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# Making Policies Work for People:

## HIV Legal Clinics and Hotline in Vietnam Ensure that PLHIV Know and Exercise Their Rights

Vietnam

JULY 2009
Task Order 1

"We are proud that our phone number has become known as the HIV counseling hotline. Many clients contact us to ask about general HIV information, as well as HIV-related legal issues. They come to us because they trust our service," says Huong, a peer counselor at the HIV Legal Clinic in Ho Chi Minh City (HCMC).

Huong is one of the 25–30 HIV-positive people who currently work as peer outreach counselors in HIV legal clinics and for the national HIV hotline in Vietnam. Beginning in December 2006, the USAID | Health Policy Initiative, Task Order 1, collaborated with in-country partners to establish and operate the legal clinics and hotline as a way to facilitate implementation and monitoring of Vietnam's *Law on Prevention and Control of HIV/AIDS*, which came into force in January 2007 (see Box 1).

The clinics and hotline help to educate people living with HIV (PLHIV) about their rights under the new law, offer advice on how to redress grievances, and perform outreach to the broader community. This support is essential for ensuring that the national law is put into practice on the ground. The legal clinics and hotline will also help to identify implementation barriers and areas for future legal reform.

Key partners in the Health Policy Initiative's legal assistance project are the Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPHH), Vietnam Lawyers Association (VLA), and members of local and regional PLHIV networks—who not only work in the clinics/hotline, but also serve on the clinics' Advisory Boards. Other members of the Advisory Boards include representatives of the Provincial AIDS Committees; local lawyer associations; other provincial government authorities, such as the Department of Labor, Invalids, and Social Affairs; and the Health Policy Initiative. Bringing these groups together has helped to foster dialogue between PLHIV and the government, health, and legal sectors on the challenges faced by HIV-positive people in the workplace, schools, and healthcare system.

The longest-running legal clinic is based in HCMC, which—along with the national toll-free hotline in Hanoi—launched in January 2007. Building on lessons learned from these early efforts, the Health Policy Initiative helped to establish four additional clinics in provinces hit hard by the HIV epidemic: Hanoi, Quang Ninh, An Giang, and Hai Phong. Through September 2008,[1] the clinics had conducted about 1,100 face-to-face consultations and the hotline offered advice to more than 2,700 callers from all 64 provinces.

The HIV policy environment in Vietnam is developing rapidly[2] and conditions for PLHIV are also improving. However, misinformation, ignorance, and stigma and discrimination are still pervasive and hinder access to prevention, treatment, and care. The legal clinics and hotline are an important resource for HIV-positive people, and the services provided have helped them to become more aware of and exercise their rights under the law. This brief reviews the process undertaken to establish the legal clinics and hotline, describes the

service offerings, and presents lessons learned and next steps. This legal assistance project can serve as an innovative model for other countries seeking to devise ways to promote law and policy implementation.

## Raising Awareness of the HIV Law

After the adoption of the HIV law, a necessary first step was to disseminate the law to program managers, the legal community, and PLHIV. In partnership with the Ministry of Health (MOH) legislation department, CCLPHH, and VLA, the Health Policy Initiative provided financial and technical support for three MOH-hosted dissemination workshops. Held in late 2006, the workshops oriented policymakers and program managers from 49 provinces to the key provisions in the law.

In addition, the project, CCLPHH, and VLA conducted a rapid situational analysis on the perceptions and expectations of stakeholders in relation to the HIV law. The results of this assessment informed the development of user-friendly training materials for lawyers and PLHIV. The training workshops reached about 175 lawyers and PLHIV in Hanoi and HCMC. The workshops focused on the content of the law and rights and responsibilities of PLHIV. They also provided lawyers with a greater understanding of how to combat stigma and discrimination, counsel PLHIV and use the law to redress grievances, and address related gender and social issues.

Further, the Health Policy Initiative supported preparation of educational materials on the law to disseminate through lawyer associations, PLHIV networks, and other partners. The project also provided technical and financial assistance to networks, such as Bright Futures (in the north) and the Southern PLHIV Network, to carry out HIV law and human rights awareness-raising activities for their members.[3]

## Launching the HIV Clinics and Hotline

As noted above, the first HIV legal clinic opened its doors in HCMC in January 2007, with the national hotline also launching in Hanoi that same month. To share lessons learned from the first year of the project and to further raise awareness of the law, from October to December 2007, the Health Policy Initiative supported training workshops for

BOX 1

### Key Provisions in the HIV Law and Implementation Decree

The Health Policy Initiative provided technical and financial assistance to the Vietnamese government to formulate the *Law on Prevention and Control of HIV/AIDS*, which was passed by the National Assembly in June 2006 and went into effect in January 2007. As part of the process, the project mobilized and facilitated civil society and PLHIV involvement to provide comments on drafts of the law. This involvement helped to ensure that human rights-based approaches were incorporated into the final law.

