

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'
RESPONSES TO HIV AND AIDS***

VIET NAM - THE CASE OF THE HANOI UNIVERSITY OF EDUCATION

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The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO

TABLE OF CONTENTS

GLOSSARY OF TERMS	3
EXECUTIVE SUMMARY	4
A. National Context of HIV/AIDS.....	4
Basic Facts about Viet Nam	8
HIV/AIDS Epidemiological situation in Viet Nam	10
Government response	13
Education sector's response to the epidemic.....	16
B. Impact of HIV on Higher Education Sector	17
Higher education	17
Impact of HIV on higher education.....	18
Reason for selection of the university	19
C. Hanoi University of Education 's response to HIV /AIDS	20
HIV/AIDS Policies and Plans	21
Leadership on HIV/AIDS.....	21
HIV/AIDS prevention structure	21
Education related to HIV/AIDS	23
Teacher training.....	23
Formal HIV/AIDS Education.....	23
Non-formal HIV/AIDS Education	27
Impact of Education Activities.....	29
Research on HIV/AIDS.....	30
Partnership and networks	30
Programmes and Services	30
Prevention.....	30
Treatment and Care	31
Community Outreach	31
Monitoring and Evaluation of Response	32
Lessons learned	32
Recommendations	35

GLOSSARY OF TERMS

AIDS:	Acquired Immuno Deficiency Syndrome
DFID:	Department of International Development
HE:	Higher Education
HIV:	Human Immunodeficiency Virus
HUE:	Hanoi University of Education (Hanoi Teacher Training University)
IDI:	In-depth Individual Interview
IDU:	Injecting Drug User
IEC:	Information, Education and Communication
MOET:	Ministry of Education and Training
PEPFAR:	The President's Emergency Program for AIDS Relief
PLWHA:	People living with HIV/AIDS
STI:	Sexually Transmitted Infection
TB:	Tuberculosis
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNFPA:	United Nations Population Fund
WHO:	World Health Organization

EXECUTIVE SUMMARY

Introduction

This study is a part of the global UNESCO Review of Universities' Response to HIV/AIDS. The study aims to draw lessons learned and recommendations for strengthening higher education's response to HIV/AIDS. Hanoi University of Education, a leading Teacher Training University in Viet Nam, was selected for this study due to its achievements in HIV/AIDS prevention and its potential contributions to the objective of the study.

This report is written based on a desk review and analysis of data collected from 13 individual in-depth interviews with education managers, teachers and three focus group discussions with a total of 17 university students (see Appendix 1 for a list of persons contacted).

Key findings

Concentrated initially in some targeted groups such as injecting drug users, sex workers and their partners, HIV/AIDS has now spread gradually into general population, despite concerted prevention efforts made by the government, local and international organizations. Over the last 12 years, injecting drug use has remained the major route of transmission (57%) with increasing sexual transmission and infected age getting younger with 62% of reported cases aged 20-29. The majority of reported cases are men (85.3%) while only 14.4% are women.

Being an active member of the National HIV/AIDS Prevention Committee, the Ministry of Education and Training (MOET) has responded to the epidemic since the early 1990s through both formal and non-formal education. HIV/AIDS prevention education has been integrated into the curriculum at all educational levels, from primary school to higher education. However, there is no system in place for recording the impact of HIV/AIDS on the education sector in general and on higher education in particular. Some studies have revealed that stigma and discrimination against children infected or affected by HIV/AIDS is happening in schools, mainly through isolation.

This study shows that the higher education's response to HIV/AIDS in Viet Nam is relatively weak and not comprehensive. Hanoi University of Education is not an exception. Most universities just carry out information and communication activities through ad-hoc campaigns. Research plans for HIV/AIDS are unavailable in most universities.

This study at Hanoi University of Education reveals that the university started its HIV/AIDS prevention programme since 1991 and focused on prevention education, in compliance with the «prevention is better than cure» principle. Most programme areas requested by the study protocol of the Global Review were not applicable to the university, since they have not been implemented – be these HIV/AIDS related policies, action plans, research or action in the area of care and treatment.

Leadership in responding to HIV/AIDS was manifested by a strong structure of HIV/AIDS prevention programme, a clear division of labour and responsibility, consistent instructions and guidelines and strong support to programme. This has

been considered a key factor assuring the success of the HIV/AIDS prevention at the university.

Preventive education plays a vital role in reducing risk of infection for students and has been carried out through the political and ideological education system, which is believed an effective way to educate students how to prevent HIV infection. Educational means, in this case, are believed to shape a student's knowledge, beliefs, attitudes and behaviours, thus help them to maintain a healthy lifestyle, which minimizes early sex, unsafe sex and drug use. In relation to this perspective, most teachers and students who participated in this study claimed that they have to demonstrate a good model for their students due to the fact that their engagement in any bad and risky behaviour might undermine their image and reputation.

With regard to formal education, the university has integrated HIV/AIDS content into the teaching curriculum of relevant specialities. HIV/AIDS is generally interwoven with reproductive health content and life skills teaching. As acknowledged that the students are adults and they should be responsible for their self-directed study, the university only provides students with basic knowledge about HIV/AIDS. Relevant subjects consider HIV/AIDS as important as other teaching content and it's a subject for final exam. All informants agreed that HIV/AIDS education is very useful and relevant to all students, so they are motivated and very keen to learn about it. The results of exams with questions about HIV/AIDS have generally demonstrated a good understanding among the students about the subject. Though the teaching programme related to HIV/AIDS is considered to be effective, students and teachers still argued that the teaching quality could be improved if more training aids would be provided and more training of trainer courses would be designed for teachers.

While formal education is designed only for students specializing in four disciplines, non-formal education is designed for all students of the university, and is implemented through many available communication channels (including posters, bulletins, discussions, club meetings, HIV/AIDS awareness raising contests, song and artistic performances, loudspeakers etc). The Youth Union and the Student's Association are the major forces for carrying out information and communication activities.

As the ultimate goal of the university's prevention education activities is to enable students to help other people to protect themselves from HIV infection, the university has trained hundreds of youth volunteers each year, who work as HIV/AIDS peer educators in the university, in sister organizations and in targeted communities. During the summer holidays, many trained students are sent to rural provinces to implement social development programmes, of which HIV/AIDS is one out of five components. Through this campaign, the university has raised awareness of HIV/AIDS for the communities most in need.

While formal education is often not considered suitable for talking about sensitive issues such as (safe) sex and condom use, non-formal education is believed to be more suitable and has been utilized to complement formal education in this area, especially in transferring skills. Most informants revealed that they expected to learn more about sensitive issues through extra-curricular activities rather than as part of

their formal curriculum. It was noted that communication and education about HIV/AIDS need to be improved in terms of frequency, coverage and quality.

In general, the HIV/AIDS response of the university has focused on prevention education through both formal and non-formal education. It is not a comprehensive approach but actually has contributed to HIV/AIDS awareness raising and helped students to protect themselves from HIV transmission. Prevention education also has equipped students with basic knowledge and initially prepared for them to teach about HIV/AIDS in the near future.

Lessons learnt

1. A strong political commitment from central level plays a vital role. The government of Viet Nam has put HIV/AIDS on top of the list of its priorities and has called for a multi-sectoral approach. As a result, the educational sector has participated in the national response from the beginning and been fully supported by the government through directions and guidelines.
2. A strong programme structure and clear division of labour at the university is the key to ensure success. The university has established a very strong programme structure with participation of all relevant departments, faculties and mass organizations. In addition, HIV/AIDS programme has utilized the strong political structure of Viet Nam to carry out prevention education i.e. communication through the political and ideological education system.
3. Integration of HIV/AIDS into other activities and diversification of HIV/AIDS prevention activities are also important. It's worth noting that HIV/AIDS is only one of many issues. By integration HIV/AIDS into different subjects through formal education and different activities through non-formal education, the university has ensured that HIV/AIDS has been addressed appropriately. HIV/AIDS is not mentioned separately, but in relation with other topics such as reproductive health, sex education, love and friendship, life skills education etc.
4. Promotion of student's consciousness is an effective way to reduce risky behaviours. It's central in this study that the university has focused on promotion of a healthy lifestyle among students. This is believed to help students to protect themselves from early sex, unsafe sex and drug use. In addition, the university has raised student's awareness on all general social issues and this is believed a good way to increase effectiveness of HIV/AIDS prevention.

Recommendations

1. It is very important for the university to note that their response to HIV/AIDS should be strategic, with the development of a long term comprehensive plan. Prevention education should be more behaviour-oriented rather than overly focused on information and communication.
2. Teachers should be further trained on HIV/AIDS, instructional methods and provided with sufficient teaching equipment and teaching aids to improve the

instructional quality. In addition, a standard teaching manual should be developed, tested and used in teacher training colleges.

3. Extra-curricular activities should be strengthened, especially on sex education and condom use. Field visits should be taken place so that students have more chance to learn about HIV/AIDS from real life situation such as to participate in care and support for People Living with HIV/AIDS.
4. Larger-scale research on teaching HIV/AIDS in higher education should be conducted to draw lessons learnt on how to best teach and learn HIV/AIDS in a culturally sensitive setting like Viet Nam. Experience from this case study showed that there are many hidden factors influencing teaching practices. An operational research can be a good way to explore this.

A. National Context of HIV/AIDS



Viet Nam, a socialist republic country, is located in the centre of South East Asia, bordering China in the north, Laos and Cambodia in the west, the South China Sea in the east and the Gulf of Thailand in the south. From a planned economy, Viet Nam has transformed itself to a market economy since 1986 when the government initiated a wide-ranging economic reform programme, known as *Doi Moi (Renovation)*. Thanks to these renovation efforts, Viet Nam has enjoyed a significant and stable economic growth rate of 8-9% between 1992 and 1997 and of 7.1-7.6% from 2002 to 2004.¹

Despite being one of the poorest countries in Asia, Viet Nam's overall state of health is much better than would be expected for a country at its level of income per capita. This is probably a consequence of its socialist character, which prompted it to invest considerable resources in establishing a vast network of primary health care facilities and in developing a number of effective categorical health programmes to deal with priority health problems.² Economic reform brought dramatic changes to the health care system.

Health equity has emerged as a significant problem which needs to be addressed. Disparities exist across many levels of social exclusion: rich and poor, urban and rural, between geographic locations, among various ethnic groups can be observed in use of health services. Therefore, the greatest challenge of the coming years will be finding ways to protect the poorest and most vulnerable people in the population against a possible decline in living standards as a result of the economic liberalization policies, and to avoid their loss of access to basic health and social services.

