Benefits of Early HIV Testing and HIV Treatment
Acknowledgements

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Who is this booklet for

◊ For peer educators and outreach workers working with:
  - People who inject drugs
  - Women or men who sell sex
  - Men who have sex with men

◊ For people who think they may have HIV

◊ For people who do not have HIV but are living with an HIV infected person

◊ For people living with HIV

◊ For partners and relatives who care for people living with HIV

◊ For health and social workers, and other professionals

No matter whom you are and what you do, get HIV tested early!
Human Immunodeficiency Virus (HIV) attacks and gradually destroys the immune system of the body and people can become very sick from common infections.

Have you had a blood test for HIV?
Test Results

If your test finds that you are HIV negative; you do not carry the virus or the test might not have detected the virus in your body. You may be in the “window” period’. You can stay negative and avoid risky behaviors.

If you think you have put yourself at risk of HIV infection and may be in the “window” period, get HIV tested again to confirm your HIV status.
The “window period”: It takes 3-6 months after the onset of HIV infection for your body to produce antibodies in response to the virus. During this period an infected person can test antibody negative because no (or insufficient) antibodies have yet been produced in the blood. This is the “window period”. During the “window period”, an infected person can transmit HIV to others although their HIV infection may not be detectable with an antibody test.

If your test finds that you are HIV positive, you are carrying the virus. You should go to a HIV Treatment and Care Center to be given counseling and early treatment.
Early HIV treatment

Do not wait until you feel weak or get very sick to get HIV testing and treatment. When the immune system is weakened, your body is not protected against germs and you become likely to catch severe infections. If your test finds that you are HIV positive you should go to an HIV Treatment and Care Center to be given counseling and treatment. Getting treatment early will help you be healthy and enjoy longer life.

If your CD4 count is ≤ 350 cells/mm³, you are eligible for ART
Getting treatment early will help you avoid spending money on expensive medications, doctors, and hospitals.

When the immune system has not been badly damaged by HIV, you are healthy and not prone to opportunistic infections and you can avoid spending money on treatment of severe opportunistic infections (which you are very susceptible to if your CD4 count is less than 200 cells/mm³).

Getting treatment early will help you reduce the risk of spreading the virus to other people, including your spouse, peers, and your future children.
When should you consider having an HIV test?

When you have the following behaviors, do HIV testing regularly

WHEN

You inject drugs and share needles with other person
If you have had these behaviors anytime in the past, you need to have an HIV test – at least once.

**WHEN**

You have sex without condom with other people than your partner – vaginal or anal sex

**WHEN**

You have unprotected sex (without condom or improper condom use) with your partner who injects drugs or has sex with others
Questions and Answers about HIV

Once diagnosed with HIV, death is inevitable?

It’s not true. Current medications and treatment regimens are allowing those infected to live a long and healthy life. The first case of HIV infection in Vietnam, who was identified in 1990, is still healthy and is under treatment with antiretroviral drugs.

I have HIV but still feel healthy, so it is not necessary to get HIV treatment now?

Though you are healthy, your body’s immune system may have been weakened. To protect the immune system you should start ARV therapy early, before you feel sick. This can make treatment work well and you will recover more quickly.

Drug users cannot benefit from ARV treatment until they stop using drugs?

Treatment programs demonstrate good effectiveness of HIV drugs even though the patient is using illicit drugs. So don’t hesitate to seek medical assistance. You should also consider joining a methadone programme and stop using drugs if possible.
Both my partner and I have HIV. We don't need to use a condom?

There are different strains (types) of HIV. Even if you have HIV, you can be infected with a different type from what you already have. You could become infected with drug-resistant strains of HIV. This can make it very hard for treatment to work. And if you do not use condoms, you can be infected with other sexually transmitted diseases like Hepatitis B, from your partner. So make sure to use a condom every time you engage in any kind of sex.

Women infected with HIV should not have children, as their children will certainly be infected with HIV?

