Lao People´s Democratic Republic
Peace Independence Democracy Unity Prosperity

National Committee for the Control of AIDS

National Strategic and Action Plan on HIV/AIDS/STI
2006-2010

July 2005
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% CUP</td>
<td>100% Condom Use Programme</td>
</tr>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-retroviral (treatment)</td>
</tr>
<tr>
<td>ASEAN</td>
<td>The Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
</tr>
<tr>
<td>ATS</td>
<td>Amphetamine Type Stimulant</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>BCI</td>
<td>Behaviour Change Information</td>
</tr>
<tr>
<td>BI</td>
<td>The Burnet Institute (Macfarlane Burnet Institute for Medical Research &amp; Public Health)</td>
</tr>
<tr>
<td>BSS</td>
<td>Behaviour Surveillance Survey</td>
</tr>
<tr>
<td>BTC</td>
<td>Blood Transfusion Centre</td>
</tr>
<tr>
<td>CHAS</td>
<td>Centre for HIV/AIDS/STI</td>
</tr>
<tr>
<td>CLE</td>
<td>(National) Centre for Laboratory and Epidemiology (NCLE)</td>
</tr>
<tr>
<td>DCCA</td>
<td>District Committee for the Control of AIDS</td>
</tr>
<tr>
<td>DU</td>
<td>Drug Users</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, TB, Malaria</td>
</tr>
<tr>
<td>GoL</td>
<td>Government of Lao PDR</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Co-operation (Deutsche Gesellschaft fur Technische Zusammenarbeit)</td>
</tr>
<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with and Affected by HIV/AIDS</td>
</tr>
<tr>
<td>HI</td>
<td>Handicap International</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HSS</td>
<td>HIV Seroprevalence Survey</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug Use</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-governmental Organisation</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>LFNC</td>
<td>Lao Front for National Construction</td>
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<tr>
<td>LNP+</td>
<td>Lao Network of Positive People</td>
</tr>
<tr>
<td>LRC</td>
<td>Lao Red Cross</td>
</tr>
<tr>
<td>LTU</td>
<td>Lao Trade Union</td>
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<tr>
<td>LYU</td>
<td>Lao Youth Union</td>
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<tr>
<td>LWU</td>
<td>Lao Women's Union</td>
</tr>
<tr>
<td>MCTPC</td>
<td>Ministry of Communication, Transport, Post &amp; Construction</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoIC</td>
<td>Ministry of Information and Culture</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoND</td>
<td>Ministry of National Defense</td>
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<tr>
<td>MoPS</td>
<td>Ministry of Public Security</td>
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<tr>
<td>MSF</td>
<td>Medecins Sans Frontieres</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NCA</td>
<td>Norwegian Church Aid</td>
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<tr>
<td>NCCA</td>
<td>National Committee for the Control of AIDS</td>
</tr>
</tbody>
</table>
NCCAB  National Committee for the Control of AIDS Bureau
NGO  Non-governmental Organisation
NRIES  National Research Institute for Education and Sciences
ODA  Official Development Assistance
OI  Opportunistic Infection
PCCA  Provincial Committee for the Control of AIDS
PDR  People’s Democratic Republic
PEP  Post Exposure Prophylaxis (Prevention)
RH  Reproductive Health
PLWHA  People Living with HIV/AIDS
PMCT  Prevention of Mother to Child Transmission
PSI  Population Services International
RH  Reproductive Health
SPPS  STI Periodic Prevalence Survey
STD  Sexually transmitted disease
STI  Sexually transmitted infection
SW  Sex Worker (Service Woman)
TB  Tuberculosis
ToT  Training of Trainers
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UXO  Unexploded Ordinance
VCT  Voluntary Counselling and Testing
WHO  World Health Organization
WV  World Vision
HIV/AIDS is taking a great toll which causes human resource and economic losses in many parts of the world. Many countries of Asia and the Pacific region have already experienced a severe affect of the epidemic.