Basic Facts about Viet Nam

Table 1: Population, health and socio-economic figures

POPULATION

Population (2004)	82,069 million
Urban (2003)	25.9%
Rural (2003)	74.1%
Annual population growth rate (2003)	1.44%
Population density (persons per square kilometre)	247.9
Land area (square kilometres)	331,114

ECONOMY

GDP per capita (2003)	US\$553.27
Real growth of GDP (2003)	7.69%
Annual average GDP growth rate (1996-2003)	7.34%

SOCIAL DEVELOPMENT

HEALTH	
Life expectancy at birth, in years (2002)	69
<i>Men</i>	66.7
<i>Women</i>	71.4
Under-five mortality rate (per 1,000 children) (2002)	26
Child Malnutrition (percentage of children under age 5 underweight) (2002)	30
Total Fertility rate (births per woman, 2002)	1.87
Maternal Mortality Ratio (maternal deaths per 100,000 live births, 2002)	130
Contraceptive prevalence rate (%) (2003) ⁱ	75.3
<i>Modern methods</i>	63.5
<i>Traditional methods</i>	11.8
EDUCATION	
Adult literacy rate (2002) - total (% ages 15 and above)	91
Net primary school ratio (2002) - total	93.9
Net primary school ratio (1998-2002) – male*	98
Net primary school ratio (1998-2002) – female*	92
Net lower secondary school ratio (2002)	65
Net upper secondary school ratio (2000)	38
POVERTY	
Poverty (percentage poor, national poverty line, January 2002)	12.9
Poverty (percentage poor, international poverty line, 2002)	29
Food Poverty Line (percentage poor households, 2002)	10.9
HUMAN DEVELOPMENT	
Human development index (Ranking out of 177 countries, 2003)	112
Gender related development index (Ranking out of 144 countries, 2003)	87
Human poverty index (Ranking out of 95 developing countries, 2003)	41

Source: <http://www.undp.org.vn/undp/fact/base.htm>, 30 March 2005

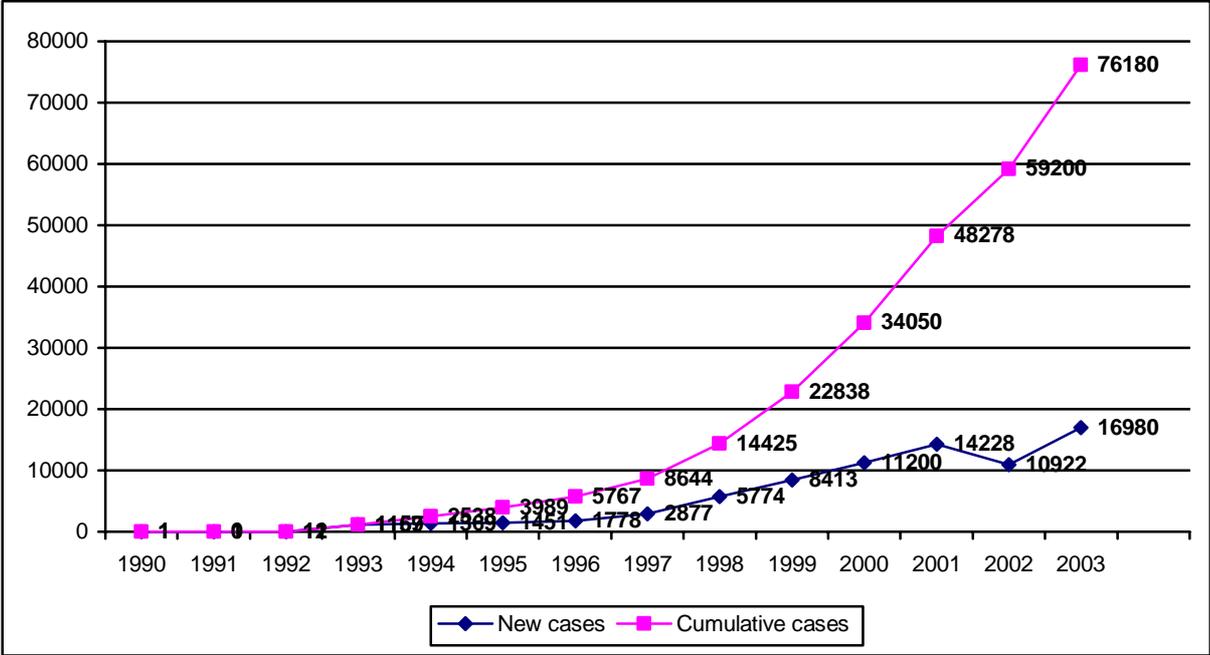
* Source: www.unicef.org/infobycountry/Viet_Nam_statistics.html, 25 May 2005

ⁱ General Statistics Office of Viet Nam, *Population Change and Family Planning Surveys 2000- 2003*.

HIV/AIDS epidemiological situation in Viet Nam

HIV was first detected in Viet Nam in December 1990 and has since spread throughout the country despite national efforts to respond to the epidemic. Concentrated initially among injecting drug users and sex workers and their clients, HIV has now spread to all population segments. Since 1999, more than 10,000 new infected cases have been reported annually and the epidemic tends to accelerate its growth (See Graphs 1 and 2 below). Although transmission through drug injection remains a main route and accounts for 57% of all reported cases, sexually transmitted cases have continued to increase.³ The epidemic is still concentrated in certain provinces and cities.ⁱⁱ The proportion of young people aged 20-29 among reported cases has been increasing rapidly from 15% in 1993 to 62% at the end of 2002. By end 2003, the adult HIV prevalence rate was estimated as 0.23% of the total population.⁴

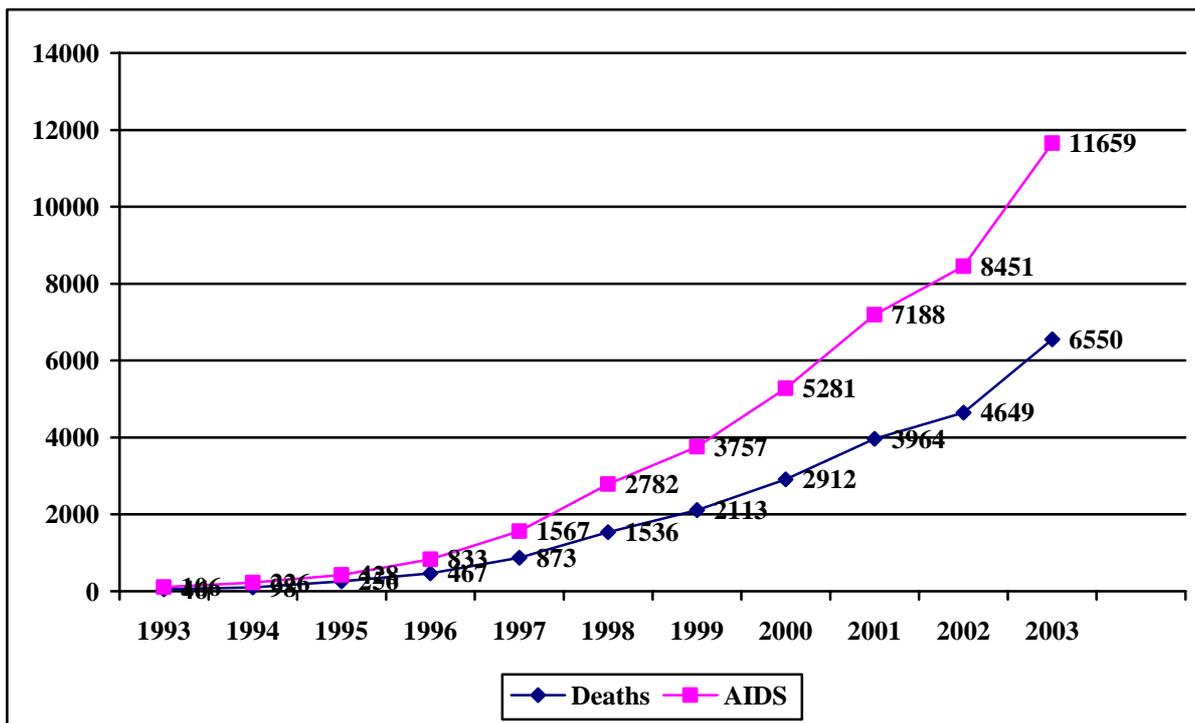
Graph 1: Reported HIV infection statistics by year



Source : General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

ⁱⁱ Quang Ninh (580/100,00) , Hai Phong, Ho Chi Minh city, Ba Ria –Vung Tau, An Giang, Ha Noi (181/100,000)

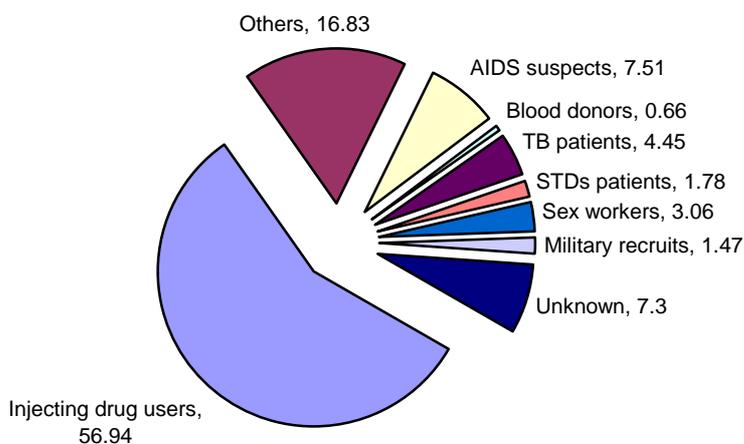
Graph 2: Reported cumulative AIDS and Mortality statistics by year



Source : General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

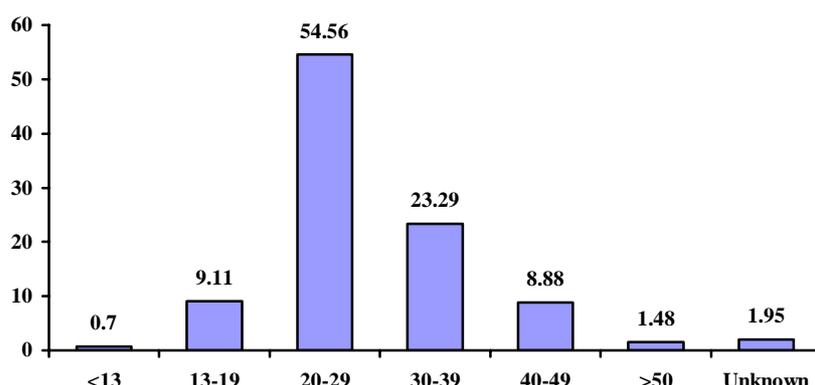
As of June 30, 2004, there have been 82,282 positive cases detected in the country with 12,871 AIDS full-blown cases and 7,291 deaths caused by AIDS. Men account for 85.3% of cases, while women account for only 14.4%. The majority of reported cases are injecting drug users (57%).⁵

Graph 3: Distribution of HIV reported cases by subgroups (%)



Source : General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

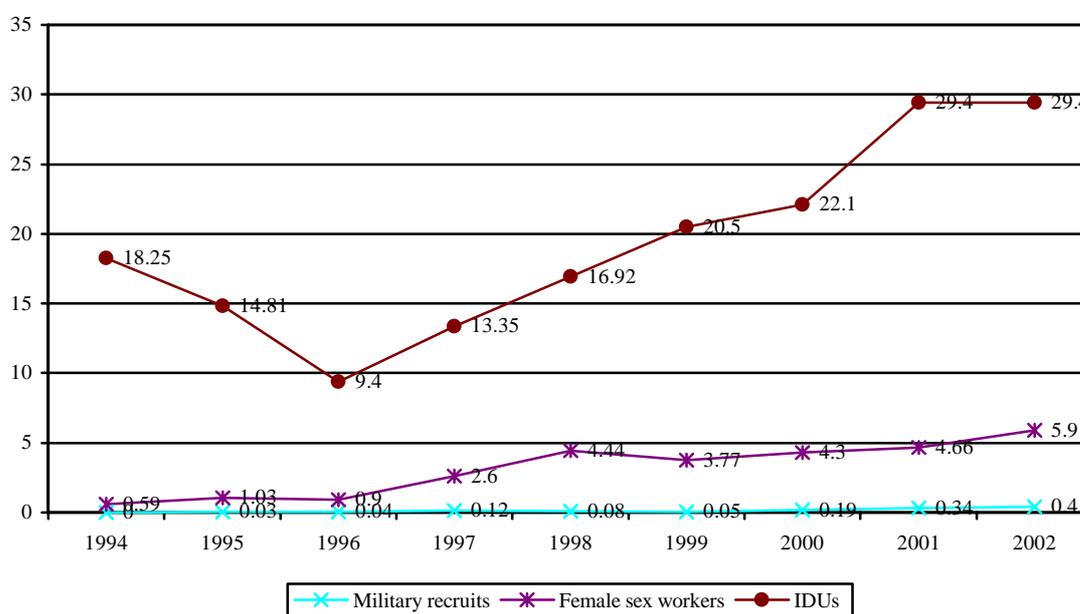
Graph 4: Distribution of HIV reported cases by age group (%)