ARV prophylaxis during pregnancy can reduce the rates of mother-to-child transmission of HIV, so it is important to consult a doctor or other health care professional at an HIV Treatment and Care Center or Obstetrics Department so that you can start receiving ART early and protect your baby from getting HIV.
ARV is very toxic. If I take it I will die sooner.
Modern HIV drugs have few side effects, and in most cases they are transitory and disappear within weeks when your body gets used to the new chemicals. It is important to report timely to the doctor about any side effects that you experience.

AIDS disease is very complicated; I need to go to provincial hospital to get it treated?
If you seek medical assistance early, when the immune system has not been badly destroyed and you have not contracted severe opportunistic infections, you can get treatment at grassroots level health facilities, such as a District Health Center or even in commune health services. When seeking care late you put yourself at risk of developing serious complications and severe opportunistic infections, which will require long treatment in provincial or national hospital.

Single people not living with their families cannot undertake ART because it is difficult and requires so much family support?
Family support during treatment is very useful indeed. But for single people there are many ways to get such support as well. Support groups, peer counselors, treatment partners and of course medical staff will help you (both during the first weeks of treatment and within years of therapy).
**HIV positive individuals can be detected by their appearance?**

HIV infections cannot be detected based on appearance. Only a blood test can tell if a person has HIV or not.

**My friend says that mosquitoes can transmit HIV?**

Mosquitoes do not transmit HIV. Since HIV does not survive in mosquitoes and other insects, it cannot be transmitted to another person through an insect bite.

**HIV can be contracted from hugging, holding hands or sharing utensils with an HIV-infected person?**

HIV cannot be transmitted through touching, hugging, holding hands, or sharing utensils with an HIV-infected person. However, contact with an HIV-positive person’s infected body fluids, such as semen, pre-ejaculate fluid, vaginal fluids, blood, or breast milk can transmit HIV. It can also be transmitted through needles contaminated with HIV-infected blood, especially those used for injecting drugs, tattooing or body piercing.
Details about HIV

◊ Ways of HIV transmission
◊ HIV at a glance
◊ Stages of HIV (without treatment)
◊ CD4 count and viral load (without treatment)
◊ Opportunistic infections and complications of HIV
◊ Side effects of ARVs
◊ Medication Adherence
◊ Tuberculosis (TB) and HIV
◊ Viral Hepatitis Co-infection and HIV
◊ HIV and pregnancy
◊ HIV in children
◊ What is treatment failure?
◊ Living with HIV
◊ Methadone for the treatment of people with HIV and heroin dependence.
◊ Stigma and discrimination
◊ Treatment 2.0 Initiative
HIV can be transmitted through

- Injecting drugs and sharing equipment
- Transfusion of blood or blood products
- Sharing tattoo or piercing equipment

YOU CANNOT GET HIV THROUGH

- Vaginal sex
- Anal sex
- Oral sex
- During pregnancy, labor or delivery
- Through breastfeeding
- Shaking hands, hugging, and eating with people
- Sneezing, coughing etc.
- Insect bites
WHAT HIV DOES IN THE BODY

When HIV enters the human body it attaches itself and enters into a white blood cell called CD4. After entering the CD4, the virus takes over the cell, using it to replicate hundreds of thousands of its own copies, which destroys the cell. These copies then enter the blood stream, attach onto other CD4 cells and continue multiplying there. As a result, the number of the virus copies in the blood rises and the number of CD4 cells declines.

As these CD4 cells are one of the main disease fighters of the body, the decline in number of CD4 cells leads to loss of immunity and reduces general health.

In addition, as the number of copies of HIV virus in blood increases, it is easier to transmit the virus to other people.
Stages of HIV without treatment

HIV destroys the body’s immune system very slowly but the virus can be transmitted at any stage, therefore combination protection by using condoms, not sharing needles (or piercing equipment) and early treatment are all important.
Symptoms of HIV

ACUTE STAGE
After initial infection with HIV, flu-like symptoms may appear and these usually clear up within a month. 2-4 weeks after being infected a person with HIV may have these symptoms: fever, headache, fatigue, swelling in the lymph nodes, particularly in the neck and groin. Not everyone who acquires HIV will have these symptoms.

