receiving N/S.” - IDI with key informant in Son La*

In contrast, PEs from other sites, such as HCMC, Hanoi, Hai Phong, and Quang Ninh, said that they no longer faced difficulties from local authorities or police as they did in the past.

*"I have done this work [PE] for a long time... In the past, it was very difficult because many people [local authorities] did not understand about the NSP. Now more people know that distributing clean N/S is harm reduction so we do not face difficulties from them [local authorities]." - FGD with PEs in HCMC*

### **Distributing N/S through village health workers**

In addition to PE networks, VHWs in Dien Bien province are also involved in distributing N/S. As with PEs, IDUs can receive clean N/S from VHWs either by meeting them in person or going to their houses. Some key informants said VHWs are effective distributors because they can easily approach the families of IDUs in their villages and distribute clean N/S directly to them or their family members. The duties of VHWs include teaching IDUs how to collect used N/S and managing fixed boxes in their villages. According to the key informants, this model seems to work in Dien Bien, where drug use is common and many people do not hide their injecting status.

*"We piloted it [VHWs distributing N/S] and it was very successful... They knew how many drug users there were in their village and went to their houses to give N/S to the wives of the drug users. They also instructed drug users how to collect and pack used N/S and return them to the VHWs." - IDI with key informant in Dien Bien*

*"There were "hot spots" in some villages, so we provided VHWs with about VND50,000 per month to take care of N/S boxes [in those areas]. They were responsible for managing the boxes and I think this model was very effective." - IDI with key informant in Dien Bien*

Key informants added that the VHW distribution model is particularly relevant for remote and mountainous areas in Dien Bien because PEs from outside cannot go into the villages during the rainy season. FHI360 supported the pilot project in Dien Bien for three months and then stopped funding. At the time the data were collected, VHWs did not have the same financial support as during the pilot intervention. However, key informants said that VHWs still distribute N/S in villages where people in the community have asked them to do so, although they have stopped distributing in other villages that have not made such a request.

Health workers involved in distribution also participated in some focus group discussions with PEs. During these sessions, the VHWs showed little interest in taking on the task of distributing N/S since they saw it as extra work, citing their already heavy workloads and limited financial support for the additional task. In some places where VHWs manage fixed boxes in front of their houses, they also said they are often bothered by IDUs, especially at night.

*“[The model of] village health workers distributing N/S was actually just an integration with no [extra] support. I think there are many other distribution channels in place, such as PEs, so it is an overlap [when we also do it] and I think it is not effective.” - FGD with VHWs in Dien Bien*

*“There are several other difficulties. For example, IDUs come to our houses to ask for N/S. When we are not at home, they come to steal things from our houses.” – FGD with VHWs in Dien Bien*

The IDUs interviewed in Dien Bien seemed to prefer PEs to VHWs, saying that VHWs refuse to go out to meet the IDUs but rather require the IDUs to come to them for N/S.

*“She [the VHW] just informed us [about N/S]. I had to go to her and ask; then she gave me N/S. She never came to me to distribute them.” - FGD with IDUs in Dien Bien*

### ***Distributing N/S through pharmacies***

While many IDUs reported receiving free N/S from PEs, VHWs, or fixed boxes, a number of them also obtained clean N/S from local pharmacies. Several IDUs mentioned that they only purchase N/S from pharmacies and do not receive them for free. Some said that they often go to pharmacies when they cannot get free N/S through other channels.

*“Every morning I go to the box where PEs told me to get N/S. It is in a place we often hang around to inject. When there were no N/S left, I had to buy them from pharmacies.” - FGD with IDUs in An Giang*

According to IDUs, it is generally not difficult to obtain N/S from pharmacies; but they must be purchased. However, some IDUs said that when they tried to buy N/S from pharmacies, they are occasionally turned away because the pharmacy staff recognizes them as IDUs. Others said they are still worried about the police catching them buying N/S, so they feel rushed when purchasing N/S from pharmacies.

*“Sometimes, they [pharmacists] said they did not have N/S. In some places, they look at our faces before selling to us. In places where they know us, they sell N/S to us right away.” - FGD with IDUs in HCMC*

Needles and syringes are sold at most regular pharmacies in all ten provinces. The pharmacies carry different types of N/S, including 1cc, 3cc, and 5cc sizes. Although N/S are sold at pharmacies, not many target IDUs as buyers. Pharmacy staff explained that some pharmacies sell a large number of N/S to IDUs (40, 50, or up to 100 N/S per day), particularly those located near “hot spots,” while others have very few IDU customers and only sell one or two N/S per day.

*“On average, we sell around 40 to 50 [N/S] per day. I think this is quite high.” - FGD with pharmacy staff in An Giang.*

*“My pharmacy sells very few [N/S], just four or five a day, and sometimes only two or three.” - FGD with pharmacy staff in Can Tho*

Pharmacy staff said that each IDU usually buys only one or two N/S per visit, and few buy several N/S at a time. The majority of pharmacy staff said that they can easily recognize IDUs based on the customer’s appearance and behavior when they ask for N/S, as well as the size of the N/S they purchase and the slang terms their regular IDU customers use when asking for N/S.

*“They are often in hurry. When they come to my pharmacy to buy [N/S], they look around first then quickly ask for N/S. When they get them, they leave right away.”- FGD with pharmacy staff in Quang Ninh*

*“Usually drug users use 3cc [N/S]; if someone asks for 5 or 10cc N/S, he is not an IDU.” - FGD with pharmacy staff in Son La*

*“My regular customers come to my pharmacy and ask for ‘súng, đạn’ and I understand they are asking for N/S and distilled water.” - FGD with pharmacy staff in An Giang*

Several pharmacy staff across all study sites revealed that their pharmacies are not interested in selling N/S to IDUs because IDUs often have no money and take N/S without paying. They also said selling to IDUs makes the other customers feel scared or uncomfortable and/or sometimes IDUs steal other merchandise from the pharmacies.

*“Several times, when I gave N/S to [IDUs], they said they had no money so they could not pay and promised to pay later. Sometimes they paid me, sometimes they did not.” - FGD with pharmacy staff in Dien Bien*

*“One night, two men and a woman knocked on my door. The woman was crying; I asked why and they said she had stomachache and wanted to buy drugs [to*

*relieve it]. When I opened the shop, they said they just wanted to buy N/S. I had to sell to them. However, I was very scared and I have never opened up for them [IDUs] since then.” - FGD with pharmacy staff in Lao Cai*

Despite an aversion to IDUs, several pharmacy workers stated that these unwanted customers often receive “priority” over other customers. Even when they come in after other customers, they are often served first because the pharmacies want them to leave as soon as possible.

*“I often serve drug users first because they make my other customers feel uncomfortable. They don’t like them and they are willing to let me serve drug users first to avoid possible trouble.” - FGD with pharmacy staff in Quang Ninh*

**“Friendly Pharmacies”** (*‘nha thuoc than thien’*) is a FHI360 supported model piloted in the nine PEPFAR provinces. Under this project, FHI360 trains staff from ‘Friendly Pharmacies’ to prepare them for distributing clean N/S and harm reduction IEC materials, and for referring IDUs to HIV services in their area. As ‘Friendly Pharmacies,’ they also open extra hours in the late evening to provide N/S to IDUs.

*“For example, at noontime or in the late evening around 9 or 10pm, when IDUs cannot obtain N/S from other sources... they can go to ‘friendly’ pharmacies with the ‘nha thuoc than thien’ logo. The staff at these pharmacies are trained and involved in the [NSP]. Drug users can knock on their doors and they will give them N/S.” - IDI with key informant in Lao Cai.*

According to key informants in HCMC, Hanoi, Hai Phong, and Dien Bien, IDUs must get vouchers from PEs to exchange for clean N/S at ‘friendly pharmacies’.

*“In some districts, there are ‘friendly pharmacies’ and PEs provide them with N/S and refer their clients to them. Peer educators give coupons to clients to bring to the pharmacies in exchange for N/S.” - IDI with key informant in HCMC*

Key informants in Hai Phong said the NSP subsidized the vouchers for purchasing N/S, but this subsidy was not mentioned by informants in the other provinces.

Several key informants reported that ‘friendly pharmacies’ must procure N/S by themselves; they are not provided by any NSP. However, FHI360 gives these pharmacies IEC materials to distribute to IDUs, which is a major difference between obtaining N/S from ‘friendly pharmacies’ and regular pharmacies.

*“Pharmacies have to procure N/S to sell in the usual way; they are not provided with N/S. We only contact them to ask if they have enough N/S to sell and how many N/S they have sold. For example, they may say they sold 100 5cc N/S to IDUs this month. I just note down the information” - IDI with key informant in Lao Cai*

*“The difference [between ‘friendly pharmacies’ and other pharmacies] is communication. ‘Friendly pharmacies’ provide informational leaflets and do some communication activities with clients, and they are friendlier. Other pharmacies might not want to sell [N/S] to IDUs or, if they are open late at night around 10 pm and IDUs come to buy, the staff may be scared and will not sell to them.” - IDI with key informant in Quang Ninh*

During the pilot stage, ‘friendly pharmacies’ in Can Tho distributed free N/S and they also had fixed boxes of N/S in front of their shops. Those pharmacies received VND200,000 (about USD10) per month from the program.