Source : General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

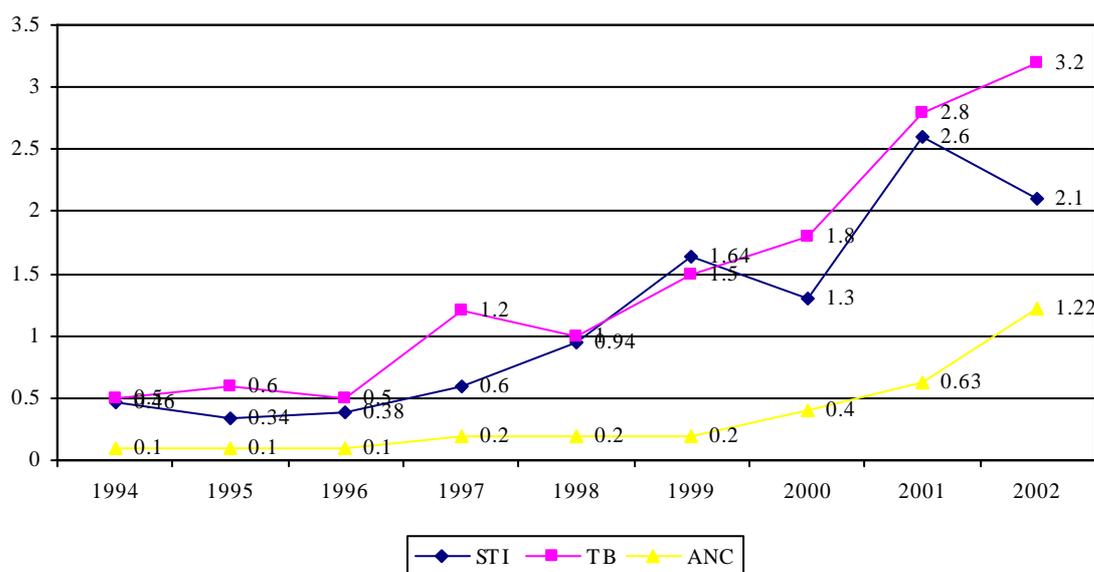
The national sentinel surveillance reveals that HIV prevalence rates have been rising in all targeted groups. The HIV prevalence rate among tuberculosis (TB) patients, patients with sexually transmitted infections (STIs), pregnant women and military recruits increase year after year and reached 3.2%, 2.1%, 1.22% and 0.4% respectively in 2002. In particular, the HIV prevalence rate among female sex workers increased from 0.5% in 1994 to 5.9% in 2002. One-third of tested IDUs were sero-positive by the end of 2002.⁶

Graph 5 & 6: HIV prevalence rate among targeted groups under national sentinel surveillance by year



Source : General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

Graph 6



Source: General Department of Preventive Medicine and HIV/AIDS, Ministry of Health, 2004

Although there have been increasing reported numbers of HIV infections, people living with HIV/AIDS and AIDS related deaths, these figures don't entirely reflect the real situation. According to the results of a projection conducted in 2001 by the Ministry of Health, the World Health Organization and UNAIDS, by 2005 there will be about 197,500 people living with HIV/AIDS, with an annual average of some 12,000-18,000 newly infected cases. By 2010, it is expected that there will be 350,970 people living with HIV/AIDS, 112,227 people sick with AIDS and 104,701 deaths. UNAIDS warns that the epidemic will reach a generalized stageⁱⁱⁱ if prevention efforts are not undertaken.

Table 2: Projection of cumulative HIV infected cases, AIDS patients and deaths

Year	2004	2005	2006	2007	2008	2009	2010
HIV	185,757	197,500	207,375	256,185	284,277	315,568	350,970
AIDS	39,340	48,864	59,400	70,941	83,516	97,175	112,227
Deaths	27,135	44,102	54,132	65,171	77,228	90,346	104,701

Source : National Strategy on HIV/AIDS Prevention and Control in Viet Nam to 2010 with a vision till 2020

Government response

Acknowledging the potential threat of the epidemic, the government of Viet Nam has responded quickly to the epidemic since the early 1990s. The government has shown strong political commitment to HIV/AIDS prevention and control. It has strengthened

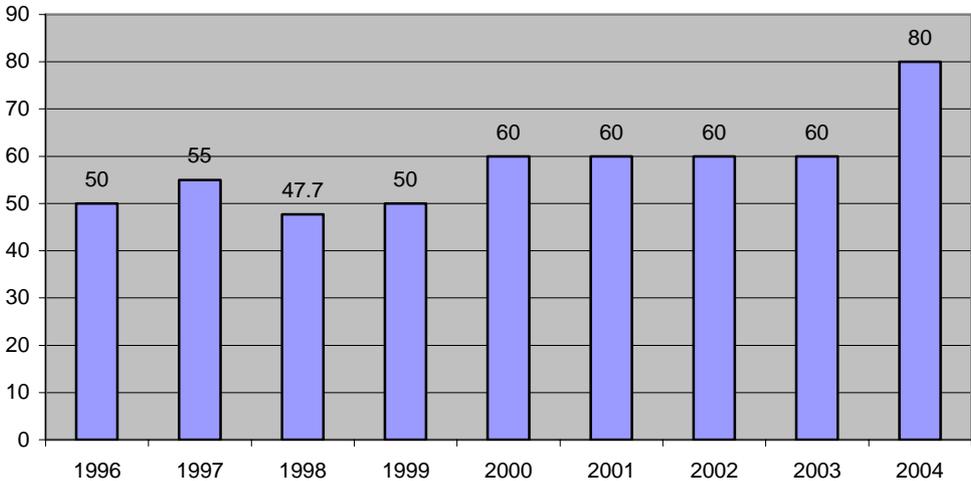
ⁱⁱⁱ Prevalence rate is more than 1% of population

its leadership, formulated a national HIV/AIDS programme and increased its budgets available for HIV/AIDS programming. The system for HIV/AIDS prevention and control has been established from the central to grassroots level. A multi-sectoral approach has been recommended and is being promoted nationwide.

At the central level, a National AIDS Committee was established in 1990 with 14 sectoral members including Ministry of Education and Training and chaired by Minister of Health. In 1994, this committee was upgraded to involve more sectors and chaired by a Deputy Prime Minister. Similarly, AIDS prevention committee were established and chaired by Vice-Chairman of People’s Committee in all provinces. This structure was deployed down to commune/ward level.

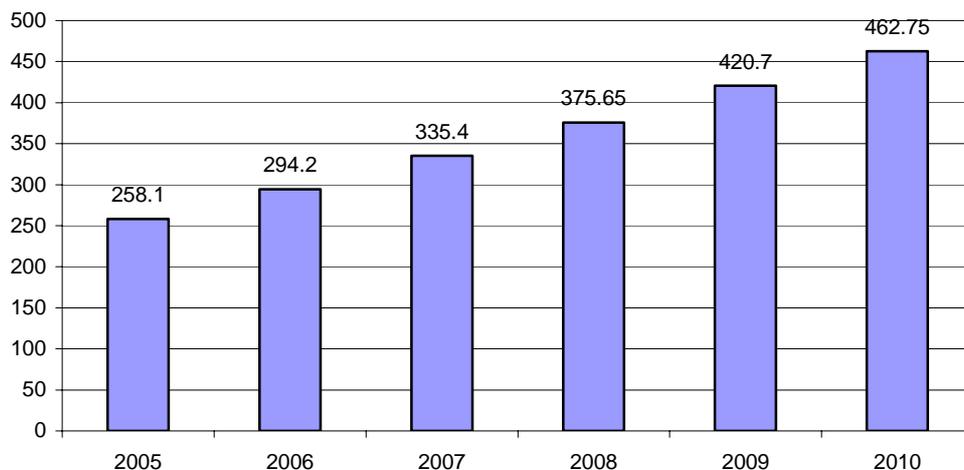
To facilitate the national HIV/AIDS programme, the National AIDS Committee developed a range of national plans and strategies including the Short Term Plan (1989-1990), the Medium Term Plan (1991-1993) and the Second Medium Term Plan (1994-1996 and 1997-2000) on HIV/AIDS. The Ministry of Health also developed a National Strategic Plan for Prevention and Control of HIV/AIDS in Viet Nam for the period 1994-2000.⁷ The Government recently approved the “*National Strategy on HIV/AIDS prevention and control in Viet Nam till 2010 with a vision to 2020*”, which is considered one of the most comprehensive and advanced strategies in the region (see Appendix 2 for an overview). HIV/AIDS is not considered a health matter but a development issue.⁸

Graph 7: State budget for HIV/AIDS programme from 1996 to 2003^{iv} (VND billion; 1 USD = 15,000 VND)



^{iv} Excluding international assistance

Graph 8: Estimation of projected state budget for HIV/AIDS programme by year (VND billion).



Source : National Strategy on HIV/AIDS Prevention and Control in Viet Nam to 2010 with a vision till 2020

Estimates are calculated based on the probability of the state budget annually funded for HIV/AIDS prevention programme; equivalent amounts are expected from international assistance

The national programme has followed the technical guidelines of the WHO and UNAIDS. It covers all programme areas such as sentinel surveillance, blood transfusion safety, care and treatment, prevention of mother to child transmission, STI prevention, reduction of stigma and discrimination and especially Information, Education and Communication (IEC).

Viet Nam has been very successful in mobilizing international assistance for HIV/AIDS programmes. Many embassies, UN agencies, International NGOs and other international agencies have committed to support HIV/AIDS prevention in Viet Nam. For example, from 2001-2003, international assistance accounted for an estimated 40% of the total national HIV/AIDS budget.⁹ Viet Nam currently receives multi-million US dollar projects from DFID, the World Bank, the Global Fund, especially from the President's Emergency Plan for AIDS Relief (PEPFAR), among others. Grants for HIV/AIDS programme have been increasing every year.

Since the start of the epidemic, Viet Nam has promoted the multi-sectoral approach and social mobilization for HIV/AIDS prevention. As a result, 21 ministries and mass-organizations have become active members in HIV/AIDS prevention. Community-based organizations such as local NGOs, self-help groups and "Friends Help Friends" clubs of People Living with HIV/AIDS are more and more involved in the national HIV/AIDS programme. Though "Friend Help Friend" clubs and self-help groups, which are popular in all provinces and cities with out break of HIV infection, People Living with HIV/AIDS actively participate in HIV prevention, care and support activities. There is a large network of People Living with HIV/AIDS (PLHWA) in Viet Nam, although officially, no PLHWA associations have been established.