ASYMPTOMATIC STAGE
For the next several years, a person with HIV may not have any symptoms at all. At the later stages, the amount of virus multiplying, infecting, and killing cells of the immune system weakens the body.
**MILD STAGE**

A person with HIV may have these symptoms: mild weight loss, mouth ulcers, itchy rash, herpes zoster, recurrent upper respiratory infection such as sinusitis or otitis.

**SEVERE STAGE**

Symptoms that may appear during this stage are: severe weight loss, oral thrush, persistent diarrhea, persistent fever, pneumonia, tuberculosis, or other extrapulmonary TB and severe mouth ulcers. In the last stage (AIDS): wasting syndrome, oesophageal thrush, severe opportunistic infections, cancer, and dementia.

It’s really important that everybody infected with HIV, even if feeling healthy, keeps their medical appointments. In later stages people with HIV can become sick very quickly so if any symptoms appear, seek medical assistance as soon as possible.
CD4 count and viral load (without treatment)
**Viral load** indicates the number of virus copies per milliliter of blood. At the acute stage, the load is usually more than 1,000,000 copies. At the asymptomatic stage, the viral load can vary from 1,000-10,000 copies per milliliter of blood. At the later stages, the viral load slowly rises to more than 1,000,000 copies again.

**CD4 count:** the number of CD4 cells per cubic millimeter of our blood.
- **Healthy adult:** CD4 counts = 500 - 1500 cells/mm³
- **People living with HIV:** CD4 counts = 350 - 500 cells/mm³ (immune system is mildly damaged) CD4 counts ≤ 200 cells/mm³ (immune system is severely damaged, vulnerable to opportunistic infections)

The viral load (red line) increases as the CD4 cell count (blue line) decreases. The higher the viral load, the more likely it is to transmit virus to others. The graph shows that the acute stage and the severe stage are the times when HIV virus is easily transmitted. With ARV treatment, the viral load should become very low or undetectable, which decreases the risk of transmitting the virus to others.

As the CD4 count decreases, so does the body immune defense. The lower the CD4 count, the more likely the body is to experience OI. With early ARV treatment when CD4 ≤ 350 cells/mm³, the CD4 count should slowly return to normal and the body is less likely to experience illness and infection.

**A person with CD4 count ≤ 350 cells/mm³ is eligible for ART**
Opportunistic Infections and Complications of HIV

When HIV makes your immune system weak, it can't fight germs well. This can lead to serious infections that don't usually affect healthy people, which are called Opportunistic Infections (OI).

If you start treatment late you may suffer some opportunistic infections and complications of HIV infection as below:

- **Gastrointestinal problems.** Chronic diarrhea, weight loss and wasting syndrome
- **Pulmonary problems.** Bacteria (including TB), viruses and fungi
- **Oral problems.** Herpes, ulcers and thrush
- **Skin lesions.** Sores, rashes, herpes zoster, scabies and other lumps
- **Neurological problems.** Encephalitis, meningitis, tumors, etc.
PREVENTIVE THERAPY
This is an important part of HIV standard care and treatment. These simple medications help you prevent certain Opportunistic Infections and Tuberculosis.

◊ Co-trimoxazole is taken to prevent lung infection caused by fungi and a disease caused by the protozoan Toxoplasma. Cotrimoxazole works by killing the bacteria responsible for causing the infection and it only works against certain types of bacteria. This means that Cotrimoxazole is only suitable for treating some types of infections. If your CD4 count is below 350 you will receive Cotrimoxazole to prevent lung infection caused by fungi and brain infection known as toxoplasma.

◊ Isoniazid (INH) or Rimifon is a kind of anti-tuberculosis drug that can help you to prevent tuberculosis – a disease that is a very common infection and a main cause of mortality among people living with HIV. Ask your doctor for this if you haven’t received it.
ANTIRETROVIRAL THERAPY (ART)

Medications called Antiretrovirals (ARVs) stop the virus increasing in the body.

Starting treatment depends on the stage of HIV infection, clinical signs, CD4 count and other tests.