*“During working hours, they distributed N/S [for free] to IDU customers. When the pharmacies close each day, they put clean N/S and condoms into a fixed box outside their shops so if IDUs come by they can get N/S from the box.” - IDI with key informant in Can Tho*

### **Distributing N/S through other retailers such as tea shops**

Retailers (usually tea shops) are not a traditional distribution channel, but they are common in some remote mountainous areas (e.g., Dien Bien) or near “hot spots” such as train stations in Nghe An, Hai Phong, and Quang Ninh. These retailers’ locations are convenient for IDUs, and they are available late at night when IDUs cannot access other sources of N/S such as PEs, pharmacies, or fixed boxes. Although they are convenient, IDUs often have to pay much higher prices for N/S at tea shops than at pharmacies. Drug users in Quang Ninh and Hai Phong said they have to pay VND5,000 - VND10,000 (20-50 cent) per N/S at tea shops, and those in Dien Bien reported paying VND15,000 - 20,000 (70 cent – 1 usd) per N/S at these locations. By comparison, a N/S usually sell for VND1,000 - 2,000 (5 cent – 10 cent) at pharmacies.

*“If it is late, they [IDUs] will go to tea shops. Near “hot spots, most of the tea shops sell N/S. They buy them from pharmaceutical companies and sell them to IDUs at much higher rates.” - FGD with pharmacy staff in Quang Ninh*

### **Gaps in N/S distribution**

It was reported that IDUs can access N/S are more easily during the day than at night through the existing distribution channels (with the exception of tea shops and some 'friendly pharmacies'). There are also areas that NSPs do not cover in remote mountainous districts of the northern provinces. In these places, IDUs must rely on local pharmacies and/or retailers. Needle and syringe programs only supply a limited number of N/S free of charge, which does not meet the demands of IDUs, who frequently make up for the gap by buying N/S from pharmacies and/or reusing their own N/S. According to key informants, PEs and IDUs, the majority of IDUs do not share their drug equipment, even when they cannot obtain clean N/S. A few IDUs admitted to sharing N/S when they do not have enough clean N/S, saying that they are HIV-positive and therefore only inject after other IDUs in their group in order to prevent them from becoming infected.

The capacity of PEs in the NSPs was another gap identified by study participants, including PEs and key informants. Peer educators are well trained in knowledge and skills by NSPs, but they have a high turnover rate, which is due in large part to the police detaining those who inject drugs. Their replacements often do not receive enough training in time and therefore lack the skills to effectively approach and distribute N/S to IDUs (according to key informants in Lao Cai, Nghe An, Quang Ninh, and HCMC). In addition, because some PEs are illiterate (as in Lao Cai), reporting on their N/S distribution activities can be difficult for them.

*"When we completed the training for them [PEs], some were arrested and sent to a detoxification center because they still used drugs, so we lost peer educators. We could not provide continuous training so they lacked essential knowledge and skills." - IDI with key informant in Lao Cai*

*"Each year we lose an average of 20 peer educators." - IDI with key informant in Nghe An*

*"We have to replace nearly ten peer educators each year." - IDI with key informant in Quang Ninh*

Key informants in Son La and HCMC were concerned about the limited number of PEs in charge of large geographic areas, which also creates a gap in coverage.

*"The geographical area of Son La is large, and IDUs are scattered around. The distances between villages are great, so it is very hard for our peer educators." - IDI with key informant in Son La*

*"Due to the funding cuts this year, the number of PEs has been reduced by about half compared to last year, while the number of IDUs has not decreased so the coverage is much lower." - IDI with key informant in HCMC*

#### 6.4. Availability of needles and syringes

The two main types of N/S discussed in this section are those most commonly distributed by NSPs in Vietnam: 1) the standard 3cc “high dead-space syringes” (HDSS), and 2) 1cc “low dead-space syringes” (LDSS). “Dead-space” refers to the space between the tip of the syringe and the hub where fluid remains after the plunger has been fully depressed. The 3cc syringes described here have interchangeable needles and therefore have a large amount of dead-space while the 1cc LDSS have permanently attached needles with a low amount of dead-space. The HDSS retain over 1000 times more blood in the syringe after washing and therefore increase an IDU’s risk of exposure to HIV.<sup>17</sup>

Across the study sites, IDUs reported that they obtained clean N/S from three main sources: free N/S provided by NSPs in the provinces, N/S sold at local pharmacies, and N/S sold by retailers such as tea shops.

*“We can get N/S through PEs and they are free. When we cannot meet PEs, we have to buy N/S from pharmacies.” - FGD with IDUs in Quang Ninh*

Almost all the free N/S provided by NSPs in the seven northern provinces and in Can Tho are the 3cc HDSS produced by manufacturers such as Vinahankook, Mediplast, and Vikimco.

*“The [type of N/S to be procured] was decided by the Harm Reduction Division of the Provincial AIDS Center. I think there was some survey beforehand and they found the [3cc N/S] were most convenient for users. - IDI with key informant in Hanoi*

*“The majority of IDUs ask for 3cc syringes. Few ask for 1cc syringes... Some IDUs buy the N/S used for diabetes patients because the needle is very small and sharp, and leaves no mark after the injection.” - IDI with key informant in Can Tho*

In contrast, the 1cc LDSS are more commonly distributed in HCMC and An Giang. According to key informants in these areas, the two provinces procured equal amounts of both 1cc and 3cc N/S in the past. Then an N/S needs assessment was conducted and found that more IDUs use 1cc LDSS rather than 3cc HDSS so they have been procuring more 1cc LDSS in recent years.

<sup>17</sup> Zule, W. A. and G. Bobashey. RTI International. High Dead-Space Syringes and the Risk of HIV and HCV Infection among Injecting Drug Users. *Drug Alcohol Dependency*. 2009; 100(3): 204–213.

*“At first we procured the same amount of 1cc and 3cc N/S. Later we conducted a needs assessment of drug users through PEs and found that the number of IDUs using 3cc N/S was low, about 15- 20%, and the ones using 1cc N/S was much higher. That’s why when we were bidding, we procured 70-80% 1cc N/S and only about 20% 3cc N/S.” - IDI with key informant in HCMC*

Key informants in HCMC stated that their NSPs favor 1cc LDSS over 3cc HDSS because they are safer. However, they did not say whether dead-space was a consideration for the program’s N/S procurement.

*“This year, one of our programs will procure almost all red-tipped N/S [1cc LDSS] and only a few regular 3cc [HDSS] if the needs assessment shows there is still a demand for that type of N/S.” - IDI with key informant in HCMC*

Pharmacies sell various sizes of N/S (1cc, 3cc, and 5cc) produced by different manufacturers. People who inject drugs usually use the 3cc HDSS and 1cc LDSS with a red tip, which they call ‘*bom kim dau do*’ (red-tipped N/S). According to pharmacy staff in most sites, ‘*bom kim dau do*’ are designed and used primarily for immunizations and diabetes and tuberculosis patients. Some pharmacy staff in HCMC, An Giang, and Can Tho said that “*bom kim dau do*” are also bought by IDUs.

### **Perceptions of IDUs regarding free N/S provided by NSPs**

During the focus group discussions, IDUs were asked about the free N/S they received from NSPs. The majority of participants did not pay attention to and were unable to name the manufacturer N/S (e.g., Mediplast or Vinahankook). Instead, some simply remembered the colors of the packaging and referred to this when comparing different types of N/S.

*“I do not know their names or who produced them. I usually just get them and leave right away.” - FGD with IDUs in Hai Phong*

*“I prefer the N/S in the blue plastic package because the needles are sharper than the ones in the green plastic packages.” - FGD with IDUs in Dien Bien*

However, IDUs did care about the size and quality of the N/S. Overall, the feedback from participants across the study sites was that the quality of the free N/S from NSPs was acceptable. Many also mentioned that they cannot demand or expect better quality because the N/S are free.

*"I think it is OK [the quality of the free N/S]. I have no problems with them. They are free so I don't expect too much." - FGD with IDUs in Hai Phong*

*"I can use the N/S that I receive from PEs with no problems." - FGD with IDUs in Can Tho*

While the majority of interviewed IDUs in the northern provinces had no problems with the free N/S, some complained that the free N/S were poor quality. For example, some said the free N/S have loose plungers, which leads to leakage and wasted drugs. They also mentioned that the needles are not sharp enough and/or become blunt easily after the first use, which causes pain and leaves marks after injection.

*"The syringe plunger is not tight enough. Several times when it was depressed, the plunger forced the drug out the rear of the syringe so I lost some of it." - FGD with IDUs in Dien Bien*

*"I don't like them because the needles are big. When I injected, there was a clear mark and it was painful." - FGD with IDUs in Quang Ninh*

The majority of interviewed IDUs in HCMC and An Giang said they prefer the 1cc 'bom kim dau do' LDSS to the regular N/S provided by the NSPs.

### **IDU perceptions of N/S sold at pharmacies**

Generally speaking, IDUs across the program sites considered the N/S sold at pharmacies to be higher quality than the free N/S provided by the program.

*"The N/S I buy from a local pharmacy are better than the ones I got from the PEs." - FGD with IDUs in Nghe An*

*"I prefer N/S sold in pharmacies because their needles are sharper. They cause no pain when I inject. When I run out of clean N/S, I can still re-use the N/S I bought, while the free ones became blunt after the first injection." - FGD with IDUs in Quang Ninh*

As with the free N/S, the majority of IDUs did not pay attention to the names or manufacturers of the N/S from pharmacies, even though they had to pay for them. Several IDUs said that they often carry drugs with them when they purchase N/S, which makes them afraid of being caught by the police and eager to find a safe place to inject. This partially explains why they do not pay attention to the N/S appearance or manufacturer.

*“I usually buy N/S from two pharmacies. I pay the money and leave quickly. I don’t want to be seen by policemen.” - FGD with IDUs in Son La*

*“When I buy N/S, I just want to get them as quickly as possible so I can go. I don’t inject near the pharmacy. I have to find another place to inject.” - FGD with IDUs in Lao Cai*

Several IDUs stated that they find it hard to buy N/S from pharmacies late in the evening or at night because they are usually closed. This was consistent with the information shared by local pharmacy staff in FGDs, who said that sometimes customers knock on their doors to buy things after closing time. The staff also said that they will usually open for customers who want to purchase medication but not for those who ask for N/S.