"Many of our comments were incorporated word-for-word in the HIV law. For example, HIV-positive people have the right to refuse treatment, to die with dignity, and to have a monk by their side. We also have the right to integrate into the community, to live in the community as other people and not be excluded," explains Huyen, who is the coordinator of the Southern PLHIV Network and serves on the Advisory Board of the HCMC HIV Legal Clinic.

The law prohibits terminating an employee, denying medical care, and refusing school admittance to students based on HIV status, as well as guarantees the right to have HIV status kept confidential. The law also provides for access to medical insurance coverage for treatment expenses as well as free treatment for children living with HIV and other PLHIV living in difficult circumstances. In addition, an implementation decree, issued in June 2007, elaborates further guidance on how to put the law into practice. In particular, the decree formalizes a card system for peer education outreach workers—who, in the past, have been harassed by police for carrying condoms and other HIV prevention materials—and specifies the management mechanism for the medication-assisted therapy pilot program to help reduce HIV transmission among injecting drug users.

about 220 lawyers and PLHIV in An Giang, Can Tho, Hai Phong, and Quang Ninh provinces. Following the trainings, additional clinics were established in Hanoi (December 2007), Quang Ninh (January 2008), An Giang (March 2008), and Hai Phong (April 2008) provinces. Before opening the clinics, the Health Policy Initiative organized stakeholder meetings with local government, health, public security, and PLHIV representatives and others in the communities to encourage buy-in and support for the legal assistance project. Once stakeholders were on board and the clinics were up and functioning, the clinic teams organized official launch ceremonies covered by the local media to introduce the clinics to the communities and publicize available services (see page 5).

***Set Up and Staffing.*** The Health Policy Initiative provided the technical and financial assistance to hire lawyers and peer educators, train the staff, devise operating procedures, rent office space, and purchase equipment and supplies. The CCLPHH or VLA provide for the general oversight of the day-to-day clinic and hotline activities, while the lawyers who work in the clinics are typically retired lawyers associated with the VLA. The Advisory Boards also meet regularly to review progress, discuss issues and challenges, and propose possible solutions to any difficulties encountered.

Each clinic has one full-time lawyer/management officer, two part-time lawyers, one support staff person, and 4–5 HIV-positive peer counselors who each work 1–2 days per week. Employing PLHIV is a crucial component of the legal assistance project because it helps to build PLHIV capacity, ensures that the services are responsive to the needs of clients, and helps make HIV-positive people feel more comfortable when seeking services. The clinics are open five days a week, eight hours a day, though staff make themselves available outside those hours as needed. Similarly, the national hotline is open five days per week and is staffed by four lawyers and four peer counselors.

***Training.*** During the workshops to disseminate the law and through the VLA and PLHIV networks, the Health Policy Initiative and its partners identified lawyers and HIV-positive people to work in the legal clinics and at the hotline. Selected lawyers and PLHIV undergo training related to operation of the clinics and hotline that covers:

- Information about the experiences of stigma and discrimination faced by PLHIV and most at-risk populations, as many lawyers may not have met people who they know are living with or affected by HIV;
- Technical aspects of Vietnam's HIV law and relevant international human rights instruments;
- Basic information about HIV transmission and prevention, as well as information about HIV treatment and associated conditions because this information helps overcome stigma based on misconceptions, and helps staff to understand the impact of HIV on people's health and the importance of access to treatment, care, and support services;
- Information about available services for PLHIV, such as counseling, antiretroviral (ARV) treatment, home-based care, and other services; and
- Policies and procedures to be used by the legal clinic, including fostering a supportive office environment and setting up appropriate filing systems and office configurations to ensure the confidentiality of clients.

***Operational Procedures and Monitoring Systems.*** The Health Policy Initiative prepared a manual on operating policies and procedures, which was translated into Vietnamese. Topics covered include:

- Hours of operation;
- Location of services, including provision of mobile services where relevant;
- Who is entitled to use the services of the clinic;
- Procedures for making appointments;

- Filing systems, information kept on client files, and secure storage of client files;
- Confidentiality agreements to be signed by all staff;
- Procedures for monitoring quality of services provided to clients;
- Provision of professional training/ education updates for service providers; and
- Directory of referral services.

The Health Policy Initiative also helped to create a database to track services provided. Tracking the number of clients and topics on which clients seek assistance is important. This information is needed not only to fulfill clinic reporting requirements, but also to help monitor the implementation of the law itself and to indicate where further action is needed—to educate the public about the law, improve implementation, or promote compliance with the rights and responsibilities established by the law. The law calls for assessing its implementation after two and five years, and information from the legal clinics and hotlines will be a valuable input as the government and interested stakeholders evaluate implementation progress and barriers.