Benefits and aims of getting ARV therapy (ART) early

◊ Reduces the amount of virus in blood
◊ Makes it less likely to transmit virus to others
◊ Increases the number of CD4 cells
◊ Restores the immune system
◊ Lowers the risk of serious HIV-related illnesses and death
◊ Improves your quality of life

HIV treatment must be taken for life, if not the virus will start to replicate again.
The followings are the most recommended regimens of first line ART in the current guidelines of the Ministry of Health.

Tenoforvir (TDF) + lamivudine (3TC) + Efavirenz (EFV); or
Tenoforvir (TDF) + lamivudine (3TC) + Nevirepine (NVP); or
Zidovudine (AZT) + lamivudine (3TC) + Efavirenz (EFV); or
Zidovudine (AZT) + lamivudine (3TC) + Nevirepine (NVP)

Your doctors will choose the most appropriate ARV regimens for you. There are also people on other regimens, provided these regimens are effective; and as long as their HIV is stable, they do not need to change.

HIV treatment will be strictly monitored by your doctor, and you should keep your medical appointments so that treatment results can be assessed and treatment failure detected (if this happens). In case of treatment failure, the doctor will change your ART regimen.
Side effects of ARV medications

ARV medications can cause side effects in some people, just like many other medicines. Most side effects are mild and go away in a few weeks, but some side effects are dangerous.

Most of the following mild side effects go away after a few weeks, but should be discussed with your health workers if they interfere with daily life.

◊ Nausea/Vomiting
◊ Headache
◊ Diarrhoea
◊ Nightmares/strange dreams
◊ Tiredness/Exhaustion
Dizziness, shortness of breath or significant tiredness after walking long distances or working hard

- May be due to anemia caused by Zidovudine (AZT).

- May be caused by Efavirenz.

- May be due to liver problems caused by Nevirapine.

Nevirapine is the most common cause and can only occur within first month of treatment.

Feeling depressed or suicidal

- May be caused by Efavirenz.

Yellow eyes and skin (jaundice), fatigue, lack of appetite

- May be due to liver problems caused by Nevirapine.

Allergic reaction: Rash involving the mucous membrane, skin peeling, or with a fever are severe allergic reaction.

- Nevirapine is the most common cause and can only occur within first month of treatment.

Tingling, numbness or painful feet/legs/hands

- May be caused by damage to the peripheral nerves by Stavudine (d4T).

Dangerous side effects: Report to your doctor as soon as possible if you get any of the following symptoms:

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Medication Adherence

Adherence means always taking your medication at the SAME time EVERY DAY as advised by your doctor.

Without good adherence to the prescribed regimens the virus may become resistant to the medications ("drug resistance") and ART becomes ineffective.

Adherence is possible, but it may not always be easy!
Some suggestions for good adherence:

◊ Find family or friends to remind you
◊ Use a 7 day pill box
◊ Use your alarm clock or mobile phone as a reminder
◊ Keep a diary
◊ Leave yourself notes
◊ For staying out late or travel, plan ahead and bring more pills than you expect to need
HIV and Tuberculosis (TB)

Tuberculosis is one of the most common and dangerous infections that people living with HIV (PLHIV) experience. TB bacteria most commonly attack the lungs, but also sometimes other parts of the body.

Inactive (latent) TB: people with inactive TB do not feel sick and do not have symptoms. Most people are exposed to TB during their life, but the bacteria remain inactive. In some people the inactive TB may be activated if their immune system becomes weak.

Active TB: people with active TB can pass bacteria in their lungs to others whom they have close contact with. When a person with active TB coughs, sneezes, talks or spits, TB bacteria are dispersed into the air. People nearby may inhale the TB bacteria and become infected.

If you have any of these symptoms, go for TB screening:
◊ Cough for more than two weeks
◊ Weight loss
◊ Fever
◊ Night sweats
Sometimes people with TB also have
◊ Sputum with blood
◊ Swelling in the joints, lymph nodes and abdomen
◊ Meningitis (infection of the brain)

If you are infected with both HIV and TB, you should receive both TB and HIV treatment. Your doctor will decide the right time to start ARV therapy after starting TB treatment, but it is best to initiate ART within 2 weeks of starting TB treatment.

Preventing TB disease can be done by starting ART early and by taking Isoniazid Rimifon (INH) preventive therapy. You should see your doctor to be given advice on treatment.