*“Although N/S sold at pharmacies are better [than the free N/S], I cannot get them at night. Several times when I needed them, all the pharmacies were closed. I had to re-use my old ones, but I did not use other people’s N/S.” - FGD with IDUs in Hai Phong*

### **Low dead-space syringes**

During the IDIs with key informants and FGDs with pharmacy staff and IDUs, questions were asked to assess their knowledge of the difference between HDSS and LDSS, the availability of LDSS in different provinces, and the preferences and actual use of LDSS among IDUs in different provinces.

### **Key informant knowledge of LDSS**

Examples of LDSS or ‘*bom kim dau do*’ were shown to key informants and most of them said they had seen this type of N/S before and knew that they are usually used for immunizations and diabetes patients. Like the IDUs, key informants usually referred to LDSS as ‘*bom kim dau do*’, or “red-tipped” N/S. Several key informants, however, reported that they had never seen this type of LDSS.

When asked about the differences between ‘*bom kim dau do*’ and regular N/S (HDSS), many key informants said they did not know or pay attention to the differences between the two, except for the size of the syringe.

*“The ‘bom kim dau do’ are very small, only 1cc. The regular N/S are bigger, 3cc.”  
- IDI with key informant in Dien Bien*

When discussing the potential of LDSS to reduce the risk of HIV infection better than HDSS, almost all the key informants said they knew nothing about that, stating they had never heard of these before but were curious to know more. Only a few participants in HCMC were aware of this issue.

*“I have no idea about the difference between ‘bom kim dau do’ and regular N/S.”  
- IDI with key informant in Lao Cai*

*“I have heard about them [‘bom kim dau do’] before, but I have never seen one. They say they are better than the regular ones [HDSS] and there are no drugs left over after injecting.” – IDI with key informant in Quang Ninh*

According to key informants in the northern provinces, IDUs do not like and therefore do not use the LDSS because they are too small. They prefer to use the 3cc HDSS.

*“I think the 3cc syringes are more appropriate [in these cases than the 1cc ones because IDUs need to mix the drug with 2ml of distilled water so the 1cc N/S are too small.” - IDI with key informant in Hanoi*

*“I have seen them [‘bom kim dau do’] before. I think they are usually used for tuberculosis immunizations. They are too small for drug users.” – IDI with key informant in Lao Cai*

Several key informants in the south stated that many IDUs, especially new users, like and use the ‘bom kim dau do’ LDSS because they are less painful, cause no bleeding, and leave no marks.

*“They said it [‘bom kim dau do’] does not waste drugs and doesn’t cause bleeding after injection because the needle is very small and stable. Other needles are often bent after injection.” – IDI with key informant in HCMC*

*“Yes, the majority of new users use them [‘bom kim dau do’] because there is no mark after injection. For those who have injected for a long time, their veins have scars so they don’t use this needle.” - IDI with key informant in Can Tho*

During the interviews, researchers explained the differences between the types of syringes to the key informants, describing how and why using LDSS can lower the risk of HIV transmission and also save on drugs. Upon hearing this, many of the key informants showed interest in learning more about LDSS and some suggested that their NSPs should procure more LDSS. A few participants from the north, however, were still

concerned about the size of the 1cc 'bom kim dau do' because they believed that IDUs prefer the 3cc N/S.

### **Knowledge and use of LDSS among IDUs**

During the FGDs, examples of LDSS were shown to IDUs who were then asked if they had ever heard of or used this type of N/S before. The majority of participants in Nghe An, Quang Ninh, Hai Phong, Son La, and Dien Bien provinces said that they did not know about LDSS and had never used them.

*"I've never used them ['bom kim dau do'] before. Actually, this is the first time I've seen one." - FGD with IDUs in Son La*

Several of the IDUs who participated in discussions in other provinces (Hanoi, Lao Cai, and Can Tho) said they had seen 'bom kim dau do' for sale in pharmacies or discarded on the ground. Very few IDUs in Lao Cai had used this type of N/S before.

*"I have seen them ['bom kim dau do'] in some pharmacies before, but I did not buy them because they are too small." - FGD with IDUs in Hanoi*

*"I have used a 'bom kim dau do' before. It was very sharp so it was easy to get it into my vein." - FGD with IDUs in Lao Cai*

Only IDUs in HCMC said they regularly use 'bom kim dau do,' pointing out some good aspects of LDSS such as sharp needles that cause no pain and leave no marks, do not waste drugs, and go easily into small veins.

*"No drugs are left in the 'bom kim dau do' after injecting, not even one drop. If we use the regular N/S, there are about two drops of the drug left in the syringe. For example, my dose is 2cc so I prepare 2cc, however, only about 1.8 cc goes into my vein so I still feel unsatisfied" - FGD with IDUs in HCMC*

*"Its [the 'bom kim dau do'] needle is smaller and sharper so it is less painful when injecting." - FGD with IDUs in HCMC*

Drug users in all provinces except HCMC and An Giang reported that they mainly use 3cc HDSS, and very few said that they use 'bom kim dau do'. In An Giang, IDUs reported using 1cc N/S, but not the same type as our samples ('bom kim dau do').

None of the interviewed IDUs in the ten provinces had ever heard about the reduced risk of HIV infection associated with LDSS. When the advantages of LDSS were explained to them, the majority seemed to be very interested but many also said that if the NSPs were to provide 1cc ‘*bom kim dau do*’ they would not use them because their small size makes it difficult to mix drugs. They said they would prefer the NSPs to provide larger-sized LDSS (e.g. 3cc). Only the IDUs in HCMC and An Giang who already use 1cc LDSS did not share this concern.

*“If ‘bom kim dau do’ can prevent HIV infection better than the regular ones [3cc HDSS], we would switch to them. However, they should be bigger than 1cc.” – FGD with IDUs in Hanoi*

*“If it is so [that LDSS offer more protection than HDSS], we hope that the NSP will provide us with ‘bom kim dau do’.” – FGD with IDUs in Nghe An*

Some IDUs were worried that the permanent needle of the LDSS would make it impossible for them to share their drugs with others. Some IDUs said they were not sure if they wanted to use ‘*bom kim dau do*’ in the future because they had never used them before and did not know if they would work as well as their usual HDSS.

*“With regular syringes, we can remove the needle and use our finger to cover its tip so we can shake the drug inside and share it with others. With the ‘bom kim dau do’, we don’t know how we can put the drugs into others’ syringes.” – FGD with IDUs in Quang Ninh.*

*“We’ve never tried them [‘bom kim dau do’] before so we cannot tell if we will like them.” - FGD with IDUs in Dien Bien*

### **Peer educator knowledge of LDSS**

The information gained from the ten FGDs with PEs confirmed several findings from the discussions with IDUs.

In all sites except Nghe An and Son La, the majority of PEs said that they had seen ‘*bom kim dau do*’ before. They said ‘*bom kim dau do*’ are either sold at pharmacies or available in hospitals and mainly used by diabetes patients or for immunizations. Most PEs said that very few IDUs use this type of N/S because they are too small, but PEs in HCMC said IDUs in their province did use ‘*bom kim dau do*’.

*“Bom kim dau do’ are expensive and mainly used for diabetes patients. They are too small and IDUs cannot divide their drugs when they inject in pairs.” - FGD with PEs in Hanoi*

According to some PEs in Lao Cai and Can Tho, LDSS are used by older IDUs who have collapsed veins and need small, sharp needles for injecting.

*“Bom kim dau do’ have two advantages: they are good for those who have injected for many years and have scarred veins (they use ‘bom kim dau do’ to get into very small veins), and for new injectors who want to hide [their injection marks] from their family.” - FGD with PEs in Can Tho*

According to PEs in HCMC, IDUs in their areas generally like to use ‘bom kim dau do’ so NSPs should procure this type of N/S for distribution.

*“They [IDUs] only use N/S distributed by NSPs if they do not have money to buy ‘bom kim dau do’ because our N/S cause pain and bleeding during injection. The ‘bom kim dau do’ do not cause such problems, even when they inject two or three times in the same place. I would suggest to the donor that, instead of providing, for example, ten thousand regular N/S per year, they should distribute about five thousand ‘bom kim dau do’ to IDUs.” - FGD with PEs in HCMC*

### **Pharmacy staff knowledge of LDSS**

In focus group discussions with pharmacy staff in HCMC and Can Tho, participants said that some pharmacies carry ‘bom kim dau do’ but others do not, even though several IDUs have asked to buy them. Pharmacy staff said the most common N/S bought by IDUs are the 3cc HDSS, except in HCMC and An Giang, where they are more interested in 1cc LDSS, particularly ‘bom kim dau do’.

*“If they [IDUs] have money they usually ask for ‘bom kim dau do’, the ones used for injecting insulin... However, not every pharmacy has ‘bom kim dau do’.” - FGD with pharmacy staff in HCMC*

*“My pharmacy carries a lot of ‘bom kim dau do’. We sell them to both drug users and non-user clients. Eight out of ten clients ask for ‘bom kim dau do.’” - FGD with pharmacy staff in Can Tho*

Pharmacy staff in An Giang also said that many IDUs ask for ‘bom kim dau do’, but their pharmacies do not carry this type of N/S.

*“Yes, they [IDUs] ask for ‘bom kim dau do’ a lot. They often use them... However, my pharmacy only sells regular [HDSS] syringes.” - FGD with pharmacy staff in An Giang*

In the seven northern provinces studied, the majority of pharmacy staff agreed that ‘bom kim dau do’ are used for diabetes patients or sometimes in immunization programs and very few IDUs in their areas ask for them. Some pharmacy staff said that their pharmacies carry ‘bom kim dau do’, but only in small amounts and mainly for diabetes patients. Several other pharmacies do not carry the product because they are relatively expensive and there is not a great demand for them in their areas.