Even though the overall prevalence of HIV in Lao PDR still remains low, it does not mean that the epidemic has been brought under control. Although the Lao Government, with support of various international organizations, has put efforts in responding to HIV epidemic at its early stage, HIV transmission still continues spreading, especially in some segments of population. According to the recent available data, there is increasing concern about the possibility of a concentrated epidemic among more vulnerable groups of population. This may reflect that our efforts in the past years to address HIV/AIDS issues are not sufficient, in terms of quality, comprehensiveness and coverage of the programmes.

As we know, HIV/AIDS is not just an issue affecting health, but it also has linkages to many other aspects of society and development. Greater social and economic development brings with it many benefits, but it has also made us more vulnerable. Development can lead to increase of population mobility, internal and external labour migration and changes in lifestyles or sexual behaviour of populations which are all ingredients for an accelerated spread of the epidemic. Low level of HIV/AIDS awareness, limited access to comprehensive services, unfavourable social and culture norms, low socio-economic status of women, and high level of poverty additionally constitute a complexity of the problem. Moreover, limited capacity and funding at all levels, insufficient engagement across government sectors, limited involvement of the private sector and the civil society create barriers for wider expansion of the national HIV/AIDS programme.

Only if fast and comprehensive action is taken to effectively address the above mentioned challenges, we can expect to see low prevalence maintained in the next coming years. As defined in this document, many strategies and approaches have to be reviewed and prioritised in order to increase the effectiveness and impact of the national AIDS programme on the epidemic.

To achieve these, strong commitment and unified action across all government and private sectors, civil society and international organisations, is required. I am sure that this document will serve as guidance to all partners engaged in the national response on HIV/AIDS. I look forward to the cooperation and support of all stakeholders in translating this strategic and operational framework into effective implementation. With comprehensive and effective prevention, care and treatment programmes, I believe that the spread of HIV/AIDS epidemic in Lao PDR can be contained and even reversed.

Vientiane, 13 August 2002.
The National Committee for the Control of AIDS
Chairman
1 BACKGROUND

1.1 Geopolitical and Socio-Economic Context

Lao PDR is located in South-East Asia. It is a landlocked, land linked country, two thirds of which is mountainous, sharing borders with China in the North, Myanmar in the North-West, Vietnam in the East, Thailand in the West and Cambodia in the South. The total area is 236,800 square kilometres, with a total population of 5.6 million people.

The country is divided into 16 provinces, one Special Zone and the Capital, 142 districts and 13,234 villages. Civil society is represented by mass organizations, including Lao Women´s Union (LWU), Lao Revolutionary Youth Union (LYU), Lao Front for National Reconstruction (LFNR) and Lao Federation of Trade Unions (LTU).

The Lao PDR become a member of the ASEAN in 1997. As a consequence, the country has become more open to the outside World. Infrastructure development, particularly road and dam construction, is a central component of the Government’s strategy for poverty reduction. Strong infrastructure is a prerequisite for further macroeconomic development and an essential factor in ensuring that the benefits of growth and development are shared equitably between urban and rural areas. Access to utilities, information and communications is gradually developing throughout the country. However, there is still very large disparity in access between urban and rural areas in terms of information, education, transportation and health care facilities.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size (Mill.)</td>
<td>5.6 million</td>
<td>2005</td>
<td>Population Census</td>
</tr>
<tr>
<td>Population growth (%)</td>
<td>2.0%</td>
<td>2005</td>
<td>Population Census</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural population (%)</td>
<td>87.8%</td>
<td>2005</td>
<td>Population Census</td>
</tr>
<tr>
<td>Urban population (%)</td>
<td>12.2%</td>
<td>2005</td>
<td>Population Census</td>
</tr>
<tr>
<td>Female life expectancy at birth (years)</td>
<td>61</td>
<td>2004</td>
<td>Lao Reproductive Health Survey</td>
</tr>
<tr>
<td>Male life expectancy at birth (years)</td>
<td>58</td>
<td>2004</td>
<td>Lao Reproductive Health Survey</td>
</tr>
<tr>
<td>GNI per capita (USD)</td>
<td>450</td>
<td>2005</td>
<td>CPI</td>
</tr>
<tr>
<td>Population below national poverty line (%)</td>
<td>39%</td>
<td>1997</td>
<td>Lao Expenditure and Consumption Survey</td>
</tr>
<tr>
<td>Underweight under five children (%)</td>
<td>40%</td>
<td>2000</td>
<td>Lao National Assessment Survey (LNAS)</td>
</tr>
<tr>
<td>Adult literacy rate (%)</td>
<td>75.4%</td>
<td>2004</td>
<td>MoE, Annual Report on Education Development</td>
</tr>
<tr>
<td>Net enrolment rate in primary education (%)</td>
<td>81.8%</td>
<td>2004</td>
<td>MoE</td>
</tr>
<tr>
<td>Ratio of girls to boys in primary education</td>
<td>1:1.17</td>
<td>2004</td>
<td>MoE</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>82%</td>
<td>2000</td>
<td>Reproductive Health Survey</td>
</tr>
<tr>
<td>Under five mortality rate (per 1000 live births)</td>
<td>106</td>
<td>2000</td>
<td>Reproductive Health Survey</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>530</td>
<td>2000</td>
<td>Reproductive Health Survey</td>
</tr>
</tbody>
</table>
1.2 Framework of the National HIV/AIDS/STI Programme