The Vietnamese Education sector's response to the epidemic

Similar to other countries, where HIV is widely spreading, the education sector in Viet Nam is likely to be hit strongly by the epidemic and needs to prioritise HIV/AIDS prevention as acknowledged by Dakar Education Forum 2000¹⁰:

“The HIV/AIDS pandemic is undermining progress towards Education for All in many parts of the world by seriously affecting educational demand, supply, and quality... The education systems must go through significant changes if they are to survive the impact of HIV/AIDS and counter its spread, especially in response to the impact on teacher supply and student demand.”

In responding to the epidemic and potential impact of HIV in Viet Nam, the Ministry of Education and Training (MOET) started the HIV/AIDS prevention education programme in 1990. The MOET, represented by a Vice-minister, at that time was an active member of the National AIDS Committee. Following the development of the structure of the National AIDS Committee, the HIV/AIDS Prevention Education and Drugs Control Board was established in MOET and chaired by a Vice-minister. After the Ordinance on the Prevention and Control of HIV/AIDS was passed by the National Assembly in May 1995, MOET's Minister issued the Instruction on Strengthening HIV/AIDS Prevention in the education sector in June 1995.¹¹ This instruction was the basis for scaling up HIV/AIDS prevention education in the education sector. Up until now, HIV/AIDS prevention education activities have been carried out in both formal and non-formal education settings.

At present, in terms of curricular education, students of all grades have 13 teaching periods^v on HIV/AIDS prevention in a learning course. The current extra-curricular education activities commonly include mass media campaigns on the occasion of World AIDS Day (1st December), HIV/AIDS awareness raising contests and 7 teaching periods on the book entitled «*For the Future of Life*^{vi} ». ¹²

Table 3: Teaching time for HIV/AIDS in curricular education by education level.

Education level	Teaching Periods
Grade 3	2
Grade 4	3
Grade 8	1
Grade 9	1
Grade 10	1
Grade 11	1
Universities, colleges, and vocational secondary schools	4
Teacher training schools	6-8

^v Each teaching period is 45 minutes

^{vi} The book contains two chapters on HIV/AIDS (out of four chapters): general issues about HIV/AIDS (mainly about teaching methods) and basic knowledge about HIV/AIDS. The last chapter of the book is a guideline for extra-curricular activities including HIV/AIDS issues and STIs.

The education sector's role in the national programme has been defined in the National Strategy¹³ as follows:

“The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies and the provincial/municipal People’s Committee in organizing the integration of the program on education of the HIV/AIDS prevention and control knowledge and skills into the training curricula of universities, colleges, intermediate professional schools, vocational schools and general education schools, suitable for their students.”

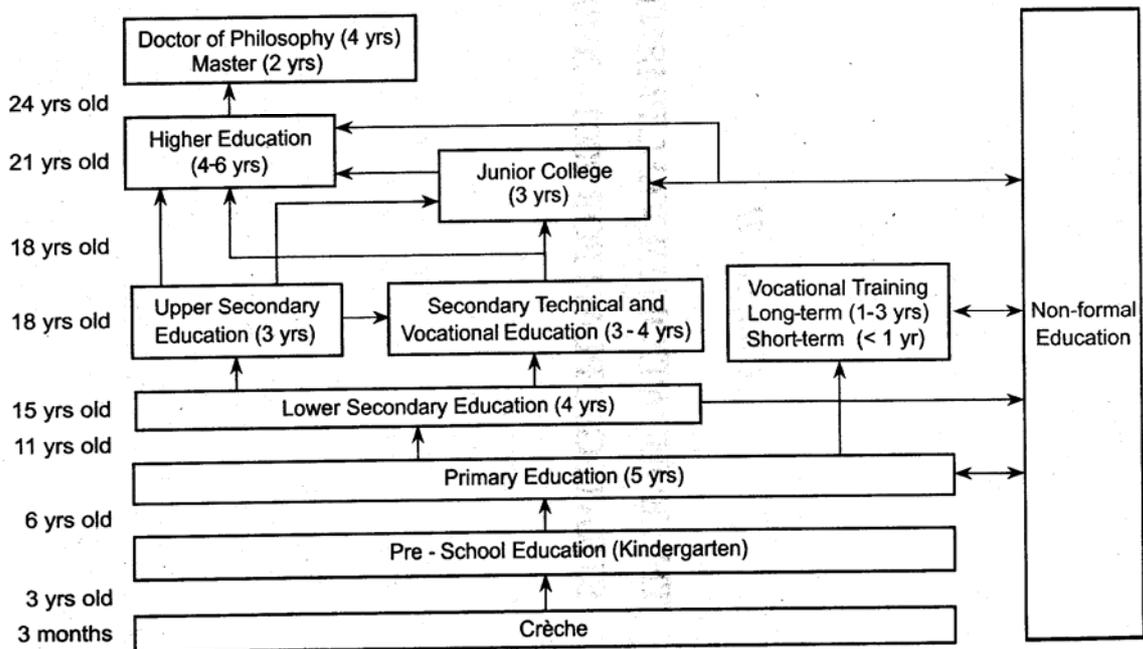
The Ministry of Education and Training, with support from PEPFAR, is going to develop an action plan to implement the abovementioned role by the end of 2005.

B. Impact of HIV on the Higher Education Sector

Higher education

Higher education (HE) is one of the sectors of the national education system in Viet Nam (please see the Structure of the Education System in Viet Nam¹⁴ below). As regulated in the Law on Education,¹⁵ HE covers undergraduate and postgraduate studies. Undergraduate studies can lead to diploma or bachelor degrees and postgraduate studies can lead to master degrees and doctorate degrees. The higher Education sector of Viet Nam is growing rapidly. The number of universities and colleges (both public and private) has risen by 40% from 139 in the academic year 1998-1999 to 214 in 2003-2004. Over the past 5 years (1999- 2004), the enrolment rate has increased by 6.4% annually from 760,000 in 1999 to 1,032,000 in 2004. While there was a significant increase in the number of students, there was hardly any rise in the numbers of teaching staff. According to the 2004 surveyed data of the Report on The National Education submitted to the National Assembly,¹⁶ the average student/teacher ratio was 25.8/1.

STRUCTURE OF THE EDUCATION SYSTEM IN VIETNAM



Source: Ministry of Education and Training, Viet Nam Education and Training Directory, 2004

In general, the basic science disciplinary makes up the biggest size of the learner population (53%). The next is Economics and Law (16%), Engineering and Technology (12%) and Teacher Training (10%). In terms of the annual enrolment rate, the number of students of engineering and technology disciplinary makes up 25%, teacher training about 24.7%, economics 20% and basic sciences (natural and social) 18.9%.¹⁷

Higher education has become easier to access than was the case in the past. The Ministry of Education and Training allowed the opening up of private higher education institutions and set up two national and several regional universities that have several colleges providing training in specific fields and research. However, higher education in Viet Nam is still constrained by limited resources, and by a limited technical and physical infrastructure. The extension of facilities has not been matched with quality assurance mechanisms. To date, there has not been a standardised system of quality assurance, quality assessment, and quality accreditation unified throughout the country. There is still unbalance in terms of profession structure, enrolment rate across the regions in Viet Nam (for more information on the HE sector in Viet Nam, see Appendix 3).¹⁸

Impact of HIV on higher education

There is no system to collect data on the impact of HIV/AIDS on the education sector in Viet Nam. Therefore, data on stigma and discrimination towards students and learners infected or affected by HIV, AIDS-related absenteeism among educators and students, student withdrawals due to AIDS-related reasons, educator and

student mortality related to HIV/AIDS, education personnel lost to HIV/AIDS, and fiscal costs related to HIV/AIDS are not available.

Two qualitative studies conducted recently revealed that stigma and discrimination toward children of people living with HIV/AIDS has been a problem in school settings, especially in kindergartens. Infected and affected children are often stigmatized by their classmates,^{19,20} most commonly through isolation.

Although official data of HIV/AIDS impact on higher education sector have not been systematically collected, a recent study on the socio-economic impact of HIV/AIDS in Viet Nam²¹ showed that reduction of investment in education, in food, in health care and school absenteeism are likely consequences of HIV/AIDS. The following table presents some relevant figures.

Table 4: Coping strategies of households with one or more family member living with HIV/AIDS

Household Coping Strategies	% of households with one or more people living with HIV/AIDS
Children being taken from school	3.2%
Children being sent out to work / earn money	2.4%
Sending children away for foster care	1.6%
Cutting down on food consumption	36%
Decreasing health expenditure of other household members	25.6%

Source : UNDP project VIE/98/006

Reason for selection of this university

In order to understand the current response of higher education to HIV/AIDS, the study has been carried out in Hanoi University of Education. Hanoi University of Education (HUE) is the leading teacher training university in Viet Nam with a special role to develop human resources for the education sector at all levels and to conduct educational studies.²² The university also provides training for teachers to lead HIV/AIDS lessons at all school levels. In the context of a relatively weak response to HIV/AIDS prevention among universities and colleges in Viet Nam, HUE is considered one of the few universities that has successfully implemented an HIV/AIDS programme. In past years, the university has been carrying out HIV/AIDS prevention activities through formal and non-formal education.

While drug abuse has been identified as a problem of many universities and colleges in Viet Nam, the university appears to have been successful in preventing drugs from entering the school setting. Up to date, no cases of drug abuse of HIV infection have been reported at the university. This is believed to be the result of the early and comprehensive prevention education programme by the university, which is highly appreciated by the MOET. Due to its achievements in the past ten years in HIV/AIDS and drug prevention, HUE was awarded a Certificate of Merit by the Prime Minister in 2004.

Similar to most of the universities, colleges, and vocational secondary schools in Viet Nam, HIV/AIDS prevention in HUE is a social, not an academic mission. Therefore, lessons learnt from this university are likely applicable to other universities for prevention of HIV. In addition, this study implemented at HUE will help to better understand HIV/AIDS teaching practices so that it may contribute to improved teaching about HIV/AIDS in Vietnamese teacher training schools in general.

Basic facts about the Hanoi University of Education²³

Established: 1951

Key functions: Training for high quality teachers and conducting scientific research

Number of faculties: 21

Total staff: 1113

Total teachers: 853

Total students: 14,835

Ratio of students per teacher: 17/1 (National average is 25.8)

C. Hanoi University of Education 's response to HIV /AIDS

HUE regards HIV/AIDS as a social issue, which can impede on staff's and student's health, on teaching and learning outcomes and also on the culture of school setting. In other words, HIV/AIDS is a special concern. Moreover, 70% of students are female and most of them come from distant provinces with little or no experience living away from home, which is likely to make students more vulnerable to HIV infection. As a consequence, the university defines raising awareness and skills for students as the important task of HIV/AIDS prevention. The university aims to enable students to cope with social problems such as unwanted pregnancy, drug abuse and HIV infection. As HUE considers itself to be a leading training agency, raising students' awareness and skills for HIV/AIDS prevention among students is not its ultimate objective. Instead, the university aims to train their students and then these students will further help communities to prevent HIV infection.

« With regard to social issues such as HIV/AIDS, we think that it's not enough if we only raise students' awareness and skills for themselves. The teaching process must end up at helping other individuals, communities and societies to know how to prevent HIV infection, not just to equip students with knowledge and skills for protecting themselves from HIV. »

HUE Youth Union Secretary

HIV/AIDS Policies and Plans

1. HIV/AIDS Policies

HUE has not developed any specific policy on HIV/AIDS prevention and control but provides guidelines for HIV prevention each academic year. These instructions are based on guidelines from MOET, from the Hanoi Youth Union Committee and from Hanoi Committee of the Communist Party, which focuses on prevention education through awareness raising activities and life skills education.