*“This 1cc N/S are used for injecting insulin. Our pharmacy has them but mainly for diabetes patients.” - FGD with pharmacy staff in Lao Cai*

*“We do not have them [‘bom kim dau do’] because they are expensive.” - FGD with pharmacy staff in Quang Ninh*

*“No, we don’t sell them [‘bom kim dau do’]. We sell 3cc syringes. Drug users do not use ‘bom kim dau do’.” - FGD with pharmacy staff in Hai Phong*

### **Availability of LDSS in provinces**

The availability of LDSS is low compared to that of HDSS, especially in the north where only a few pharmacy staff reported that they sell this type of N/S. In the south, LDSS are more available and they are sold in several of the participants’ pharmacies in HCMC and Can Tho. The IDUs who use ‘bom kim dau do’ said that local pharmacies are their main source for this type of N/S.

Interviewed IDUs and PEs in all sites said that LDSS costs more than HDSS. The price of one ‘bom kim dau do’ ranges from VND2,500 to 5,000 (about USD0.12 to 0.25).

*“It depends, some pharmacies sell them [‘bom kim dau do’] for VND4,000, while other places sell them for VND5,000, including distilled water.” - FGD with IDUs in HCMC*

Of the ten study sites, only HCMC has a pilot NSP (WB-funded) that distributes free LDSS to IDUs. One key informant in An Giang also reported that the provincial NSP procures both the standard 3cc HDSS and 1cc detachable N/S. None of the NSPs in the other provinces had ever procured LDSS.

Some key informants in HCMC explained that 'bom kim dau do' are distributed first to female sex workers who inject drugs and then to other IDUs. One key informant in HCMC said that IDUs do not like the 'bom kim dau do' from NSPs because of their perceived lower quality.

*"This year, based on the VAAC technical criteria for bidding, the WB also piloted buying 'bom kim dau do' however, these 'bom kim dau do' still have big needles and their quality is not good so IDUs don't like them very much." - IDI with key informant in HCMC*

## **6.5. Collection and disposal of used needles and syringes**

Many IDUs in FGDs across the study sites said it is common practice to throw N/S away after use. However, PEs said that some IDUs keep their used N/S to exchange for clean ones.

*"After injecting, I just throw the syringes away. I drop them anywhere that is convenient for me." - FGD with IDUs in Lao Cai*

*"In our district, we distribute clean N/S at "hot spots." We don't know where they [IDUs] inject but when they come to get clean N/S they have to bring back the used ones for us to exchange." - FGD with PEs in Quang Ninh*

In all sites, used N/S are mainly collected by PEs from NSPs such as WB, Global Fund, and NTP programs, as well as from HIV prevention programs funded by FHI360 and Life Gap. PEs and Health Educators (HEs) may receive training on collecting and safely disposing of used N/S and HEs may supervise the PEs during N/S collection. The NSPs usually set PEs targets for collecting used N/S. For example, PEs from the NTP in Lao Cai are expected to collect 60-70% of the N/S they distribute, while those from WB programs are asked to retrieve 80% - 90%. Some key informants stated that PEs can be replaced if they are unable to meet their targets.

*"We tell them [peer educators]: you were given 1,000 clean N/S and you have to bring back 700 used ones if you want to get paid and obtain more clean N/S next time. We have to contract them like that... And if someone cannot meet the requirements, we have to replace him or her." - IDI with key informant in Quang Ninh*

According to interviewed key informants, PEs generally achieve their targets. In several places, PEs have collected even more used N/S than the clean ones distributed by NSPs because they collect all used N/S, not just those specific to their program.

*“The number of used N/S they collected was more than the clean ones distributed to IDUs. This was because IDUs also obtained N/S through other channels, not only from our program.” - IDI with key informant in Quang Ninh*

One key informant in Lao Cai mentioned that they require PEs to collect and bring back only the same type of N/S distributed by their NSP.

*“Peer educators collect used N/S and bring them back to us. They have to be the same type distributed by the program. If they bring back the correct used N/S, then we can give them new N/S of the same type.” - IDI with key informant in Lao Cai*

In some provinces, PEs admitted that it is difficult to meet the targets set by NSPs because PEs cannot cover all the places IDUs discard used N/S. For example, PEs said they were able to recover only 20-30% of the used N/S in Nghe An and 50% in An Giang. In Dien Bien, IDUs drop used N/S in the forest, in cemeteries, or on farms, which makes it especially difficult for PEs to collect them.

*“IDUs in Dien Bien inject in a variety of places such as in the forest or cemetery. After injecting, they just drop the used N/S on the ground... especially those who go to inject at their rice farms; PEs cannot go there to collect used N/S...” - IDI with a key informant in Dien Bien*

Peer educators reported that they usually go to “hot spots” to collect used N/S. Collection schedules are up to the PEs, who can collect used N/S daily, every two or three days, or once a week. A few key informants mentioned that sometimes people in the community have called and informed them there were used N/S in their area and the NSPs responded by sending PEs to collect them. In Dien Bien, VHWs are also involved in collecting used N/S.

*“It is also the responsibility of VHWs to collect used N/S. Some instruct their clients to collect their own used N/S and bring them to exchange with VHWs at the N/S distribution place or when clients go to the VHW’s house to get clean N/S.” - IDI with key informant in Dien Bien*

In other provinces such as Lao Cai and Nghe An, PEs collect used N/S in safety boxes placed at “hot spots” or near fixed N/S boxes where IDUs can drop their used N/S at their convenience. Some IDUs who inject frequently are even given their own safety boxes to store their used N/S and give them to the PEs later.

In addition to the regular used N/S collection by PEs, local authorities in a few provinces such as HCMC, Hanoi, and Son La have initiated campaigns to collect used N/S in their community and have received support from mass organizations.

*“A couple years ago, the city also had campaigns to collect used N/S. In addition to peer educators, other mass organizations such as the Youth Union and Veterans Association also helped with the collections.”- IDI with key informant in HCMC*

Used N/S collected by PEs are first brought to commune health centers and then sent to district health centers or the Preventive Medicine Center where they are processed and sent to contracted district hospitals for incineration. In Hanoi and Hai Phong, NSPs contract hygiene and environmental sanitation companies to process used N/S as medical waste.

Few commune or district health centers have incinerators so in some sites, such as Nghe An, the NSPs have provided these facilities with funds to purchase gasoline to burn used N/S. In some mountainous districts (e.g. Dien Bien), health facilities are instructed to dig holes to deposit used N/S then burn or bury them.

*“It is hard to transfer used N/S to the district health center so we provided them [health facilities] some money to dispose of used N/S at commune health centers; holes are dug and gasoline is bought to burn them [the used N/S].” - IDI with key informant in Dien Bien*

### **Barriers to collecting and disposing of used N/S**

While PEs are provided with safety supplies such as boots, gloves, clearly labeled containers, and tools to pick up N/S, several who were interviewed felt they were not protected well enough due to the poor quality and/or limited availability of these supplies.

*“In the past, we were provided with safety boxes and tools for picking up N/S. Now, there are only safety boxes and no other protective equipment. It is very unsafe for us.” - FGD with PEs in Nghe An*

*“We were given pickup clips but they broke quickly.” - FGD with PEs in Dien Bien*

*“The safety boxes are made of plastic...The boxes are not safe because they are very thin and needles can pierce through them.” - FGD with PEs in An Giang*

In some large cities/provinces (HCMC, Can Tho, Hanoi, and Quang Ninh), key informants said that used N/S are collected and disposed of professionally in accordance with MOH regulations for medical waste. However, other provinces lacked facilities that comply with MOH regulations so used N/S are burned or buried at commune health centers, as mentioned previously.

*“We need an incinerator to dispose of [N/S] as required by the MOH. Currently, we do not have one. Although we were provided with money to dispose of used N/S, we could not spend that money because we did not have an incinerator.” - Key informant in Lao Cai*

Inadequate transportation was another issue mentioned by key informants in some sites. The MOH requires that medical waste, including used N/S, be transported by specific means of transportation. Because some NSPs do not have such means of transportation, they must carry used N/S by motorcycle or regular cars. Health facility staff also complained that the fees they are paid to dispose of used N/S are too low.

*“We need to have a special car to carry the used N/S, which is a difficult problem that was discussed at several workshops. It is not a regular medical ambulance; it has to be a special vehicle for picking up trash. These are only available in big cities.”*

*“The cost to process one kilogram of medical waste is very expensive - from VND60,000 to 70,000, including electricity and labor. However, the support from the NSP is low. We are only given VND20,000 per kilogram.” - Key informant in Quang Ninh*

## **7. Conclusions and Recommendations**

This gap analysis found that N/S were widely available in most provinces but free distribution largely relied upon on donors, with government procurement processes being very slow and problematic. However, the available free N/S are often poor quality and not the size or type preferred by IDUs. Access to sterile N/S at pharmacies and fixed boxes and through NSPs and PEs is quite good except late at night. The most widely available and used N/S are 3cc high dead space, which present a higher risk of HIV transmission when shared because they retain more blood. The lower risk 1cc low dead space N/S are only used commonly in a few southern provinces and knowledge and availability of these N/S are very limited elsewhere in the country. PEs working for NSPs do most of the collecting and disposing of used N/S, but there is certainly room for other organizations to be involved. Findings and recommendations are expanded upon below.