The National Response to HIV/AIDS/STI is coordinated by the National Committee for the Control of AIDS (NCCA). The NCCA was established in 1988 and re-established in 2003 through a decree of the Prime Minister. Currently it consists of 14 members from 12 different institutions and is chaired by the Minister of Health. Provincial Committees for the Control of AIDS were established in all provinces and District Committees for the Control of AIDS (DCCAs) have been established in some provinces.

The first comprehensive National HIV/AIDS/STI Policy was approved by the NCCA in December 2001, and was revised in 2005. The Policy serves as the guideline for the development of the National Strategy on HIV/AIDS/STI.

Over the past fifteen years, a number of plans to combat HIV/AIDS/STI have been developed for Lao PDR:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Plan</td>
<td>1989-1990</td>
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<tr>
<td>Medium Term Plan</td>
<td>1991-1996</td>
</tr>
<tr>
<td>Lao PDR National HIV/AIDS/STD Strategic Plan</td>
<td>2002-2005</td>
</tr>
<tr>
<td>Lao PDR National Plan of Action on HIV/AIDS/STD</td>
<td>2002-2005</td>
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</tbody>
</table>

The national policy strongly encourages a multisectoral response to HIV/AIDS/STI. Several line ministries and mass organizations have been actively involved in the National HIV/AIDS/STI Programme, such as Ministries of Health, Education, Information and Culture, Social Security, Defence, the Lao Red Cross, Lao Women’s Union (LWU), Lao Revolutionary Youth Union (LYU), Lao Front for National Reconstruction (LFNR) and Lao Federation of Trade Unions (LTU). New active national partners include Ministries of Communication, Transport, Post and Construction (MCTPC), Labour and Social Welfare and Agriculture, The Lao Buddhist Association, and the Lao Network of Positive People (LNP+).

Many bilateral and multilateral development partners provide funding for the Government’s response to HIV/AIDS/STI. Main donors include Asian Development Bank (ADB) and The Global Fund to Fight AIDS, TB, Malaria (GFATM). Furthermore, Governments of Japan, Australia, United States, Sweden, Norway, Germany, Finland, Britain, Netherlands and Canada, and the European Union (EU) have contributed through INGOs or for specific needs, and some INGOs, like MSF, contribute through their own resource mobilization. The United Nations Theme Group on HIV/AIDS has produced and implemented its Joint Plan of Action 2002-2005.
1.3 The new National Strategy and Action Plan 2006-2010

The National Programme on HIV/AIDS/STI 2002-2005 presented the strategy and the action plan separately. This current plan combines those two in order to ensure coherence and practical linkages between strategy and action.

The action plan provides the overall framework for an expanded response to HIV/AIDS in the Lao PDR, and will guide the national and international partners. The action plan includes demo-geographical coverage targets, essential elements of interventions, potential partners, resource requirements, and indicators for measuring progress and to track the epidemic. A yearly, more detailed annual action plan will serve as a reference document for all involved implementing partners.