You, your partner and family should be screened for TB
Viral hepatitis is an infection and inflammation of the liver common in Viet Nam, caused by two viruses called Hepatitis B (HBV) and Hepatitis C (HCV). Chronic HBV and HCV infection can cause hepatitis, cirrhosis, or liver cancer.

HBV is very infectious and is spread through blood, saliva, semen, and other bodily fluids. HBV is common in Asian countries and in Viet Nam. An estimated 10% of the population in Viet Nam is infected with Hepatitis B. Hepatitis B is preventable by vaccination. Some ARV medications are also effective for HBV treatment.

HCV is also infectious and spreads through blood. HCV is uncommon in Viet Nam except among people who inject drugs. HCV treatment is possible but expensive because the medicine has to be injected.
HBV and HCV are commonly transmitted through injecting drugs and sharing equipment. Chronic HBV and HCV are usually asymptomatic and both are assessed by combination of antibody tests and liver function tests. Without treatment, chronic HBV and HCV progress more quickly in people with HIV. So if you have both HIV and HBV or HCV, you should start ART early.
HIV and Pregnancy

HIV can be transmitted to babies during pregnancy, birth and through breastfeeding.

ARV treatment of the mother can prevent transmission to babies, so it is important to get tested early in pregnancy (in the first 3 months), start receiving ART as early as 14 weeks of pregnancy and continue until delivery; you can continue ART until 1 week after all exposure to breast milk has ended (if breastfeeding).

You and your baby must get the right HIV medication at the right times.

The advice below can lower the risk of HIV being transmitted to your baby. To reduce the risk you need to consult your doctor in advance.
◊ Be as healthy as possible before becoming pregnant.

◊ If you are HIV positive but not on ART, consult your doctor about the right time to start treatment to prevent transmission.

◊ If you are already on treatment, do not stop, but see your doctor early to discuss the medications.

◊ Make sure your baby is tested for HIV at 4-6 weeks after birth.
HIV in children

As the risk of illness and early death is very high amongst HIV infected infants and children, it is important that HIV testing and diagnosing for babies born to HIV positive mothers be done as early as possible so that appropriate medication and care can be provided.

HIV in children can cause:

◊ Fever ◊ Anemia
◊ Seizures ◊ Recurrent colds, bronchitis and ear infections
◊ Diarrhea ◊ Oral thrush and mouth ulcers
◊ Dehydration ◊ Pneumonia and severe infections
Early infant diagnosis

Diagnosing HIV early in infants is important because it allows health workers to provide optimal HIV care and treatment. It also assists the mother in making the decision regarding breast or bottle-feeding.

Infants born to mothers living with HIV should also receive Cotrimoxazole Prophylaxis, commencing at 4–6 weeks of age and continue until 5 years of age.

In a family with a child with HIV, other family members usually also have HIV, making treatment and care a more complex issue. Problems with illness, medications, adherence, information, etc., should be shared with and addressed by health providers, PLHIV club members, and peer support group.

Infants born to HIV-infected mothers should receive timely HIV diagnosis at as early as 4 weeks of age.
What is treatment failure?

HIV treatment is usually effective in bringing fast and visible improvement in health status and quality of life. However, treatment failure happens when the ART does not control your infection. Treatment failure leads to drug resistance. Drug resistance happens when the virus becomes resistant to ARV medications and ARVs become ineffective.

What are risk factors for treatment failure?

◊ Poor treatment adherence: patients often miss medication doses, or do not take pills at the right times and in the right way
◊ Discontinuation or interruption of antiretroviral therapy (due to drug stock-outs or patients missing medication dosages)
◊ Infection with an HIV strain already resistant to medications

Taking your HIV medications every day as prescribed and keeping your medical appointments will give your regimen the best chance to succeed.
People with HIV can live full and healthy lives if they take care of themselves and access treatments.