## **Funding sources for NSPs**

The NSPs in the ten study provinces depended greatly upon international donor support for funding, primarily the WB and Global Fund. Vietnam's NTP also supported NSPs in eight of the ten study provinces, although this funding was limited compared to that from international donors. The WB started phasing out its funding in Vietnam as of 2012, which means that the majority of provinces are likely to experience shortages of N/S supplies in the near future. If the NSPs in these provinces do not find other funding sources, they will have to rely solely on already strained NTP resources. Only the three northern provinces with continuing Global Fund support (Dien Bien, Lao Cai, and Son La) are partially shielded from N/S shortfalls in the near future. However, in Son La and Lao Cai, GF support only covers selected districts and not the whole province.

## **Recommendations**

- Key informants recommended that funding for NSPs be diversified, particularly in areas that depend primarily upon WB support. They also hope to see Global Fund support expanded and more funding allocated to the NTP for procuring clean N/S.
- Many key informants emphasized the necessity of making IDUs less dependent upon free N/S, and some suggested social marketing as a promising strategy for achieving this change. This approach uses commercial marketing techniques to provide low cost N/S to IDUs in combination with targeted communication to encourage positive behavior changes. Because they encourage IDUs to take responsibility for purchasing their own sterile equipment, these programs are less costly than NSPs distributing free N/S. This approach has already been tested in Vietnam. One example is the social marketing program initiated by DKT International Vietnam and the HIV/AIDS Asia Regional Program (HAARP) in 2011, which achieved high rates of N/S distribution to IDUs in three southern Vietnamese provinces.<sup>18</sup>
- Funding should be provided to expand N/S social marketing throughout Vietnam, and support the transition to a national response characterized by greater results and less reliance on external funding. To achieve this, organizations that are capable of launching and expanding N/S social marketing need to be identified and lessons learned from past and ongoing pilot projects should be evaluated in order to determine a suitable model for

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<sup>18</sup>AusAID. Harm reduction for sale: Using needle and syringe social marketing to prevent HIV and reduce drug-related harm in Southern Vietnam. Australian AID: Canberra, Australia, 2011.

the expanded social marketing programs .

### ***Procurement of needles and syringes***

For the most part, the NSP process for procuring N/S was not functioning as effectively as required and key informants mentioned several issues that were slowing the process down. Many informants felt that the requirements set by donors and the State made the process overly complicated and burdensome. The procedures are quite time-consuming because approval is required from multiple government agencies, in addition to a public announcement of the bidding. In some communes, transporting supplies also presents a problem that often results in procurement delays and supply shortages.

Informants stated that the PACs are currently trying to deal with these issues by planning ahead and coordinating with each other to resolve temporary supply shortages in certain areas. With donor approval, the PACs are able to transfer N/S from one program to another as needed, although sometimes there are not enough supplies to go around.

### **Recommendations**

- The procurement and bidding process should be streamlined to ensure NSPs are able to secure the supplies they need in time. This requires enhanced communication and coordination between the government and donor agencies involved.
- Mechanisms should be put into place (e.g. requiring less paperwork) to allow NSPs a faster way to obtain additional supplies during times of shortage. Priority should also be given to improving the delivery system in remote areas.

### ***Distribution of needles and syringes***

While N/S are relatively easy to obtain during the day, IDUs reported difficulty obtaining them late at night after pharmacies close. This problem was partially alleviated by other distribution channels such as PEs, VHWs, and fixed boxes. However, problems were mentioned about these channels as well. Peer educators are not always reachable, particularly in remote areas, and PE networks suffer from high turnover, due in large part to issues with the police. In addition, VHWs distributing N/S said they were overburdened by work and lacked motivation. Lastly, fixed boxes often run out of supplies when IDUs take too many N/S at a time and PEs find it difficult to monitor and/or prevent this behavior.

## Recommendations

- Private-sector initiatives such as expanding the use of pharmacies and other outlets have great potential to improve IDUs' accessibility to N/S. In particular, pharmacies could also expand their services by offering high quality N/S, especially LDSS, and other sterile injection equipment for purchase and providing referrals and IEC materials to IDUs. Increased use of pharmacies would also have the added benefit of reducing IDU dependence on donor-funded NSPs.
- The “Friendly Pharmacy” model has the potential to create welcoming outlets for supplies and services if well designed and monitored to ensure that the necessary commodities are stocked and available and the pharmacies treat IDUs with respect. Research by the USAID social marketing project suggests that some “friendly pharmacies” are not actually very friendly to IDUs and often do not stock the commodities they require. The social marketing project worked with pharmacies near IDU shooting-up venues in Hanoi and Ho Chi Minh City to increase convenient access to commodities for IDUs, i.e. stocking, displaying, and selling single N/S units. The project findings suggest that a behavior change/trade marketing approach can make a marked difference in motivating pharmacy operators to support public health objectives.
- To increase both day and night accessibility, NSPs should consider distributing or selling clean N/S through non-traditional channels such as small retailers, as is already being done at tea shops in some provinces.
- Needle and syringe programs should work closely with local authorities and police and try to dissuade them from arresting PEs, especially now that drug use is viewed as a disease that requires evidence-based treatment rather than detention and punishment.
- As recommended by some key informants during interviews, recruiting VHWs to distribute N/S can potentially expand N/S accessibility in remote and mountainous areas, but these workers should be properly trained and given incentives to improve their motivation and commitment to the NSPs. Training will also increase the VHWs' efficiency in distributing N/S and thus reduce the burden of this additional activity and the distraction from their other duties.

### ***Availability of needles and syringes***

The availability of and preference for different types of N/S varies by region. Those most commonly distributed by NSPs in Vietnam are: 1) the standard 3cc

“high dead-space syringes” (HDSS), and 2) 1cc “low dead-space syringes” (LDSS). The HDSS retain over 1000 times more blood in the syringe after washing and therefore increase an IDU’s of exposure to HIV. Pharmacies generally offer a wider range of N/S sizes and brands, and many IDUs across the program sites considered the N/S sold at pharmacies to be higher quality than the free N/S provided by NSPs.

In the north, the majority of IDUs used the free 3cc HDSS provided by NSPs or those available for purchase in most pharmacies. In southern provinces, IDUs reported preferring 1cc LDSS (*‘bom kim dau do’*), stating that they had sharper needles, caused less pain, left fewer marks, and wasted fewer drugs than the 3cc NSPs’ free HDSS. Despite these advantages, very few IDUs in the north had tried *‘bom kim dau do’* before, citing their small size as a deterrent to mixing and sharing drugs.

*‘Bom kim dau do’* were usually available from pharmacies in the south but not in the north. Only NSPs in HCMC provided *‘bom kim dau do’* for IDUs while 3cc HDSS were the only available option from NSPs in the other study provinces. Very few key informants, IDUs, PEs and pharmacy staff knew about the LDSS potential to reduce the risk of HIV transmission.

## Recommendations

- Needles and syringes provided free by NSPs and those offered for sale in pharmacies and other outlets should be of high quality and meet the needs and preferences of IDUs, based on systematic market research.
- It is important to inform people working in HIV control, IDUs, and pharmacy staff about the advantages of LDSS for preventing HIV transmission. This information should be incorporated into harm reduction training for all NSP workers, from program leaders to PEs. Then PEs can educate IDUs about the benefits of LDSS. NSPs should also consider procuring and promoting the use of high quality LDSS to help prevent HIV infection among IDUs.

Ideally, these programs should offer a variety of options, including syringes with detachable needles (both 1cc and 3cc). This has been shown to increase the likelihood of IDUs utilizing the program.<sup>19</sup> To date, Vietnam Government and donors supporting IDU programs in Vietnam have primarily procured HDSS for free distribution. The procurement of LDSS should also be informed by evidence, including consumer research, to ensure that products meet the needs and preferences of IDUs. If consumer research or experience indicates, it may be necessary to modify existing LDSS to make them more attractive or appropriate for IDUs, while meeting the relevant

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<sup>19</sup> Strike, C., et al. Ontario needle exchange programs: Best practice recommendations. Ontario Needle Exchange Coordinating Committee. Toronto, 2006.

standards for quality as developed for and submitted to the VAAC and the PACs in 2012.

- A national plan to scale-up LDSS distribution through multiple channels should be developed based on the principles of a total market approach, in order to increase access to safer N/S and ensure that fully-subsidized N/S are targeted at IDUs who are the least able to pay for N/S and to maximize the space for partially-subsidized and non-subsidized products. This will reduce the need for external funding over time. LDSS should be for sale in pharmacies and other outlets so IDUs will have more opportunities to learn about and try them. Social marketing techniques should be used to encourage commercial wholesalers and retailers to stock, display and sell single N/S, particularly LDSS.
- Programs for distributing and promoting LDSS through social marketing or otherwise should be designed based on information gleaned from market statistics, surveys and qualitative studies, and they should be monitored and evaluated once they have been implemented.

Evidence-based BCC tools should be developed to create consumer demand for LDSS where many IDUs do not know about LDSS and their benefits, or resist using LDSS based on misinformation. This report makes it clear that many drug users have never used LDSS so this desired behavior needs promotion and support.

### ***Collection and disposal of used needles and syringes***

At present, PEs from NSPs and other HIV prevention programs are mainly responsible for collecting used N/S. Many PEs reported that, although they are provided with protective equipment such as gloves and boots, they still feel at risk because of the poor quality of some of this equipment.

In big cities such as HCMC, Hanoi, Quang Ninh, and Can Tho, district hospitals have medical waste incinerators to dispose of used N/S properly, while professional hygiene and environmental sanitation companies are contracted to dispose of N/S in other provinces. However, NSPs in remote and mountainous areas face difficulties transferring used N/S to district health centers or PACs so it is common practice for commune health centers to burn or bury used N/S themselves.