The National Strategic Plan 2006 – 2010 is based primarily on reviews of the NSP 2002 – 2005, and the second round of behavioural and sero-surveillance (October 2004). The following 2 chapters provide an overview of the main findings.

1.4 Epidemiological Situation

Overall, the Lao PDR remains a low prevalence country with an estimated 0.08% HIV seroprevalence1 in the adult population. But there are several factors which may either mask a higher HIV prevalence, or may contribute to an accelerated spread of the epidemic. The second round of HIV surveillance targeted mainly sex workers and certain groups of their potential clients in 6 provinces.

Sexually transmitted infections (STIs) remain high among sex worker and clients.

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1 WHO/UNAIDS 2004, CHAS 2005
At the end of 2004, the official cumulative number of people identified with HIV was 1470, of whom 279 were known to be living with AIDS (among these, 191 were under ARV treatment). Already 556 have died. 62% of reported HIV cases were male and 38% female. Based on cumulative HIV case reports, more than 50% of those infected are between the ages of 20 and 39 years. Of those whose mode of transmission was known, 95.1% had been transmitted through heterosexual sex, 3.6% transmitted from mother to child, 0.7% through homosexual sex, 0.3% through blood products and 0.08% through intravenous drug use.

One group for which only very limited data are available are labour migrants, especially those working in neighbouring countries.

As a matter of fact, the number of officially registered AIDS related deaths is much higher than the estimated number of people dying of AIDS based on a 0.08% prevalence. This would mean that either a group with a relatively high HIV prevalence was not captured in the second round of surveillance, and/or that the epidemic in the Lao PDR started much earlier as assumed. The latter would point to labour migrants to Thailand, who may have brought HIV back to Laos in the early 90s.

The following scenarios show how the epidemic could develop in the Lao PDR. For this exercise the following assumptions were made:

1) “Base”: the epidemic develops further, but without significant increase in risk behaviour on side of clients or sex workers. The response continues at present levels.
2) “Accelerated”: the epidemic accelerates, for example through increased injecting drug use or increased risk behaviour. The response continues at present levels.
3) “High migrants”: this assumes a HIV prevalence among labour migrants of 2-4% in 2004. The epidemic started earlier and risk behaviour among labour migrants continues. The response continues at present levels.
4) “Stabilized: The epidemic stabilizes around 0.09% due to an expanded response both as regards prevention and care.

**People Living with HIV/AIDS in the Lao PDR:**

The scenarios show that an expanded response would, by 2015, prevent between 10,000 and 20,000 infections. Increased prevention and care efforts would not only save thousands of lives, but would also save the Lao economy yearly millions of dollars.

The epidemic follows a predictable path. It starts to spread in the most vulnerable (and often hidden) populations, and reaches then, through a “bridge population” (i.e. clients of sex workers) the population which does not show any risk behaviour, namely the wife of clients. In countries with high fertility rates (like Lao PDR) this in turn leads to higher numbers of children infected through vertical transmission. It is therefore important to contain the epidemic before it spreads to the general population.

Low levels of awareness, limited access to prevention and protection, including condoms, heighten the risk of rising prevalence of HIV/AIDS in the Lao PDR. Other factors such as the low socio-economic status of women, high levels of poverty and a widening generation gap compound the risk of spread of the disease. Increased population mobility, internal and external labour migration and changes in lifestyles and sexual behaviour are all important ingredients for an accelerated spread of the epidemic. Moreover, in recent years, the use of recreational drugs has rapidly expanded in the Lao PDR. An alarming number of sex workers are thought to be injecting drugs. International evidence shows that intravenous drug use (sharing of injecting equipment) may substantially accelerate the spread of the HIV epidemic. Alcohol also plays a significant role in the spread of HIV, particularly in relation to commercial sex and condom use. Under the influence of alcohol men are more likely to purchase sex and less likely to use condoms.

The second round on surveillance revealed also information on coverage and quality of prevention. Although between 2001 and 2004 the overall response to the epidemic
improved considerably, the number of sex workers, clients and labour migrants reached with interventions is still low, and none of the surveyed provinces achieved a full set of prevention services (see in more detail essential elements in Part 4).