Advise on how to prevent other infections.
◊ Use safe drinking water – drink boiled water or tea
◊ Eat well-cooked food
◊ Wash fruits and vegetables
◊ Practice good hand washing

Advise on nutrition.
◊ Encourage nutrient-dense foods such as soya products, meat, fish, eggs, and fruits
◊ Eat wide variety of nutritious foods from all of the 4 nutrition groups: protein, fat, fiber and starch

Encourage physical activity as appropriate.
Physical activity is important to improve general health, stimulate appetite and improve functioning of the digestive system

Avoid use or excessive use of alcoholic drinks and drugs
Methadone for the treatment of people with HIV and heroin dependence

**Methadone** is a potent daily dose liquid medicine taken by mouth, it is inexpensive and it gradually replaces the feeling of craving for heroin. Prescribed methadone has the advantages of being long acting, and if accompanied by counseling it has the ability to reduce the risk of transmission of blood borne infections, such as HIV and hepatitis B and C, and to prevent heroin overdose.

Although there are small disadvantages to being in methadone treatment (having to attend the clinic every day and not being able to travel easily), methadone is very powerful in helping to recover psychological and social functions, and rebuild a life without the heroin. Being in a stable methadone treatment programme is the foundation on which people build a way of life away from drugs, get their problems under control and start to address health problems such as HIV and hepatitis.

Methadone treatment is a long term therapy. The length of treatment varies with each individual patient and the process should take at least one year. Stopping methadone involves establishing a very stable life psychologically and socially. If you wish to stop treatment, your doctor will advise on slowly reducing the doses of methadone before you can stop taking it.
For people who have HIV but aren’t able to stop taking heroin, methadone is a safe medication which stops heroin use, assists people to feel normal and healthy, improves adherence to ART and allows their addiction to slowly recover.

There are some interactions between methadone, ARVs (such as Efavirenz, Nevirapine, Abacavir, Lopinavir/Ritonavir) and OI medicines (e.g. TB drugs and Antifungal medicines). Inform your doctors if you are under treatment with antiretroviral drugs and methadone therapy at the same time; the MMT and HIV doctors will collaborate to adjust the methadone dose (increase or reduce) to reduce the impact of the interactions. In general people who use heroin and have HIV are encouraged to join a methadone programme if possible.
Stigma and discrimination

People living with HIV often suffer the negative attitudes and discriminatory practices of the community. Sometimes stigmatising beliefs and actions may be imposed by people living with HIV themselves, which leads to an unwillingness to timely access HIV care and treatment services. People living with HIV should not 'self-stigmatize', but have belief in themselves to face the problem. You can seek help from your family or people in similar situation.

Who Can Help?
◊ Family
◊ Counselors
◊ PLHIV club members
◊ Peer and self-support groups
◊ Friends who you can trust

Join the local peer support group or PLHIV club if you have HIV.

Advantages for joining peer support groups/ PLHIV clubs include:
◊ People in a similar situation often trust and sympathize with each other
◊ Mutual support in treatment and adherence
◊ Empowerment of individuals
◊ Job opportunities for PLHIV
Treatment 2.0 initiative

“Can treatment be more accessible, affordable, simple and efficient?”

WHO/UNAIDS initiative to scale up HIV treatment, make it more efficient, accessible and community supported.

Expected Goals of Treatment 2.0
- Optimize drug regimens – reduce toxicity, number/size of pills, improve efficacy. For instance, a fixed dose combination pill of TDF+3TC+EFV, once daily.
- Promote diagnostics using simplified approaches and technologies. Make it more accessible and closer to patients. For instance, PLHIV can get HIV test at the health stations of commune/ward instead of district or provincial health services.
- Reduce costs; for example cost of drugs, services and travel to clinic.
- Adapt delivery systems. Decentralize and optimize drugs supply and delivery system so that people infected with HIV can access HIV services at their communes. Provide other services (HIV testing, ART, Methadone treatment, TB treatment) at the same clinics so that people infected with HIV can access different services without having to travel to different clinics.
- Mobilize communities, protect human rights. Enhance treatment literacy, health education, links to other services, testing and counseling. PLHIV and peer educators will work closely with health staff to bring HIV services to the people in need.

Vietnam is one of the first countries that piloted Treatment 2.0 initiative
HIV testing and treatment services available in your community

HIV counseling and testing centers:

HIV/AIDS treatment and care centers:
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