## Providing Services to the Community

Legal aid, counseling, and education are provided through three primary mechanisms: face-to-face consultations in the clinics; counseling and referrals provided over the phone through the national hotline and clinics; and mobile outreach in communities. All services are provided for free, including the toll-free hotline. The availability of services is publicized through local media, testing and treatment centers and hospitals, lawyers associations, and PLHIV networks. In addition, the clinics organize mobile outreach activities to raise awareness in towns and villages, among target groups (e.g., workplaces, schools), and through PLHIV self-help groups. The clinics and hotline provide a variety of services. The staff advise on the law, help clients to prepare applications and draft letters, submit documentation to authorities, and offer referrals. A significant number of the cases brought to the legal clinics involve assistance in seeking treatment and care. For example, Vietnam relies on mandatory, closed rehabilitation centers for drug users and sex workers, who are also among the most at-risk populations for HIV in the country. Individuals from these groups might also be sent to prisons. ARV treatment and treatment for opportunistic infections is extremely limited in these settings. The HIV law allows for deferment of sentences in order to seek HIV treatment in the community; however, the process can be complicated and families wishing to seek deferments often face roadblocks from law enforcement officials.

"We are quite experienced in the documentation to submit to the authorities, especially in cases of injecting drug users returning home," explains one lawyer in HCMC. "Besides the main letter from the family, the application requires five or six different letters and certifications from authorities to submit as a package."

Other common cases involve children living with or affected by HIV being prevented from attending school; HIV-positive women seeking custody of children or access to inheritance; people seeking access to free treatment or social pensions; and clients facing difficulties in their places of work (see Box 2 on page 7). In such cases, the lawyers or peer counselors often intervene, including going with clients to resolve conflicts in schools, hospitals, workplaces, and families. One limitation is that the clinic staff cannot pursue cases in court, because of sensitivity toward possible donor involvement in internal affairs. However, the clinics can provide advice to clients on where to go to seek assistance if their cases go to court.

The clinics provide assistance to 10–30 cases at any one time, with the more established clinics having a larger client base. From January 2007–September 2008, the number of clients seeking services increased as more clinics opened and people became more aware of the availability of legal aid services.

## Legal Clinics and Hotline Open Their Doors

*(Counter-clockwise, starting from left)*
1. Staff and local partners gather for the opening of the An Giang HIV Legal Clinic. 2. A lawyer orients staff, partners, and media to the services to be provided at the HCMC HIV Legal Clinic. 3. Entrance to the Quang Ninh HIV Legal Clinic. 4. Ribbon-cutting ceremony for the national HIV hotline in Hanoi.

Photos courtesy of the Health Policy Initiative.

During this period, the clinics conducted about 1,100 face-to-face consultations (see Figure 1). The hotline offered advice to more than 2,700 callers, with the monthly number of calls ranging from a low of 83 to a high of 437. In addition, through the mobile outreach activities, the legal clinics reached more than 3,700 people.

## The Way Forward

Passage of a law is only the first step in protecting the human rights of HIV-positive people and reducing stigma and discrimination. Mechanisms are needed to disseminate, implement, enforce, and monitor laws once adopted. Such mechanisms should ensure that law enforcement officials, service providers, others in the community, and PLHIV themselves know about and understand the rights protected by the law.

The HIV legal clinics and hotline in Vietnam have been instrumental in mobilizing advocates in the legal sector to put the HIV law into practice. At the community level, PLHIV are more aware of their rights and available HIV-related services. In collaboration with lawyers, PLHIV have strengthened capacity and are involved in the provision of legal assistance as community experts. The legal clinic model, with its multisectoral Advisory Boards, has also helped to build partnerships among PLHIV and the health and legal sectors. Key lessons learned include:

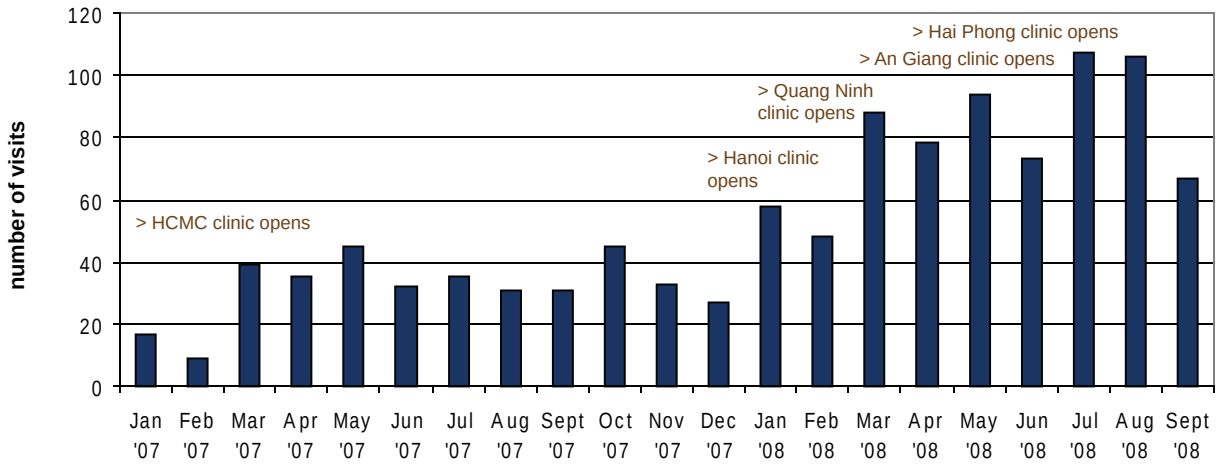
- Involvement of professional lawyers ensured the quality of legal counseling and aid;
- Involvement of HIV-positive counselors facilitated the empowerment of PLHIV groups and increased their proactive monitoring of the law's implementation; and
- Participation of other stakeholders in the Advisory Boards facilitated dialogue and open discussion on policy and program issues/barriers to be addressed.

Ensuring the sustainability of the HIV legal clinics and hotline is essential, including the need to identify in-country funding sources as donor support phases out. Other needs for the future include:

- Increased geographic coverage of clinic services;
- Additional support for mobile legal aid and education in communities;
- Greater involvement of PLHIV groups in identification of problems/issues related to implementation of the law and other legal documents;
- Updated training for clinic and hotline staff on new laws and policies;
- Advocacy to address issues identified through the legal clinics and hotline; and
- Improved networking with legal firms, especially for cases that go to court.

The legal clinics and hotline have achieved significant results and serve as models to help make national laws and policies work for people. These efforts should be expanded and built upon to ensure that Vietnam's HIV law, policies, and other legal instruments provide practical support to address the issues faced by PLHIV and the most at-risk populations, as well as foster greater access to prevention, treatment, and care. In particular, a comprehensive system is needed to conduct regular monitoring of the law's implementation and identify any needed reforms.

**Figure 1. Number of Client Visits to Legal Clinics by Month, January 2007–September 2008**




BOX 2

## Illustrative Cases and Outcomes

- The client and his wife are both HIV positive. School teachers refused to let their child attend the school due to objections from other parents. The teachers said they must produce an HIV test and if the child is HIV negative, the child would be allowed in the school. The legal clinic counseled the client on provisions in the HIV law, including those prohibiting mandatory testing (except in certain cases) and denying access to school. The office reviewed options for recourse. A medical specialist was contacted to talk to the school and parents about HIV and AIDS and help to alleviate unfounded fears. As a result, the child was allowed to go to the school and the client is satisfied.

- The client's son is an injecting drug user who has been imprisoned with a three-year sentence. The son has developed an opportunistic infection, with fever, weight loss, cough, and fungus. The law states that imprisonment can be deferred so that PLHIV can seek treatment in the community. The legal clinic provided counseling on regulations in the law and the procedures for seeking deferment. Staff also helped to prepare the necessary application and documentation to request the deferment. The director of the prison board approved the application and the son was transferred to the community for treatment.

- The client wished to take time off from work to seek ARV treatment, but worried about losing her job. The legal clinic provided counseling regarding the law's guidelines prohibiting discrimination against PLHIV in the workplace. Staff also suggested that the client seek regular unpaid leave if she did not wish to disclose her HIV status, which she decided to do. The peer counselor helped the client to access free ARV treatment through the district preventive medicine center. After receiving treatment, the client's health improved and she was able to return to work. Her HIV status also remained confidential.

- The client is the grandmother of a child living with HIV. The child's parents have died and the grandmother is the sole caretaker. She requested help accessing the government social pension to help provide for the child. The legal clinic helped prepare the required application and submit it to the Communal People's Committee. She is now receiving the pension.

## ENDNOTES

[1] Task Order 1 of the Health Policy Initiative supported the legal clinics and hotline from December 2006–September 2008. Support continues under the follow-on phase of the Health Policy Initiative in Vietnam (2008–2012).

[2] For more information, please see: Health Policy Initiative, Task Order 1. 2009. "On the Right Track: Vietnam Adopts Rights-based Policies for HIV Prevention, Treatment, and Care." Washington, DC: Futures Group International, Health Policy Initiative, Task Order 1.

[3] For more information, please see: Health Policy Initiative, Task Order 1. 2009. "Positive Beginnings: Strong Networks in Vietnam Enable People Living with HIV to Take Charge of Their Futures." Washington, DC: Futures Group International, Health Policy Initiative, Task Order 1.

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### ABOUT TASK ORDER 1

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