



Response

Compulsory drug detention in East and Southeast Asia: Response from the Global Fund to Fight AIDS, Tuberculosis and Malaria



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The Global Fund to Fight AIDS, Tuberculosis and Malaria has informed the government of Viet Nam about its grave concerns regarding compulsory drug detention centers and reported abuses in them.

While the article reflects such concerns, it fails to include recent progress made by the Global Fund alongside other partners, in persuading Viet Nam to allow independent monitoring of the centers and commit to a measurable, time-bound plan for their closure, as well as providing direct support to domestic networks of key populations.

Following reports of human rights abuses in Viet Nam's compulsory drug treatment centers in 2011, the Global Fund acted swiftly to reprogram its funds in order to restrict them to life-saving HIV and TB testing, treatment and care. To mitigate the risk of coerced testing, all HIV testing provided in drug treatment centers with Global Fund support has been transferred from custodial guards to external Ministry of Health staff since January 2013.

The Global Fund also welcomes the Vietnamese government's initiative to transform compulsory drug centers into community-based and voluntary treatment facilities (Viet Nam. Office of the Prime Minister. 31 August 2012). Viet Nam has made other legal reforms, including allowing people who inject drugs to go to community-based voluntary treatment facilities where the Global Fund continues to support the use of methadone maintenance therapy (Viet Nam. Office of the Prime Minister. 15 November 2012). We are also providing core funding to newly established networks of key populations to enable them to continue to advocate for their rights.

Under a US \$85 million grant signed in May 2013 between the Global Fund and the Ministry of Health, the Vietnamese government must identify an international, independent non-governmental organization to monitor conditions in all drug treatment centers where the Global Fund supports interventions. As of 1 January 2014, all Global Fund support for services in these

centers will be conditioned on this monitoring. We have required that the international organization demonstrate experience in both monitoring and providing emergency medical relief in closed settings; that the organization not be directly involved in the daily operations of the centers; and that it have unimpeded access to the centers. The organization must also be empowered to make recommendations to the Viet Nam government based on any findings.

We are pleased to be able to say that this grant, which increases the total amount of Global Fund programs committed to the country to US \$125 million takes into account all the recommendations by Amon et al. (2013).

The Global Fund is committed to promoting and protecting human rights, and this includes taking steps to ensure that the health programs we support do not infringe human rights. As our Executive Director Mark Dybul has noted, this is not just sound ethics, it is sound health policy: "to really defeat HIV, TB and malaria, we have to focus on protecting the basic human rights of the vulnerable, making scientific advances available to everybody" (Dybul, 2013).

References

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