## **Recommendations**

- Peer educators should be provided with higher-quality protective equipment and tools such as thick disposable gloves, puncture-proof safety boxes, and tools for picking up rubbish. They should also be able to easily replace depleted N/S supplies as necessary.
- Mass organizations and street sanitation workers should be mobilized and trained to help collect and dispose of used N/S.
- Key informants recommend that where transferring used N/S is difficult, NSPs should supply incinerators to dispose of used N/S or increase financial support for transporting them to appropriate district or provincial medical waste management facilities.

## **8. Annexes**

### **8.1. Annex A.1 Study Introduction and Key Informant Invitation**

#### **Introducing the study design and purpose**

The USAID/Health Policy Initiative (USAID/HPI) implemented by Abt Associates Inc. is conducting an assessment of the gaps in clean needle and syringe (N/S) distribution programs to inform USAID programming so injecting drug users (IDUs) will have better access to and utilize clean needles and syringes. The purpose of this study is to better understand the procurement of needles and syringes, the adequacy of their supply, and the distribution process, as well as the collection and disposal of used N/S. The study is also interested in barriers and/or challenges faced by needle and syringe distribution programs (NSPs). The assessment is focused on Son La and nine provinces and cities covered by PEPFAR including Hanoi, Hai Phong, Nghe An, Quang Ninh, Ho Chi Minh City (HCMC), Can Tho, An Giang, Lao Cai, and Dien Bien.

#### **Why have you been selected to participate?**

It is important that the researchers understand the opinions and experiences of individuals in your position because you have unique insight into the needle and syringe program. Your experience in this topic and your contributions will be highly valuable to informing our recommendations and we hope that you consider participating.

#### **What does your participation involve?**

We will ask you to participate in an in-depth interview at a time that is convenient for you. The interview will take approximately 60 to 90 minutes to complete.

Your participation is voluntary and your decision to not participate will not affect your employment status.

#### **Confidentiality**

Your name will not be used in connection with any of your responses throughout the interview. You will be assigned a participant ID number to enter all of your responses into our system and when they have been entered, all your personal information will be

deleted. Every care will be taken to prevent the identification of participants in the presentation or publication of this study's results.

**What will happen to the information you provide?**

The information you provide will be entered into a database, summarized, and combined with all the other responses we receive from participants.

**How will the information you provide be used?**

The data collected through this study will be analyzed to reveal trends that could be useful for understanding barriers to implementing NSPs and identifying viable solutions. We hope your experiences will help us learn how to improve the implementation of future projects and help scale up NSPs throughout Vietnam.

**What should you do now?**

A member of our study team will contact you to follow up and find out if you have chosen to participate in the interviews. If you do wish to participate, we will schedule an appointment for an interview at your convenience.

**We sincerely thank you for your time and contributions.**

**USAID/Health Policy Initiative Vietnam**

## 8.2. Annex A.2 Informed Consent Form (for In-depth Interviews)

Hello, my name is [interviewer's name] from the [organization's name]. We are conducting a gap assessment of needle and syringe (N/S) distribution programs in 10 provinces to gather information about filling gaps in the distribution system so injecting drug users will have better access to and be able to use clean N/S. This study is funded by the United States Agency for International Development's Health Policy Initiative (USAID/HPI).

The purpose of the study is to gain a better understanding of N/S procurement and the adequacy of their supply as well as their distribution and the collection and disposal of used ones. We are also interested in what you think are barriers or challenges facing the NSP in your area. I would like to ask you some questions on these subjects.

All of your answers will be completely confidential. Your name will not be written on this form and it will never be used in connection with the information you provide. Your participation in this interview is completely voluntary. You do not have to answer any questions you don't want to answer and you can end the interview at any time. Your answers will help us to better understand your work and issues surrounding HIV/AIDS harm reduction programs so I would greatly appreciate it if you could take 60 to 90 minutes to answer my questions.

If you have any questions after the interview regarding our research, please contact Dr..... at USAID/HPI, Level 3, 72 Xuan Dieu, Tay Ho District, Hanoi, Viet Nam.

This research has been reviewed and approved by the Institutional Review Boards of the Hanoi School of Public Health and Abt Associates in the United States. These committees ensure the rights of research participants are respected. If you have any questions about the rights of research participants, you can contact the Institutional Review Board of the Hanoi School of Public Health via telephone at 04-6266 2329 or 04-626-62327.

Do you have any questions?

Would you like to participate in this survey?

- No, I do not want to participate in the survey
- Yes, I agree to participate in the survey

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

### 8.3. Annex A.3 Questions for In-depth Interviews

#### General questions and instructions for interviewers

1. Please tell me about the NSPs in your province.
2. How long have they been established? What activities have they implemented?
3. What role does your organization play in the NSPs in your province?

#### Needle and syringe procurement/supply

4. What are your program's sources of N/S? Keep asking "what else?" until the interviewee says "no others".

Probe for more information by asking about the following:

- Donor programs
  - The Vietnamese government
  - Pharmacies
  - Other retail outlets
5. Regarding the procurement of N/S from the Vietnamese Government and other donors ask:
    - Who ships N/S to you?
    - Who manufactures the N/S?

Please tell me about the types of N/S your program procures? Probe:

- What sizes of syringes and needles does your program procure? Do you know about low-dead space syringes (LDSS)?
- Show a picture of an LDSS compared to a high dead-space syringe (HDSS) and explain: *A low dead-space syringe has a permanently attached needle that eliminates the need for a needle hub. This design greatly reduces dead space compared to the standard HDSS. The needle hub on HDSS traps drugs that are not expelled after injection and may also trap drugs and/or*

*blood in its hub. Using LDSS can lower the risk of HIV transmission and also save on drugs.*

- What do you think about the quality of the N/S currently provided by each source?
  - Do you think IDUs (injecting drug users) have any concerns about the size or quality of the N/S?
  - What about the prices of N/S from each source?
6. Could you estimate how much the HIV/AIDS programs in your province spent on N/S from each supplier this year?
7. Please describe how N/S are procured in your province from each supplier? Probe by asking about:
- Challenges in the procurement process, if any.
  - Facilitators/barriers to the process, if any.
  - Whether adequate quantities of the types of N/S preferred by IDUs are readily available from suppliers.
8. What is the system for managing the N/S inventory in your province? Can you tell me about the storage conditions and staff involved in this process? Probe for factors that may contribute to the stability, accessibility, and/or delay of supplies, as well as the procurement process
9. What are your organization's plans for N/S procurement through the next five years?
10. Who currently funds your current N/S supplies and how much money do they provide?
11. Do you think there are any gaps in resources for the N/S program in your province? If so, what? (N/S procurement? Funding for outreach programs? - Probe for others.)
12. How do you think N/S procurement can be improved in your province/program?

### **Needle and syringe distribution**

13. How are N/S currently distributed in your province? Probe:
- Who distributes the N/S and how do they do it? (e.g. peer educators, fixed sites (boxes), etc.)
  - What about pharmacies and other retail outlets?
  - Approximately what percentage of N/S used by IDUs in your province are provided free of charge? What percentage do IDUs purchase from pharmacies or other retail outlets?

- What opportunities exist for implementing and/or expanding the social marketing of N/S in your province?

14. Are there any organizational or structural issues regarding N/S distribution in your province? Keep asking the interviewee if there is anything else until they say “nothing else”. If they do not mention the following points, ask:

- What do you think about program staffing?
- Staff capacity?
- Program monitoring and supervision?
- Coordination among different programs?

15. What are the factors that facilitate N/S distribution in your province?

16. What are the barriers to N/S distribution in your province?

17. What are your organization’s plans for distributing N/S in the next five years?

18. What do you think needs to be done to improve N/S distribution programs so they can reach everyone in need?

**Assessment of availability and accessibility**

19. What procedures do IDUs have to go through in order to receive clean N/S and what do you think about that? For example, do you think the process is too complicated?

20. What complaints, if any, have you heard from IDUs about N/S availability and accessibility?

21. What do you think are the reasons some IDUs do not access clean N/S or take advantage of the N/S program? (e.g. social stigma, N/S size/quality, convenience, distance to N/S distribution point, etc.)

22. What is your estimation of the N/S distribution harm reduction program coverage in your province last year?

23. What proportion of IDUs in your province do you think are being reached with the current resources available to you?

24. Is there an MMT program in your province? If so, when did it start? Do you think N/S distribution in your province has declined or stayed the same since the MMT program was initiated?

## **N/S collection and disposal**

25. What are the regulations and procedures for collecting and disposing of used N/S in your province?
26. How does the program monitor the collection and disposal of N/S?
27. What do you think about the safety procedures for the collection process?
28. What do you think can be done to improve N/S collection and disposal in your province?

## **8.4. Annex B.1 Informed Consent Forms for Focus Group Discussions**

### **Informed Consent Form for Peer Educators**

Hello, my name is [interviewers name] from the [organization's name]. We are conducting a gap assessment for needle and syringe distribution programs (N/SPs) in 10 provinces. The purpose of the study is to gain a better understanding of N/S procurement and the adequacy of their supply, as well as their distribution and the collection and disposal of used ones. We are also interested in what you think are barriers or challenges facing the NSP in your area.

You are invited to this discussion because you are peer educators involved in approaching and distributing needles and syringes (N/S) to IDUs in your locations. There will be five to seven other peer educators joining the discussion. We would like to ask you all some questions about your experiences distributing needles and syringes, as well as collecting and disposing of used ones. We will also ask you some questions about your view of IDU needs and the NSP coverage in your areas. Please also share your suggestions and/or recommendations for filling the gaps in the NSP in your area (if there are any).

We are conducting this discussion in a private place to make it difficult for other people to hear what you say. After you leave the group discussion, please do not tell anyone about the other participants or what they said. We will also ask the other participants not to share what you said during the group discussion.