Currently, HUE guides its faculties to develop training programmes and approves their detailed outline of those programmes. Based on the approved programme outline, each faculty would develop full content for each subject. Teachers who teach relevant subjects with HIV/AIDS lessons will decide which HIV/AIDS content will be taught in the faculty.

Consultation with an HIV/AIDS expert of the Ministry of Education and Training revealed that the Ministry has not developed any specific policy on HIV/AIDS, apart from providing general guidelines and instructions. Informants from HUE reported that the university would follow the MOET's policies on HIV/AIDS-related programmes if these were available.

2. Action plan for HIV/AIDS prevention

Although the university does not have any policy on HIV/AIDS prevention, it does have annual action plans for HIV/AIDS, integrated into the action plan of the university youth union. This action plan is developed by HUE's Youth Union, Department of Political Affairs, Department of Training, Health Centre, Security Section, the Dormitory Management Board, Labour Union and Association of Students. The Youth Union is the department dealing with all the issues in relation to students. HIV/AIDS prevention is only one of many activities on its agenda.

3. Budget for HIV/AIDS prevention

The University budget for HIV/AIDS related activities is allocated to and managed by the Youth Union. This budget is complemented by different national and international agencies. It is estimated that the annual budget for HIV/AIDS is about US\$ 5,000 (excluding an UNFPA-funded project for curriculum development).

Leadership on HIV/AIDS

HIV/AIDS prevention structure

In 1980s, HUE established the Hygiene and Work Safety Committee, which since then has provided leadership to all health and social activities. In 1991, the committee had the additional function of providing leadership on HIV/AIDS teaching and prevention activities.

In order to mobilize all staff and students to participate in the fight against HIV/AIDS, HUE established the *University Committee for HIV/AIDS, Social Evils and Prostitution* in 2004 including following representatives:

- Mr. Dinh Quang Bao, Rector, Head of the Committee
- Mr. Kieu The Hung, Vice-Rector, Deputy Head of the Committee
- Mr. Nguyen Duc Thin, Head of Department of Political Affairs, Permanent member
- Mr. Nguyen Van Van, Head of Labour Union, Member
- Mr. Nguyen Van Hien, Secretary of Youth Union, Member
- Mr. Pham Khac Son, Head of Training Department, Member
- Mrs. Van Thi Xuan Thu, Head of Finance Department, Member
- Mr. Pham Van Dinh, Head of Security Section, Member
- Mr. Le Khac Giai, Head of Health Centre, Member
- Mr. Ngo Van Hoan, Head of Dormitory Management Board, Member
- All Head of Faculties, Member

Division of work and responsibility are as follows:

- The Department of Political Affairs is responsible for guiding education and communication activities, mainly through the Youth Union and Dormitory Management Board.
- The Health Centre is responsible for technical issues
- The Faculties are responsible for curriculum development and for teaching HIV/AIDS to their students

The Vice-Rector provides general leadership. The Department of Political Affairs acts as an advisory group, which helps the *University Management Board* and *University Party Committee* to direct the HIV/AIDS programme. The *University Committee for HIV/AIDS, Social Evils and Prostitution* provides general guidelines; the Department of Political Affairs provides direction and coordination while the Youth Union is the key player to carry out HIV/AIDS prevention activities among students and the Labour Union carries out activities among university staff. HIV/AIDS is taught in four relevant faculties, i.e., Faculty of Psychology and Pedagogy, Faculty of Geography, Faculty of Political Science Education, and Faculty of Biology and Agricultural Techniques.

Although the establishment of *University Committee for HIV/AIDS, Social Evils and Prostitution* is said to confuse HIV/AIDS with social evils, the structure of the programme and the division of labour among the committee's members help to provide strong and consistent leadership on HIV/AIDS education and ensure the involvement of all departments, mass organizations (Youth Union, Women Union and Labour Union), and faculties in the programme. The organization of the programme also utilizes the unique character of the political system in Viet Nam to ensure smooth implementation, as the Party provides comprehensive leadership. HIV/AIDS prevention is implemented through the political and ideological education system with a pioneer role for the youth union. The participation of the Faculties in the Committee for HIV/AIDS, Social Evils and Prostitution also ensures that HIV programmes are carried out in both formal and non-formal education settings.

Based on a strong structured programme of the university and instructions from MOET, from the Hanoi Youth Union Committee and from Hanoi Committee of the Party, the university management board provides annual instructions for HIV/AIDS related activities. One Youth Union representative said that the university has a strong commitment to HIV prevention as evidenced by generous support for HIV/AIDS activities, including communication equipment and materials, working facilities, provision of venues for IEC campaigns etc. This support is invaluable within the limited budget for social programmes of the university.

With regards to planning, the Youth Union develops an annual plan for HIV/AIDS prevention, but in a very simple format. HIV/AIDS activities are mainly planned in December on the occasion of the World AIDS Day. The Association of Students also participates in the development of this plan.

Education related to HIV/AIDS

Teacher training

Teachers who teach subjects with HIV/AIDS lessons are often trained in short courses (2-4 weeks) organized by funded projects. Some teachers have attended training courses on reproductive health and HIV/AIDS in Thailand, the Philippines and China. They also participated in training courses on HIV/AIDS organized by MOET. These courses cover knowledge about HIV/AIDS and HIV/AIDS teaching methods. Teachers who are not teaching HIV/AIDS lessons don't receive any training on HIV/AIDS. It is worth noting that most teachers who participated in this study said that they learnt and gained knowledge of HIV/AIDS mainly by self-directed learning and they need to be trained more on HIV/AIDS.

HUE encourages and enables HIV/AIDS teaching staff to participate in collaborative projects on reproductive health. Since the 1980s, UNFPA has funded the university to carry out population education activities. In recent years, the project has included reproductive health and HIV/AIDS components. Relevant faculties have received Training of Trainer courses and budgets for the development of teaching materials on reproductive health. HUE's trained teachers then organize training courses for other universities, colleges and provinces. They believe that this process is their best learning opportunity on reproductive health and HIV/AIDS. The UNFPA project aforementioned has funded all faculties with reproductive health subjects to develop their own curriculum in 2004.

Formal HIV/AIDS Education

HIV/AIDS education is not a separate subject but integrated into a number of subjects such as Civic Education, Morality and Biology, designed for students who will teach about HIV/AIDS at different educational levels. Integration of HIV/AIDS into the curriculum has been established since 1991 under the MOET's direction. However, the HIV/AIDS content was limited because only some faculties had the technical capacity to provide HIV/AIDS lessons to students. UNFPA recently helped

the university to integrate reproductive health into population education; thus, it has improved HIV/AIDS education in the university (see above).

All interviewed teaching staff said that students need to understand life skills, reproductive health issues, sexually transmitted infections including HIV/AIDS. Students need to master theoretical knowledge and practise effectively. They need to do so because they will become models for their students; they will shape and influence their students' attitude, behaviours and values.

“HIV prevention is an important task now, especially among students. I think students of this university must be good models in learning about and practising HIV/AIDS prevention. They should have a healthy lifestyle. Otherwise, teachers will not fulfil their task of teaching students and of being a good model for students.”

Female Teacher, Faculty of Psychology and Pedagogy

Students who participated in this study had similar ideas. They argued that they should have a good social knowledge including HIV/AIDS and demonstrate a good lifestyle and behaviours so that they can be good teachers.

“We understand that we will be teachers, therefore, we have to improve our specialized knowledge and social knowledge. With regard to HIV/AIDS, we need to have a healthy lifestyle and avoid any risky behaviours. Like this, we can educate our students in the future.”

Focus group discussion, male student of Political Science Education

“When learning about this subject, I think that I knew it already. I thought that a good student might not need to learn HIV/AIDS. However, once I was taught and learnt it deliberately, I think that it's so useful.”

Focus group discussion, male student of Psychology and Pedagogy

The following table presents compulsory subjects with HIV/AIDS content for each type of students.

Faculty	Subject	HIV-related teaching time	Type of students
Psychology and Pedagogy	Education Psychology	1 hour	For all students of university
	Gender Psychology	1 hour	Students of Psychology and Pedagogy. Receiving about 50 new students each year
	Population and reproductive health education	30 minutes	Students of Psychology and Pedagogy
Geography	Population and reproductive health	30 minutes	Students of Geography, about 200 new students each year

	education		
Biology and Agricultural Techniques	Population and reproductive health education	2 hours	Students of Biology and Agricultural Techniques
	Human and animal physiology	15 minutes (immunology)	Students of Biology and Agricultural Techniques
Political Science Education	Population and Reproductive Health Economic	30 minutes	Students of Political Science Education
	Social work (Major on HIV and social evils)	30 hours	Students of Civic Education (Extra Curriculum)
	Social work with People Living with HIV/AIDS	45 hours	Students of Social Work (in service), to be teaching from 2006 for full-time students
	Social evils and HIV/AIDS prevention	45 hours	Students of Social Work (in service), to be teaching from 2006 for full-time students

Source: Excerpts from interviews with teachers of relevant subjects and faculties

HIV/AIDS related content is at a basic level of virology, immunology, transmission modes, prevention measures, care and support, reduction of stigma and discrimination and impact of HIV/AIDS on socio-economic development. Given student are adults and responsible for self-study, the university only provide them with basic knowledge. Students are said to be responsible for self-improvement.

“I think that learners are university students, so teaching in class only plays a limited role. Learners are responsible for self-study, for looking for reading materials. We should introduce the reading materials for self-reading to our students.”

Female Teacher, Faculty of Geography

“Knowledge is boundless. I think teaching time for HIV/AIDS is enough now. We will be the teachers so we have to self-study, self-improve our knowledge. Teachers only educate us basic knowledge and facilitate us self-directed learning methods.”

Focus group discussion, female student of Psychology and Pedagogy

Integration of HIV/AIDS into relevant subjects is said to be a practical solution. HIV is a social issue and closely relevant to each individual, especially to young people; therefore, teaching HIV/AIDS is extremely useful for students.

“Students are extremely interested in learning about HIV/AIDS because they find it quite relevant and they know how to protect themselves as well as to educate their students in future”

Male Teacher, Faculty of Biology

All students understand that they will be teaching about HIV/AIDS, therefore, they feel motivated to learn about HIV/AIDS. Teachers also claimed that students' motivation to learn is an important factor. They learn more effectively when they want and need to learn. This principle seems to strongly support the university approach in teaching HIV/AIDS that formal education at HUE only provides basic knowledge; students are responsible for self-directed learning. However, some students argue that it's essential to transfer skills (such as condom use) and give them a chance to learn from real life situation such as visits to people living with HIV/AIDS care centres and/or discussions with caregivers. Some teachers have not been well prepared to teach sensitive subject such as HIV/AIDS, as noted in the following example.

“During our teaching practice, we taught lessons on reproductive health and HIV/AIDS. I asked my teacher how I should teach this lesson because students were very interested in the topic. My teacher told me that this was a sensitive issue, I should only follow what is mentioned in the textbook.”

Focus group discussion, female student of Political Science Education

Teachers and students who participated in this study were aware of importance of teaching HIV/AIDS in university, but they were concerned with what are the most appropriate teaching methodologies. Some participants said that teaching would be easier and more effective if teachers had been trained better on teaching methods and provided with sufficient audiovisual teaching aids and equipment.