No province achieved a full package of HIV services for service women: Condoms+STI screening/treatment+ outreach education. And few women knew their HIV status.

But not only prevention plays a role in the fight against HIV/AIDS, also care and support services are needed. In 2005, one site (Savannakhet)\(^2\) provided expanded care and support services, including antiretroviral therapy. Clearly an expansion of care and support services is needed to stabilize the epidemic.

1.5 Review of the National Strategy and Action Plan 2002-2005

The National Committee for the Control of AIDS produced a Mid-Term Review on Implementation of the National Strategic and Action Plan 2002-2005 in August 2004, and held 3 consultative review meetings at provincial level. One workshop at national level in May 2005 also reviewed lessons learned.

1.5.1 Programme

1.5.1.1 Key progress:
- Awareness and open discussion on HIV/AIDS and other sensitive issues has increased among politicians and general public
- Second Round of the National Surveillance has been carried out
- A Capacity and Needs Assessment has been done in all provinces
- Improvements in managing HIV/AIDS case reporting have taken place
- More comprehensive programmes on STI prevention and treatment have been carried out in Savannakhet, Vientiane Capital, Vientiane Province, Khammouane, Luangprabang, Luang Namtha, Oudomxay, Champassack, Saravane.

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\(^2\) With the support from MSF
Condom promotion has been expanded, including a pilot project on 100% Condom Use Programme (100% CUP) in 3 provinces, i.e. Savannakhet, Oudomxay and Khammouane.

Various interventions such as awareness campaigns, peer education, life skills training in schools, community based interventions, IEC, mass media campaigns and other measures have reached some vulnerable groups and the general population.

HIV/AIDS was included in the National Growth and Poverty Eradication Strategy (NGPES) as one among three priorities of the National Poverty-Related Programme (i.e. HIV/AIDS, Drug Control, and UXO).

Treatment of Opportunistic Infections has been implemented in Mahosot, Setthathirat, and Savannakhet Provincial Hospitals.

A pilot project for ARV treatment is implemented in Savannakhet.

Home Based Care programmes have been implemented in Savannakhet, Vientiane Capital, Champassack and Bokeo.

There are six functional PLWHA self help groups, and The Lao Network of Positive People (LNP+) has been established.

PMCT pilot projects have been implemented in big hospitals in Vientiane and in Khammouane, Savannakhet, Champassack, Bokeo, Oudomxay, Sayaboury provinces.

HIV/AIDS has been mainstreamed into several infrastructure development projects.

Authorities from Lao PDR and neighbouring countries have initiated co-operation and cross-border activities.

### 1.5.1.2 Key constraints:
- Most of the prevention, care and treatment programmes are pilot initiatives and reach only a small portion of target populations.
- Comprehensive interventions reach only a fraction of the population in need.
- There are no or limited interventions for certain vulnerable groups, such as labour migrants, drug users and men who have sex with men.
- Implementation capacity remains low at all levels.
- Research information is not effectively shared and applied by different partners.

### 1.5.2 Management

#### 1.5.2.1 Key progress:
- The number of multisectoral national partners has increased, and coordination forums met more regularly.
- Several high-level advocacy initiatives and workshops have taken place.
- The HIV/AIDS Policy and Strategic Plan has been disseminated to all provinces and they have been translated into real action.
- Several sectors have mainstreamed HIV/AIDS into their sectoral development plans.
- The NCCA has been restructured and approved by the Prime Minister. The new NCCA has held three meetings. One meeting was attended by the Prime Minister.
- An increased number of nationwide and provincial trainings have been carried out, for example in programme management, monitoring and evaluation and IEC production. Capacity building in all programme priority areas has taken place.