We will be tape recording and transcribing this discussion. The information you tell us will be kept confidential and used only for this research. Only the researchers will have access to documents and audio recordings from the discussion. We will not share the recording of your voice and we will also try our best to prevent other people from seeing the documents or hearing the recording. For example, we will keep all documents and audio recordings in a locked cabinet in a locked room. Your name will not be written on this form and it will never be used in connection with the information you provide during the discussion. We will also destroy the audio recording when the research is finished.

Your participation in this focus group discussion is completely voluntary. You do not have to answer any questions you do not want to answer and you can exit the discussion at any time. Your answers will help us better understand your work and issues surrounding HIV/AIDS harm reduction activities so I would greatly appreciate it if you could take 60 to 90 minutes to join the discussion.

We will offer you 100,000 VND to compensate you for your time. If you have any questions about our research after the interview, please contact Dr..... at Health Policy Initiative, Tay Ho District, Hanoi, Vietnam.

This research has been reviewed and approved by the Institutional Review Board of Hanoi School of Public Health and Abt Associates Review Board in the United States. These committees ensure research participant rights are respected. If you have any questions about the rights of research participants, you can contact the Institutional Review Board of the Hanoi School of Public Health via telephone at 04-6266 2329 or 04-626-62327.

Do you have any questions?

Would you like to participate in this survey?

No, I do not want to participate in the survey

Yes, I agree to participate in the survey

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Informed Consent Form for IDUs**

Hello, my name is [interviewers name] from the [organization's name]. We are conducting a gap assessment for needle and syringe distribution programs (N/SPs) in 10 provinces. The purpose of the study is to gain a better understanding of N/S procurement and the adequacy of their supply, as well as their distribution and the collection and disposal of used ones. We are also interested in what you think are barriers or challenges facing the NSP in your area.

We are inviting you to a group discussion with five to seven other IDUs. We will ask you all some questions about your experiences receiving needles and syringes (N/S), as well as collecting and disposing of used ones (if applicable). We will also ask you for your opinions of IDU needs and the NSP coverage in your area. Please also share your suggestions and/or recommendations for filling the gaps in the NSP in your area (if there are any).

We are conducting this discussion in a private place to make it difficult for other people to hear what you say. After you leave the group discussion, please do not tell anyone about the other participant or what they said. We will also ask the other participants not to share what you said during the group discussion.

We will be tape recording and transcribing this discussion. The information you tell us will be kept confidential and used only for this research. Only the researchers will have access to documents and audio recordings from the discussion. We will not share the recording of your voice and we will also try our best to prevent other people from seeing the documents or hearing the recording. For example, we will keep all documents and audio recordings in a locked cabinet in a locked room. Your name will not be written on this form and it will never be used in connection with the information you provide during the discussion. We will also destroy the recording when the research is completed.

Your participation in this focus group discussion is completely voluntary. You do not have to answer any questions you do not want to answer and you can exit the discussion at any time. Your answers will help us to better understand your work and issues surrounding HIV/AIDS harm reduction activities so I would greatly appreciate it if you could take 60 to 90 minutes to join the discussion.

We will offer you 100,000 VND to compensate you for your time. If you have any questions regarding our research after the interview please contact Dr..... at Health Policy Initiative, Tay Ho District, Hanoi, Vietnam.

This research has been reviewed and approved by the Institutional Review Boards of the Hanoi School of Public Health and Abt Associates in the United States. These committees ensure research participant rights are respected. If you have any questions about the rights of research participants, you can contact the Institutional Review Board of the Hanoi School of Public Health via telephone at 04-6266 2329 or 04-626-62327.

Do you have any questions?

Would you like to participate in this survey?

No, I do not want to participate in the survey

Yes, I agree to participate in the survey

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Informed Consent Form for Pharmacy Staff**

Hello, my name is [interviewers name] from the [organization's name]. We are conducting a gap assessment for needle and syringe distribution programs (NSPs) in 10 provinces. The purpose of the study is to gain a better understanding of N/S procurement and the adequacy of their supply, as well as their distribution and the collection and disposal of used ones. We are also interested in what you think are barriers or challenges facing the NSP in your area.

We are inviting you to participate in a group discussion with five to seven other pharmacy staff. We will ask you all some questions about your experiences distributing needles and syringes (N/S) and we will ask you for your opinions of the NSP in your area. Please also share your suggestions and/or recommendations for filling the gaps in the NSP in your area (if there are any).

We are conducting this discussion in a private place to make it difficult for other people to hear what you say. After you leave the group discussion, please do not tell anyone

about the other participants or what they said. We will also ask the other participants not to share what you said during the group discussion.

We will be tape recording and transcribing this discussion. The information you tell us will be kept confidential and used only for this research. Only the researchers will have access to documents and audio recordings from the discussion and we will not share the recording of your voice. We will also try our best to prevent other people from seeing the documents or hearing the recording. For example, we will keep all documents and audio recordings in a locked cabinet in a locked room. Your name will not be written on this form and it will never be used in connection with the information you provide during the discussion. We will also destroy the recording when the research is completed.

Your participation in this focus group discussion is completely voluntary. You do not have to answer any questions you do not want to answer and you can exit the discussion at any time. Your answers will help us better understand your work and issues surrounding HIV/AIDS harm reduction activities so I would greatly appreciate it if you could take 60 to 90 minutes to join the discussion.

We would like to offer you 100,000 VND to compensate you for your time. If you have any questions about our research after the interview please contact Dr..... at Health Policy Initiative, Tay Ho District, Hanoi, Vietnam.

This research has been reviewed and approved by the Institutional Review Boards of the Hanoi School of Public Health and Abt Associates in the United States. These committees ensure research participant rights are respected. If you have any questions about the rights of research participants, you can contact the Institutional Review Board of the Hanoi School of Public Health via telephone at 04-6266 2329 or 04-626-62327.

Do you have any questions?

Would you like to participate in this survey?

- No, I do not want to participate in the survey
- Yes, I agree to participate in the survey

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 8.5. Annex B.2 Focus Group Discussion Guide

### Consent Process:

Prior to the discussion, all potential focus group discussion (FGD) participants must complete a consent form provided by discussion facilitator. Below is a summary of the information in the form for the facilitator to use to make sure the participants understand the information.

### Materials and Supplies for the FGD:

- Sign-in sheet
- Consent forms (enough for all participants)
- Focus Group Discussion Guide for facilitator
- Digital recorder and extra batteries
- Notebook and pen for note-taker
- Refreshments

*Thank you for agreeing to participate in our group discussion today. We are very interested in hearing your opinions about needle and syringe distribution programs (NSPs) in your provinces, especially peer education and how harm reduction activities and the programs themselves could be improved.*

- *The purpose of this discussion today is to hear your experiences in distributing needles and syringes, as well as collecting and disposing of used ones. We will ask you for your opinions of injecting drug users' (IDUs) needs and NSP coverage in your areas. Please also share your suggestions/recommendations for filling the gaps in the NSP in your area (if there are any).*
- *All information you provide today will be completely confidential and your name we will not be associated with anything that you say during this focus group discussion. We understand the importance of keeping this information private and we ask all participants to respect each other's confidentiality as well. This means you do not talk about any of the discussion group participants or what they said, and please do not use anyone's name during the discussion.*
- *If you agree, we would like to tape our discussion today to ensure we accurately record the comments, opinions and ideas we hear from the group. No names will*

*be attached to this focus group and as soon as the tapes are transcribed for our records they will be destroyed.*

- *You are free to refuse to answer any of the questions asked or withdraw from this study at any time.*
- *If you have any questions now, during or after the discussion you can always contact a study team members (see below),*
- *If you have any questions about the rights of research participants, you can contact the Institutional Review Board of the Hanoi School of Public Health via telephone at 04-6266 2329 or 04-626-62327.*

## **Introduction:**

**I. Welcome:** Introduce yourself (discussion facilitator) and the note-taker. Pass the sign-in sheet (demographic form) around to all participants and have them answer the basic demographic questions on the form (age, gender, years working as a peer educator, etc.).

*Review the following:*

- Describe the study team and what they aim to accomplish through this research and focus group discussion.
- What will happen to the information collected.
- Why the participants were asked to take part in the discussion.
- If anyone other than the invited participants is present, ask them to please excuse themselves from the group.

**II. Explain the focus group discussion process:**

*Focus group overview:*

- The objective is to learn about your experiences, both positive and negative.
- It is not important to arrive at a consensus. We are simply trying to gather information.
- We are using focus group discussions for our assessment because they are an efficient way to gather in-depth information from a group of people. This provides a better context and allows us to gain a deeper understanding of topics than we would achieve through other methods such as questionnaires.

*Logistics:*

- The discussion will last between 60 and 90 minutes.

- Feel free to move around, use the bathroom or help yourself to refreshments.

**III. Basic Rules:** Begin with a warm-up brainstorming session to establish some basic rules for the group to follow during the discussion. Make sure the final list of rules includes:

- Everyone should participate.
- All information provided within the discussion must be kept confidential.
- Participants should stay engaged with the group conversation.
- All cell phones must be turned off.
- Please listen when someone is speaking and do not have side discussions.
- Respect other participants' opinions, even if they are opposite to yours.

**IV.** Turn on the digital recorder

**V.** Ask if there are any questions before the discussion begins and address any that are raised.

**VI.** Introductions: Ask participants to go around the circle and briefly introduce themselves stating their position/job, where they come from, how long they have worked as a peer educator and their specific responsibilities in harm reduction activities. Remind participants not to use their real names.