While some participants argue that teaching time for HIV/AIDS is enough now because students are responsible for further study of the subject, others suggested that an increase in teaching time is necessary, particularly for students who will teach HIV/AIDS in school settings. In reality, current teaching programme is already limited, therefore, it would be very difficult to increase teaching time.

In a focus group, participants said that the major problems now are teaching methods and teaching aids, not teaching time. Student could learn more effectively if teachers used appropriate teaching methods and teaching aids.

“I think that the major issue is not teaching time. If there were an increase in teaching time, but just a focus on theoretical side, students would not be interested in the subject, therefore, teaching would not be effective. If HIV/AIDS were taught by appropriate and innovative teaching methods, students would have gained more. Teaching methods are more important than teaching time.”

Focus group discussion, students of Psychology and Pedagogy

For some participants, small group discussions are believed to be appropriate and effective teaching methods. This sounds like a good idea; however, it is not practical for most subjects because there is not enough time to use this method. Furthermore, lack of teaching aids and visual equipment also limit the teaching and learning outcomes.

In the population and reproductive health education programme, the university focuses on teaching reproductive health, especially life skills education. Communication skills, decision making skills and problem-solving skills are taught thoroughly in relevant majors. Currently, the university does not specialize in HIV/AIDS, hence, there is no certificate or diploma on HIV/AIDS. From 2006, the university will have a major of Social Work and this will include more specialized training on HIV/AIDS.

Non-formal HIV/AIDS Education

Non-formal education focuses on raising HIV/AIDS awareness for students, mainly through programmes implemented by Youth Union and Students' Association. Communication channels include posters, bill boards, discussions, club meetings, HIV/AIDS awareness raising contests, song and artistic performances, loudspeakers etc. During this review, the message of "*The Young Generation of Hanoi University of Education Prevents Drugs and HIV from Entering the School Setting*" could be seen in theatres and around the dormitories. The university, in collaboration with international agencies, has organized training courses on HIV/AIDS for Youth Union staff. HIV/AIDS communication has been integrated into meetings of the student's club, entitled the Pink Heart Club, however, due to the lack of budget, only a limited number of students are able to participate in club meetings.

During the first week of every academic year, HIV/AIDS messages are delivered through communication sessions and orientation talks. HIV is mentioned as a social issue and a risk, especially for first year students. Communication campaigns are organized twice a year, at the beginning of school year and in December. The Youth Union organizes training courses for 50-60 communicators each year focusing on social issues and life skills, in which HIV/AIDS is a major subject. After being trained, communicators return to their classes, youth cells^{vii} and dormitories to communicate about what they have learnt.

Communication activities are also carried out periodically at the dormitory, where 2,350 students reside throughout the school year, through bulletins, posters, meetings, subject-based talks and loudspeakers. The Youth Union, in collaboration with the student association, also organizes songs and artistic performances with HIV/AIDS content in public places near the university, targeting students and local people. In addition, club members organize communication activities on life skills, adolescent reproductive health and HIV/AIDS for sister organization such as children shelters^{viii}, rehabilitation centres^{ix}, local schools and wards.

Although the HIV/AIDS prevention activities implemented by HUE are said to be better and more numerous than those of other universities in Viet Nam^x, current communication activities only partly respond to the immediate needs of students. The main reason for this is lack of resources to respond to the diverse need of students.

^{vii} Most students are youth union members. All youth union members of a class form a youth cell.

^{viii} For disadvantaged children such as street children and orphans

^{ix} For IDUs and (female) commercial sex workers

^x Consultation with HIV/AIDS expert of MOET

Most informants claim that it's necessary to strengthen HIV/AIDS communication activities, in terms of their frequency, coverage and quality.

Condoms are only distributed at subject-based talks, club meetings, training courses on HIV/AIDS and through Voluntary Youth campaigns. There are no condom outlets inside the university although condoms can be easily bought at surrounding pharmacies.

While formal education provides students with basic knowledge, non-formal HIV/AIDS education helps to consolidate knowledge, particularly knowledge on sensitive issues such as safer sex. In the class setting, it's reported as uncomfortable for both teachers and students to talk about (safe) sex and condom use, as they need to ensure the *environment of pedagogical culture*.^{xi} Time constraints also impede in-depth discussion about the subject in formal education. In response to this, safer sex and condom use are discussed in extra-curriculum activities such as focus group discussions, club meetings and short courses. Non-formal education is considered as a suitable means for learning about sensitive issues and needs to be expanded.

"In class, teachers and students feel reluctant to talk about sensitive issues. Teachers only show it and say 'it's condom'. We only learn how to use it by looking at paintings. In contrast, we feel comfortable to discuss about safer sex, practise using condoms in extra-curricular activities."

Focus group discussion, female student of Psychology and Pedagogy

Students argue that lack of knowledge is the main reason leading to risky behaviours. They consider themselves to be well-educated and have good knowledge about social issues in general and HIV/AIDS in particular. Most informants said that students of HUE are relatively "pure" and have a healthy lifestyle. However, emerging issues of sex before marriage, cohabitation and prostitution (although still relatively uncommon) are acknowledged to contribute to students' risk of HIV infection. Most informants claim that risk of infection is mainly associated with unprotected sex, which is probably common among students; therefore, it's important to strengthen safe sex education.

^{xi} This concept (oriental culture in other expression) dominates in all interviews and focus group discussions. Most informants believe that discussion about sex (or other sensitive issues) are not appropriate in the teacher training environment.

The Pink Heart Club

The Pink Heart Club was established in 1997 under a UNFPA funded project through the Central Youth Union. The main objective of the project is to raise student's awareness about reproductive health, HIV/AIDS and social evils.

The Club management board consists of five members, of which four are student representatives. Those members have been well trained on a wide range of issues including management and operation of the club, technical knowledge about reproductive health, HIV/AIDS and social evils, communication skills with a focus on counselling skills.

Club members are selected on the basis of volunteerism, enthusiasm, good communication skills, and have a talent for entertainment activities. About 120 students become club members every year, of which 40 core members are trained on reproductive health and HIV/AIDS in two weeks during the summer holidays.

The club also organizes reproductive health communication sessions for first year students at the beginning of every academic year.

Monthly communication sessions are organized by the club for students on different topics such as population, reproductive health, environment, friendship and love, HIV/AIDS etc. Each meeting lasts about 2-3 hours and attracts about 300 students. Face to face counselling is also provided by club members. Club members are core members of voluntary youth campaigns carried out in provinces in summer holiday.

The club model helped to raise awareness on reproductive health and HIV/AIDS for thousand of students and local people in the provinces by voluntary youth campaigns. After the completion of the project in 2001, the club is still active and continues training for students on reproductive health and HIV/AIDS.

The university helped to establish two other clubs in Dich Vong ward and Nguyen Tat Thanh School. The club model has been replicated by the Central Youth Union in many provinces and cities in Viet Nam.

(Excerpt from interview with former chairman of the club and the Secretary of Youth Union)

Impact of Education Activities

There is no official report on the impact of prevention education activities in HUE. Feedback from students and teachers showed that students have good knowledge of HIV/AIDS. No drug abuse cases or HIV infected cases has been reported at the university. Students are keen to learn about HIV/AIDS and try to avoid risky behaviours; however, there are no statistics on the number of students who participated in education and communication activities, or pre- post test results about

the way in which the activities have changed the knowledge, skills or attitudes of students participating in formal or non-formal HIV prevention activities.

Research on HIV/AIDS

There is no HIV/AIDS research unit in the university. No research project is reported in faculties that participated in this study. Informants revealed that there are a number of these addressing HIV issues but in the context of other study topics such as reproductive health or social evils.

During this study, the author contacted a number of other universities to determine if research plans have been developed in other contexts. The Hanoi Medical School was the only one to report the development of a research plan. It appears that research on HIV/AIDS-related issues is almost not on the agenda of universities in Viet Nam^{xii}.

Partnership and networks

HUE has collaborated closely with UNFPA since the 1980s on population and family planning education. UNFPA has supported the university in teaching reproductive health since 1994 and recently supported the university to develop a training curriculum on population and reproductive health including HIV/AIDS. The university often cooperates with the National AIDS Committee, the Hanoi Red Cross, the National Committee for Population, Family and Child Protection, the Central Youth Union among others, to organize training courses and HIV/AIDS communication activities for students. The university seems not strong enough to attract international assistance on HIV/AIDS.

Programmes and Services

Prevention

The Youth Union and Student Association often organise communication activities through bulletin, posters, club meetings, subject-based talks etc. Leaflets and condoms are also distributed along side with these activities. There is no hotline for HIV/AIDS. Counselling services are mainly provided by trained club members (Pink Heart Club) and voluntary youth.

An interview with the Head of Health Centre revealed that health staff have been trained on HIV/AIDS but they only provide counselling service upon students' request. The health centre organizes a weekly blood donation day on Thursday. This event attracts hundreds of students, and health staff take advantage of this to talk about HIV/AIDS. Unfortunately, there is no record on the number of consultations. Reports on blood screening tests revealed that no HIV infected cases have been detected among blood donors at HUE. The Health Centre often prepares HIV/AIDS spot news and HIV/AIDS message for reporting on the loudspeaker system, on bulletins or on posters and also provides technical assistance for other units.

^{xii} Some universities conducted studies on HIV/AIDS, but under subcontract with other organizations.

Gender issues in HIV/AIDS prevention

Given female students make up 70% of students, special attention is paid to this population by HUE. The university focuses on life skills education to help female students to avoid sexual abuse, drug abuse and HIV infection.

Treatment and Care

So far no HIV infected case has been detected at HUE, therefore, no treatment and care activities exist. The Health centre claims that they were trained in a one week training course to provide care and support services for people living with HIV/AIDS, organized by the Hanoi AIDS programme. A number of trained students often provide care and support services to HIV infected and affected children at the children shelters. The university annually sends its students to provide care and support for people living with HIV/AIDS at the rehabilitation centres.

Care, support and treatment for teachers and students infected with HIV in Viet Nam

No information was available on care, support and treatment services for teachers and students infected with HIV, although many people said that there have been HIV positive students in school. Consultation with former students who are living with HIV/AIDS revealed that students would automatically leave school once they are infected with HIV, mainly due to stigma and discrimination.

Community Outreach

HUE has carried out community outreach activities in many provinces through the youth volunteers (or Green Summer) campaigns. About 500-700 trained students have participated in the one-month campaign, organized by the Central Youth Union on summer holidays. Each group of about 40 students works in one province and focuses on a socio-economic development programme. Prior to the campaign, students are trained in a two-week course held at the university. The training content include communication skills, population, reproductive health, environment and HIV/AIDS. Because HIV/AIDS is one of five major subjects covered in the training, students receive two days on this matter.

In the provinces, students carry out communication activities targeting local people, especially local youth. Meetings, focus group discussions, leaflets and condom distribution are common forms of communicating HIV/AIDS messages. The youth volunteers movement is believed to be very effective in raising local peoples' and local youth's awareness on HIV/AIDS and reproductive health, because it's usually carried out in disadvantaged areas, where formal health education is insufficient or not available. Students involved in this study claim that they often go to remote and mountainous areas to work with ethnic minority groups etc.