*The discussion portion of the meeting begins now. Be sure to give participants enough time to think before responding to questions and do not move too quickly. Use the probe questions and topics to ensure all relevant issues are addressed, but move on once the responses start to become repetitive.*

### **QUESTIONS FOR FOCUS GROUP DISCUSSIONS: Peer educators**

1. Please tell us about your overall experience as a peer educator in IDU outreach or the NSP? If needed, probe:
  - What was one of your best experiences?
  - One of the worst?
2. Please share your experiences related to N/S supplies for harm reduction programs in your area. If necessary, probe:
  - How often do you receive supplies of N/S?
  - What procedures do you have to go through to receive them and what is your opinion of those procedures?

- What types of N/S do you receive and distribute to IDUs?
- Have you ever received low-dead space syringes? --- show a picture of a low-dead space syringe compared to a high-dead space syringe, and explain: *A low dead-space syringe is the one with a permanently attached needle which eliminates the needle hub. This design greatly reduces the amount of dead space compared to that of standard high-dead space syringes. The needle hub on standard syringes traps drugs that are not expelled after injection. The standard syringe may also trap drugs and/or blood in its hub, which increases the risk of HIV transmission. Using low-dead space syringes can reduce the risk of HIV transmission and also save drugs.*
- Please share any comments or feedback you have heard from IDUs about the different types of N/S they receive.
- What about low-dead space syringes: are these available in your area? Do IDUs accept them? Are there any problems regarding the size of N/S, interchangeability of needles, or price of low dead-space N/S? If yes, please explain.

3. Please tell us about your experiences distributing N/S to target populations (IDUs).

How do you distribute free N/S to IDUs? How many N/S do you normally give an IDU each time?

4. How do you reach IDUs? Please tell us about your relationship with your clients?

5. How is guidance on the safe use of N/S provided to IDUs?

6. What do you think about the N/S distribution procedures you currently follow? Are they effective for reaching a large portion of IDUs or are you only able to reach a small number?

7. In your estimation, what percentage of their N/S does the average IDU obtain from free distribution programs versus purchasing them from pharmacies or other retail outlets? Are there opportunities to implement or expand social marketing for N/S in your area? If yes, please explain.

8. What do you think are some of the reasons certain IDUs do not access clean N/S? Please describe any potential or existing barriers that might prevent them from accessing and utilizing NSPs (for example, social stigma, N/S size/quality, convenience, distance to N/S distribution points, etc.).

9. Please tell us about your experiences collecting and disposing of used N/S. Probe:

- How do you collect and discard used N/S?

- What are the main difficulties in the collection process?
  - What do you think about the safety procedures for the collection process?
  - What do you think should be done to improve N/S collection and disposal?
10. Please share your experiences in collaborating with other stakeholders to implement NSPs. Probe:
- What are your experiences with local authorities and police?
  - What difficulties, if any, have you experienced with these authorities when distributing and collecting N/S?
11. What is your opinion of your clients' N/S needs and their need for other services?
12. What do you think about the adequacy of N/S and other services provided to IDUs in your area?
13. Can you suggest any ways needle and syringe programs could be improved? What do you think needs to be done and what is the best way to do that in order to reach everyone in need and link to other services. Probe:
- Supply?
  - Distribution mechanisms?
  - Types and sizes of N/S; interchangeability of needles; price?

### **QUESTIONS FOR FOCUS GROUP DISCUSSIONS: IDUs**

1. Let's talk about the current sources of N/S available for IDUs in your location:
  - a. Where do IDUs obtain N/S? (Pharmacies? Peer educators? Fixed boxes? From other IDUs?, etc.).
  - b. Which of these N/S sources are most commonly used by IDUs? Are the N/S provided for free or do IDUs have to purchase them?
  - c. In your estimation, what percentage of their N/S does the average IDU in your area obtain from free distribution programs versus purchasing them from pharmacies or other retail outlets?
  - d. What barriers do IDUs face trying to obtain N/S from these sources? (Ask about each source that was mentioned. Also ask if there are any problems with the police or local authorities regarding IDUs obtaining N/S, as well as any problems pharmacies present for IDUs wishing to buy N/S.)
  - e. Would you be willing to buy N/S at subsidized (lower) prices from pharmacies or other outlets rather than getting them for free from the NSP?

2. Please talk about the ways IDUs usually obtain N/S in your area.
  - a. How often do you or other IDUs that you know obtain N/S? Are they usually obtained before or after the drugs are purchased?
  - b. How many N/S do they normally obtain each time and from what source? (Other IDUs? Peer educators? Fixed boxes?, at each educational spot? Pharmacies or other retail outlets?).
  
3. Let's talk about the different types of N/S IDUs obtain from each source:
  - a. What do you think about the quality and price (if applicable) of the different types of N/S that are available for IDUs? Which ones are most commonly used by IDUs in your area and why? Which ones do IDUs in your area prefer to use and why?
  - b. Do you know about low-dead space syringes? --- show a picture of a low-dead space syringe compared to a high-dead space syringe and explain: *The low dead-space syringe is the one with a permanently attached needle which eliminates the needle hub. This design greatly reduces the amount of dead space compared to that of standard high-dead space syringes. The needle hub on standard syringes traps drugs that are not expelled after injection. The standard syringe may also trap drugs and/or blood in its hub, which increases the risk of HIV transmission. Using low-dead space syringes can reduce the risk of HIV transmission and also save drugs.*
  - c. Have you ever used low-dead space syringes? If yes, where did you get them? Please share your experience of using low-dead space syringes compared to standard high-dead space syringes. Are low-dead space syringes available in your area? Do IDUs accept them? Are there any problems related to the size of the needles and syringes, interchangeability of needles, or price of low dead-space N/S? If yes, please explain.
  
4. In your opinion, which N/S distribution channel or model is the best for reaching IDUs?
  
5. Do you have any suggestions for ways needle and syringe programs could be improved? If necessary, probe:
  - a. Supply?
  - b. Distribution mechanisms?
  - c. Quality of N/S?

6. What do you do with your N/S after you have used them? Where do you put your used N/S? Does anyone in your area collect them? If so, how do they do it and how often?
7. Do you think the number of N/S for IDUs who are on MMT decreased or stayed the same since they began treatment? Are you interested in accessing MMT?
8. Please share your experiences in accessing other services that you and other IDUs may need? Which services do you think are the most needed? What are the obstacles to accessing these services in your area, if any? (Ask about MMT, voluntary counseling and testing, sexually transmitted infections, condom provision, etc.).
9. In your opinion, what is the best way to reach and serve IDUs so that they can access the full range of services they need?
10. What models do you recommend for future NSPs?

## **QUESTIONS FOR FOCUS GROUP DISCUSSIONS: PHARMACY STAFF**

I am going to ask you a few questions about pharmacy practices and your thoughts on pharmacy-based interventions for your customers who may inject illegal drugs.

Your participation will help others and improve the health of your customers who may injecting drug users (IDUs).

Have the participants briefly describe their pharmacies, their customers who purchase N/S, and the pharmacy's policy regarding IDU customers.

1. Please tell us briefly about your pharmacies. Are they independent or government-run? How many licensed pharmacists are working in your pharmacies? How long have you worked there?
2. Please share your experiences with selling needles and syringes to your customers.

What types of N/S does your pharmacy sell? Does your pharmacy sell low-dead space syringes? --- show a picture of a low-dead space syringe compared to a high-dead space syringe and explain: *The low dead-space syringe has a permanently attached needle which eliminates the needle hub. This design greatly reduces the*

*amount of dead space compared to that of standard high-dead space syringes. The needle hub on standard syringes traps drugs that are not expelled after injection. The standard syringe may also trap drugs and/or blood in its hub, which increases the risk of HIV transmission. Using low-dead space syringes can reduce the risk of HIV transmission and also save drugs*

If your pharmacy sells low dead-space syringes, where do you procure them? What sizes of syringes and needles are available with low dead-space? Do you sell low dead-space N/S with removable/interchangeable needles or only those with permanently attached needles?

3. Have you ever asked your customers why they buy N/S? If yes, what reasons did they give?
4. Please tell us about your pharmacies' policies on selling N/S to IDUs, if it has any. Who set those policies? How are policies implemented?
5. What do you think about customers who inject illegal drugs? From your observations, do you think any IDUs buy N/S at your pharmacies? If yes, how often? Do you know if they live near your pharmacies or do they come from other areas? How many N/S do IDU customers normally purchase each time (if you know)? Do they also buy Novocaine or distilled water when they buy N/S?
6. Can you describe an experience with IDUs at your pharmacy?
7. Do IDU customers influence business at your pharmacies in any way? How do your other customers feel about that?
8. Do you and the other pharmacy staff care about the health of IDU customers? If yes, how do you try to help them improve their health?
9. Does the staff at your pharmacy treat IDU customers differently from other customers? If so, how?
10. Have you ever provided information or resources to customers who purchase N/S at your pharmacies? If so, what type of information or resources?

### **Potential N/S provision for IDUs at pharmacies**

11. What do you think about the roles pharmacists and/or pharmacy staff play in providing customers with HIV prevention services? What do the other pharmacists and staff at your pharmacies think about it?
12. Are you available to provide information or resources to customers who purchase N/S from your pharmacy?
13. Would you support offering training or information on safe injecting? Why or why not?
14. Would you support offering printed materials about reducing the risk of HIV, Hepatitis C, and sexually transmitted diseases? Why or why not?
15. Would you support offering free needles and syringes? Why or why not?
16. Would your pharmacy be willing to sell N/S for subsidized (lower) prices as part of a social marketing program?
17. Would you support receiving used N/S for disposal? For example, receiving used syringes in locked disposal units so pharmacy staff would not have to handle them and customers would not be able to access the N/S once they are inside the box.
18. Can you suggest ways to improve needle and syringe programs so IDUs can have better access to clean needles and syringes?

This document was produced for review by the United States Agency for International Development (USAID). It was prepared by:

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