“During the summer time, we organize evening communication sessions with local people. They are H'Mong so we have to ask the head of the village to be interpreter. We have to prepare models for practising condom use and discuss about HIV/AIDS ”

However, the extent to which the culture of the 'receiving' population is taken into consideration in the design of HIV prevention messages is doubtful.

Community outreach also takes place in the university's vicinity. Youth Union collaborates with the local Youth Union to carry out HIV/AIDS education and communication activities for local people such as drama shows, songs and artistic performances and discussions. Community outreach activities are believed to raise local people's awareness and help to improve students' knowledge on HIV/AIDS and their confidence and communication skills.

Monitoring and Evaluation of Responses

There are no official mechanisms to monitor the university's response. HIV/AIDS activities are reported in the annual Youth Union performance report and in the annual report of the Department of Political Affairs. However, HIV/AIDS is only mentioned in general, as one of many socio-cultural issues.

With regard to formal education, relevant subjects consider HIV/AIDS as important as other teaching content and it is a subject for the final exam. Under this study, all interviewed teachers revealed that students are very interested in learning about this topic, therefore, the results of exams (with questions about HIV/AIDS and reproductive health) has generally demonstrated a good understanding about HIV/AIDS.

Informants all agree that students are knowledgeable about HIV/AIDS; however, they said that this might be due to information from different communication channels, of which communication and education in the university is one of many.

As mentioned at the beginning of this report, no HIV/AIDS infected case has been detected in HUE. This fact was raised in the focus group discussions and students argue that the university response only partly contributes to this result. Students themselves (with healthy lifestyles) are major factor to protect themselves from HIV transmission. All informants argue that it's necessary to strengthen the university's response to HIV/AIDS.

Lessons learned

Although HUE's response is not comprehensive, lessons learnt from this university are still applicable to other universities in Viet Nam and perhaps to other countries.

1. The central level has been very committed to designing a response-including MOET involvement. This seems to be central to the HUE's response. They have largely been following the directives and guidelines from the central level.
2. There is generally a high level of government commitment to address HIV/AIDS. The government has noted that HIV/AIDS is a public priority, leading the response at multiple levels. The multisectoral response is key—it

is understood not just to be the responsibility of the health sector, but the education sector is also highly implicated, among others.

3. The Socialist system with centralized management, through the sole leadership of the Communist Party has ensured strongly political commitment and the consistent direction of the whole programme. This actually helped to quickly scale up the national response to HIV/AIDS.
4. In the context of many competing demands, integration of HIV/AIDS into regular activities is a good way to keep HIV/AIDS on the university's agenda. The university has integrated HIV/AIDS into political and ideological education system and into regular teaching programme.
5. The university has integrated HIV/AIDS into all relevant teaching subjects. This approach maximizes HIV/AIDS teaching periods for students and deepens their HIV/AIDS knowledge in relation to other issues.
6. In the teacher training environment in Viet Nam, HIV/AIDS can be addressed through a wide range of youth's interest topics such as gender education, life skills education, friendship, love and marriage. Integration of HIV/AIDS into reproductive health is said to be appropriate in the school setting, especially when teaching time is limited.
7. Factors influencing learning outcomes include the teacher's knowledge and experiences, teaching methods and teaching aids, teaching periods and student's motivation to learn. In this study, motivation to learn seems the most important in learning about HIV/AIDS. Students need to be motivated by relating lessons with life situations, by field visits or participatory learning etc.
8. The university has been successful with the youth Volunteers model. Experiences of selection of and training for voluntary students, organization of campaigns, integration of HIV/AIDS into activities are useful for and applicable to other universities.
9. The Pink Heart Club, again, is a good model for training students to become reproductive health and HIV/AIDS communicators. This model is said to be effective in improving student's knowledge of HIV/AIDS and reducing risky behaviours.
10. The university has closely collaborated with local communities to carry out outreach activities, especially for children in needs and in rehabilitation centres. This has partly responded to the community needs and also enriched students' experiences, deepened their knowledge and motivated them to learn.
11. Combination of all available communication channels with "edutainment" approach in the university is also a good approach to raise student's awareness. Drama, song and artistic performance are believed a good way to talk about sensitive issues such as condom use.

12. HIV/AIDS prevention can be implemented effectively through strongly political system. Political and ideological education has been used to educate students about HIV/AIDS and believed that it would protect students from risky behaviors.

Contributing factors to success

13. Leadership: the university's leaders are very supportive of HIV/AIDS prevention activities. Informants revealed that leadership plays an important role in HIV/AIDS prevention. It has enabled the university to implement HIV/AIDS prevention education since the beginning of the epidemic in Viet Nam.

14. The strong structure of the HIV/AIDS prevention system with a clear division of work and responsibility. All relevant departments and sections participate in the HIV/AIDS prevention programme with clear responsibilities. The university has defined the leading role of the Youth Union and the coordination role of the Political Affairs Department. Collaboration between departments and sections helped to maintain HIV/AIDS prevention activities in competing with other priorities.

15. Human resource development: The university planned for human resource development in both formal education and non-formal education. All teachers who teach relevant subjects with integration of HIV/AIDS have been trained on HIV/AIDS; hundreds of youth union members have been trained on HIV/AIDS related issues and communication skills. The university has utilized external assistance for training its staff and students on HIV/AIDS prevention.

16. Student's consciousness: as being aware of future profession, students try to learn, exercise themselves and practice a healthy lifestyle, which is constantly educated through the political and ideological education.

Limitations

- Although being the most important lesson learnt, the HIV/AIDS prevention education is just focused on creating knowledge rather than transferring skills. Major activities of prevention education are information and communication. Creating a supporting environment of behaviour changes has not been well addressed. At least, counselling service and condoms should become more available and more user-friendly.
- HIV/AIDS prevention heavily relies on ideological approach without any evidences from research. In addition, lack of risk reduction strategies could be seen clearly. The prevention programme is not comprehensive – in particular, the needs of special populations, for instance ethnic minorities or men having sex with men, are not addressed in the current approach.

Challenges

- Pedagogical culture vs. (safer) sex education: sex education is a must in HIV/AIDS prevention education; however, it is almost not mentioned in formal

education. The current practice of addressing sensitive issues in non-formal activities has excluded many students from sex education as they don't have the chance to participate in these activities.

- HIV/AIDS is only one of many issues needing to be addressed under a limited budget. Lack of resources is a major obstacle for implementing a comprehensive HIV/AIDS prevention, care and support programme.
- Lack of personnel for scaling up HIV/AIDS programme: currently the youth union plays a key role in HIV/AIDS non-formal education; however, they are always over occupied with other programmes and activities. This problem will be more severe if the programme is scaled up.
- It seems the action is entirely focused on HIV prevention, with little attention to stigma and discrimination of people living with HIV/AIDS or especially vulnerable groups.

Recommendations

1. A comprehensive plan needs to be developed to combine formal and non-formal education activities on HIV/AIDS prevention, in order to prevent overlaps or gaps. Relevant faculties and staff should be fully informed about the extra-curricula activities and should participate in design and implementation of these activities.
2. To ensure behaviour change among students, a minimum package of behaviour change communication should be developed and implemented, not just IEC activities. An operational research or pilot intervention with sufficient behavioral surveillance should be carried out to improve effectiveness of behaviour change communication tailored for students.
3. Advanced training courses for teachers of HIV/AIDS content should be provided. The study revealed that teachers make decisions about how much of time will be spared for HIV/AIDS in each subject. Once they master the topic, they are likely to develop more detailed and relevant sessions on HIV/AIDS. This will bring out an increase of teaching periods.
4. In order to ensure the success of formal education activities, teachers need to be well trained on technical knowledge and on teaching methods with sufficient support of visual equipment and teaching aids.
5. Visual equipment and teaching aids need to be sufficiently supplied. All interviewed students agree that they would learn more effectively if teachers' presentation were supported by visual equipment and teaching aids. In addition, it is necessary to develop a consolidated teaching manual for all faculties as currently each faculty has its own curriculum while there is no standard manual on HIV/AIDS. A standard training manual can be used for other schools.
6. Students need to have chance to participate in extra-curricula activities, for example to participate in care and support activities for people living with

HIV/AIDS. Not all students have the opportunity to participate in extra-curriculum activities as its coverage is limited.

7. Risk reduction activities need strengthening, especially safer sex education and condom promotion.
8. This study discovered that a lack of HIV/AIDS-related policies is major problem in education sector in Viet Nam, especially concerning the University as a work place and the rights of students and teachers with HIV/AIDS. With the centralized structure (like in Viet Nam), a policy should be developed at the Ministry level. Schools only need to adapt and apply such policy accordingly. It is strongly recommended for the immediate development of policy against stigma and discrimination to ensure that infected and affected teachers and students be equally treated in the school settings.
9. It is time to strengthen the response to HIV/AIDS in school settings in Viet Nam, especially in teacher training institutions, which will be the key factor to ensure effective prevention education in school settings as students of teacher training schools play a key role in educating young generations.
10. Larger-scale research on teaching HIV/AIDS in higher education should be conducted to draw lessons learnt on how to best teach and learn HIV/AIDS in a culturally sensitive setting like Viet Nam. Experience from this case study showed that there are many hidden factors influencing teaching practices. Operational research can be a good way to explore this.

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APPENDIX 1: PERSONS CONTACTED

No	Name	Title	Affiliation	Contact
1	Dinh Ngoc Bao	Prof.	Vice-rector, Head of Party Committee	8346 635
2	Nguyen Van Hien	Mr.	Secretary of Youth Union	8347 827
3	Nguyen Duy Nhhien	Mr.	Lecturer, Head of Social Works	7548 310
4	Chu Cam Tho	Ms.	Chairwoman, Student Association	8347 827
5	Le Thi Hong An	Mrs.	Lecturer, Faculty of Psychology and Pedagogy	8347 098
6	Nguyen Minh Tue	Prof.	Lecturer, Faculty of Geography	8346 826
7	Le Dinh Tuan	Mr.	Lecturer, Faculty of Biology	8346 828
8	Le Khac Giai	Dr.	Head, Health Centre	8348 907
9	Ngo Van Hoan	Mr.	Head, Dormitory Management Unit	8348 947
10	Tran Cong Thanh	Mr.	Vice Head, Dormitory Management Unit	8348 947
11	Nguyen Thi Loan	Mrs.	Lecturer, Faculty of Technical Pedagogy	0904254055
12	Nguyen Duc Thin	Dr.	Head, Department of Political Affairs	7680 597
13	Tran Quoc Thanh	Dr. Prof.	Head, Faculty of Psychology and Pedagogy	8347-098
14	Pham Thu Ba	Dr.	School Health Expert, Ministry of Education and Training	8680 367

List of participants for focus group discussion

(All student are completed 3 years of study and completed subjects with HIV/AIDS lessons.)

Group 1: Political Science Education students

1. Do Anh Tuan
2. Bui Thi Thuy
3. Nguyen Van Tuan
4. Nguyen Thi Nghia
5. Pham Thi Chinh Nghia

Group 2: Psychology and Pedagogy students

1. Nguyen Van Hoang
2. Phan Thi Thu
3. Hoang Van Minh
4. Dao Van Hau
5. Nguyen Thi Minh Ngoc
6. Pham Thanh Binh

Group 3: Psychology and Pedagogy students

1. Mai Quoc Khanh
2. Le Xuan Khoan
3. Pham Thi Xuan Lai
4. Vu Thi Thanh Dao
5. Tran Huu Hung
6. Huu Thi Vien

APPENDIX 2

Major content of the National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a vision to 2020

1. Points of view:

- a. HIV/AIDS is a dangerous epidemic, threatening people's health and life and the future generation of the nation. HIV/AIDS seriously impacts the development of the economy, culture, order and the safety of the nation. Therefore, prevention and control of HIV/AIDS should be considered as a central, urgent and long-term task that requires the multisectoral responses and the mobilization of the whole society;
- b. Investment for HIV/AIDS prevention and control means investment for a stable development that results in both direct and indirect economic benefits. The State ensures the investment of all resources for the National AIDS Programme from now to the year 2010 and after 2010 suitable to the ability and condition for the stage of social-economic development.
- c. Prevent stigma and discrimination against people living with HIV/AIDS (PLWHAs); to increase the responsibilities of family and community towards PLWHAs and responsibilities of HIV/AIDS infected people towards their family and community;
- d. Viet Nam commits to implement international declarations on HIV/AIDS to which Viet Nam is a signatory or is a member; and to ensure that national laws on HIV/AIDS prevention and control conform to international laws;
- e. Strengthen the multilateral and bilateral collaboration and expanding cooperation with other countries in the region and in the world on HIV/AIDS prevention and control;
- f. Priority areas for HIV/AIDS prevention and control in the upcoming years are:
 - Strengthening Behavioural Change Communication; coordination with other related programmes to prevent and reduce of HIV infection;
 - Strengthening harm reduction intervention approaches;
 - Strengthening counselling, care and treatment for PLWHAs;
 - Strengthening the management, monitoring, supervision and evaluation capacities of the National AIDS Programme.

2. Objectives:

a. Overall objective

To control the HIV prevalence rate among general population to below 0.3% by 2010 and with no further increase after 2010; to alleviate the impact of HIV/AIDS on social-economic development.

b. Specific objectives

- 100% localities across the country should mainstream HIV/AIDS prevention and control activities into the local social-economic development plans and consider it as a priority objective;
- To increase people's knowledge about HIV prevention; 100% of people living in urban areas and 80% of people living in rural and mountainous areas are able to correctly understand and identify ways of preventing HIV/AIDS infections;
- To control HIV transmission from high-risk groups to the general population through implementation a comprehensive intervention programme on harm reduction: all people with high-risk behaviours will be covered by intervention approaches; 100% of safe injection and condom use when having risky sexual behaviours;
- To ensure the provision of care and appropriate treatment for PLWHAs: 90% of HIV/AIDS adults; 100% HIV infected mothers; 100% HIV/AIDS infected/or affected children are provided with appropriate care, treatment and counselling services; and 70% of AIDS patients are provided with ARVs treatment;
- To improve the surveillance, monitoring and evaluation systems for HIV/AIDS prevention and control: 100% of provinces and cities are able to self-evaluate and self-project the epidemic situation at their localities; 100% of HIV testing are compliant with the regulations on voluntary testing and counselling;
- To prevent HIV transmission through medical services: ensuring 100% of blood units and products at all levels are screened for HIV before transfusion; 100% of health centres strictly follow the regulations on sterilization, disinfections for HIV prevention;

3. Vision to 2020

- Strengthen HIV/AIDS prevention and control programme for the period 2004-2010 in order to gradually reduce the number of new infections, and to mitigate the impact of HIV/AIDS on socio-economic development after 2010;
- Continue to strength the Government's leadership, investment and multisectoral response on HIV/AIDS prevention and control to mitigate the impact of HIV/AIDS on socio-economic development for the period 2010-2020;
- In the period of 2010-2020, the National HIV/AIDS Programme will focus on alleviating the impact of HIV/AIDS. Preventive vaccine and medicine for treatment of HIV/AIDS could be applied broadly.

The priorities of the National HIV/AIDS Programme for the period of 2010-2020 will be:

- Prevention activities will be applied through specific-technical measures;
- Providing care and treatment to PLWHAs;

- Providing care to HIV/AIDS affected people.

4. Main solutions

a. Group of social solutions

- Strengthen the leadership of the Party and the State on HIV/AIDS prevention and control; mainstream HIV/AIDS prevention and control activities into the social-economic development objectives of the sectors and localities;
- Local governments should mainstream HIV/AIDS prevention and control into social-economic development plans; mobilize all society in the fight against HIV/AIDS and work step by step to reverse the epidemic;
- Develop a multisectoral and comprehensive HIV/AIDS prevention programme; effectively integrating drugs and prostitution prevention and control programmes into HIV/AIDS prevention; mobilize the participation of all organizations and individuals into HIV/AIDS prevention activities; encourage religious, social, charitable, non-governmental organizations, and community groups including PLWHAs and their families to participate into HIV/AIDS prevention and control;
- Improve the legal framework, regulations and policies on HIV/AIDS prevention and control that both recognize the real situation and conform to international laws on HIV/AIDS; strengthening education, dissemination, inspection, monitoring and supervision of the implementation of legal regulations on HIV/AIDS prevention and control;
- Strengthen behaviour change communication programmes (BCC) among high-risk behaviour groups; increasing the quantity, quality, relevance, and effectiveness of BCC programmes. Establish HIV/AIDS communication networks that link closely with the current village health workers and other local related sectors and mass organizations. Assign responsibilities for implementing BCC activities to different line ministries, other sectors and provinces; integrate HIV/AIDS prevention and reproductive health into the training curricula of universities, junior colleges, technical secondary schools, vocational training and general schools;
- Promote advocacy on harm reduction intervention programmes in order to create a favourable environment for implementing interventions ; Conduct comprehensive harm reduction intervention programmes including clean needles and syringes and condom use programmes. Sharing with and learning from international experience to develop and implement the various models on clean needle and syringes, condom use and other related interventions in Viet Nam;
- Establish comprehensive care and support for PLWHAs; promote the setting-up of community based-care centres for PLWHAs; increase the awareness and responsibilities of PLWHAs towards their families and community to prevent HIV/AIDS transmission;

b. Group of technical solutions

- Strengthen the national HIV/AIDS surveillance system; establish the national and international standard testing facilities, expand the surveillance system step by step to district level. Implement 2nd generation surveillance system on HIV/AIDS and actively use surveillance for policymaking. Strengthen and improving the quality of HIV voluntary counselling and testing (VCT);
- Strictly adhere to regulations on safe blood transfusion and blood products; ensure 100% of the blood units are screened for HIV before being used; programmes to improve the quality of screening of blood and blood products for transfusion through a step by step approach; advocate for and sustain blood donation programmes;
- Promote advocacy and communication activities to prevent HIV transmission through medical and social services; provide equipment for sterilization and disinfections for health care services, especially at district and commune levels; guide and manage prevention of HIV transmission in all private health care settings;
- Increase accessibility to ARV treatment; developing a policy on ARVs access; ensure a favourable mechanism for distributing ARVs; Ensure availability and accessibility of ARVs; encouraging research and applications of herbal and traditional medicine for supplementary treatment to AIDS patients;
- Improve awareness of people within reproductive age on the risk of HIV transmission and mother-to-child transmission of HIV (MTCT); provide prophylaxis treatment to prevent MTCT and good care and treatment to HIV/AIDS infected/ and affected children;
- Establish a Sexually Transmitted Infections (STI) surveillance system; provide testing facilities; improve the quality of STI diagnosis and treatment; build the capacity of health providers; integrate STI prevention into HIV/AIDS prevention and control activities;
- Strengthen collaboration among the scientific and research institutions on HIV/AIDS under the overall coordination of the HIV/AIDS prevention and control agency; support the scientific and research institutions for conducting studies/research on HIV/AIDS; providing funds for research; increase technical exchanges and expert training in and out side of the country; conduct 2-year and 5-year evaluations of the National AIDS Programme;

c. Group of solutions for resources and international collaboration

- Increase the capacity of full time HIV/AIDS staff; strengthen managerial decentralization of National AIDS Programme; develop an appropriate mechanism to promote participation of the different organizations, community as well as PLWHAs in planning HIV/AIDS activities; the People's Committees at different levels are responsible for allocating their regular budget for HIV/AIDS activities, along with the national one;

- Provide policy to enable research, production equipment, bio-products, medicines on HIV/AIDS; strengthen technology transfer and encourage investment;
- Gradually increase budget allocation to ensure sufficient funds for HIV/AIDS prevention and control activities; mobilize local and international financial support for HIV/AIDS; effectively allocate and use resources;
- Expand international cooperation in the area of HIV/AIDS prevention; consolidate the current cooperation and develop new opportunities for cooperation following the guiding principles of multiple cooperation-relations; develop national ownership in coordination, management and utilization of ODA projects; prioritise the cooperative projects in terms of capital investment, technical support and hi-technology transfer; continue the strong commitments and implementation of all declarations and conventions to which Viet Nam is a member or a signatory;

**APPENDIX 3: Statistic data of Higher Education in Viet Nam
year 1999 - 2000 - 2001 - 2002 – 2003- 2004**

HIGHER EDUCATION

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
INSTITUTION	153	178	191	202	214
College	84	104	114	121	127
Public	79	99	108	115	119
Non Public	5	5	6	6	8
University	69	74	77	81	87
Public	52	57	60	64	68
Non Public	17	17	17	17	19
STUDENT	893754	918228	974119	1020667	1032440
Female	387730	400963	431323	453359	472505
Minority	2581	3242	4016	4537	6182
College	173912	186723	210863	215544	231107
Female	85132	91457	103323	105690	115928
Minority	1127	1817	2229	2613	2690
Public	161793	171922	192466	194856	205639
Non Public	12119	14801	18397	20688	25468
Full time training	133236	148893	167476	166493	183551
In service training	11398	19819	24478	25504	285726
Others training	29278	18011	18909	23547	14853
Graduated student	30902	45757	47133	50197	55562
University	719842	731505	763256	805123	801333
Female	302598	309506	328000	347669	356577
Minority	1454	1425	1787	1924	3492
Public	624423	642041	680663	713955	689679
Non Public	95419	89464	82593	91168	111654
Full time training	376401	403568	411721	437903	470167
In service training	205906	223837	251600	259396	285726
Others training	137535	104100	99935	107824	45440
Graduated student	90791	117353	121804	113763	110110
TEACHER	30309	32205	35938	38608	39985
Female	11493	12459	14107	15327	16315

Minority	404	524	569	583	600
Of which:					
College	7703	7843	10392	11215	11551
Female	3796	3824	4897	5222	5635
Minority	165	291	312	346	371
Associate Prof	9	9	11	5	4
Prof	4	4	3	20	23
Public	7326	7364	9801	10652	10821
Non Public	377	479	591	563	730
Professional division					
Doctor	93	109	158	190	182
Master	1325	1468	1960	2272	2509
Prof. & disciplines	35	56	32	94	19
Univercity & College	5982	6083	7987	8346	8557
Others degree	268	152	255	313	284
University	22606	24362	25546	27393	28434
Female	7697	8635	9210	10105	10680
Minority	239	233	257	237	229
Associate Prof	1231	1131	1160	319	298
Prof	338	310	303	1310	1385
Public	19772	20325	21618	22695	24093
Non Public	2834	4037	3928	4698	4341
Professional division					
Doctor	4378	4454	4812	5286	5179
Master	5477	6596	7583	8326	9210
Prof. & disciplines	543	569	586	540	529
Univercity & College	11917	12422	12361	12893	13288
Others degree	291	321	204	348	228

Source: <http://www.edu.net.vn/data/thongke/dhcd.htm>