#### 1.5.2.2 Key constraints:
- Involvement of the civil society and private sector is still very limited.
- Coordination of HIV/AIDS/STI programmes and activities is insufficient.
• High-level, multisectoral political commitment needs to be strengthened
• Terms of Reference of the NCCA members have not been finalized
• Lack of skilled personnel, frequent turn over and workload prevent many people who have been trained from implementing and utilizing what they have learned.
• Follow-up of benefits of trainings is weak
• There is no functioning M&E system for the National Response
• Resource deficits as regards both human and financial resources.
The New National Strategic and Action Plan 2006-2010

Goal: To maintain the present low level of HIV/AIDS in the general population.

Outcome: HIV Seroprevalence among vulnerable groups is lower than 1%.

Objective: To scale up the national response in order to timely prevent and minimize the impact of HIV/AIDS epidemic on social and economic development in Lao PDR.

2 PRIORITY AREAS:

Based on the epidemiological information and the review of the 2002-2005 plan, the following priorities were defined:

1) Reaching full coverage of targeted and comprehensive interventions in prioritized provinces/districts in a phased approach;
2) Establishment of an enabling environment for an expanded response at all levels;
3) Increased data availability to monitor both the epidemic and the response (strategic information);
4) Capacity building of implementing partners at all levels;
5) Effective management, coordination, and monitoring of the expanded response

2.1 Reaching full coverage of targeted and comprehensive interventions in prioritized provinces/districts in a phased approach

2.1.1 Coverage

In order to impact on the epidemic, high coverage, both in terms of quantity and quality, has to be achieved. As regards quantity, this strategy defines a reach of 90% as full coverage. More importantly, international evidence shows that the quality of interventions play a crucial role as regards behaviour change. Recognizing that e.g. STI treatment for sex workers without condom provision and behaviour change interventions will have only very little impact, “essential elements” were defined in order to ensure that the will, the access, and the maintenance of behaviour change is assured, and impact is achieved. In other words, the aim of this strategy and operational framework is to make sure that the full set of defined essential elements of an intervention is provided.

The following table summarizes and defines essential elements for targeted interventions in this strategy:

<table>
<thead>
<tr>
<th>Essential Element</th>
<th>Means of Delivery</th>
<th>Expected output</th>
</tr>
</thead>
</table>
| **Behaviour Change Interventions:** | The mode of delivery of BCI varies according to the type of population; the more marginalised, the more limited mass education and group education becomes. To compensate for this peer | • Increase knowledge and awareness  
• Promote safe sexual and occupational behaviour as “group norm” or “value”  
• Re-infuse the messages through peer-examples, |

3 “Reach” is the number of people reached with an intervention, but does not imply that all people reached will change their behaviour. In order to achieve behaviour change in 60 to 70% of people, a 90% reach is assumed to be necessary.
<table>
<thead>
<tr>
<th>Education and its frequency increases.</th>
<th>Frequent face-to-face intervention, IEC material</th>
<th>Reference to other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer Education;</td>
<td>• Peer Education;</td>
<td>• Peer Education;</td>
</tr>
<tr>
<td>• Outreach with peer-education;</td>
<td>• Outreach with peer-education;</td>
<td>• Outreach with peer-education;</td>
</tr>
<tr>
<td>• Drop-in centres</td>
<td>• Drop-in centres</td>
<td>• Drop-in centres</td>
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<tr>
<td><strong>Condoms</strong></td>
<td><strong>Condoms</strong></td>
<td><strong>Condoms</strong></td>
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<tr>
<td>• Condom provision: through outreach, DIC</td>
<td>• Condom provision: through outreach, DIC</td>
<td>• Condom provision: through outreach, DIC</td>
</tr>
<tr>
<td>• Social marketing including non-traditional outlets (mamasans, bars, beer-lao, etc.)</td>
<td>• Social marketing including non-traditional outlets (mamasans, bars, beer-lao, etc.)</td>
<td>• Social marketing including non-traditional outlets (mamasans, bars, beer-lao, etc.)</td>
</tr>
<tr>
<td>• 100% condom use promotion</td>
<td>• 100% condom use promotion</td>
<td>• 100% condom use promotion</td>
</tr>
<tr>
<td><strong>STI Services</strong></td>
<td><strong>STI Services</strong></td>
<td><strong>STI Services</strong></td>
</tr>
<tr>
<td>• Mainstream clinics (referral)</td>
<td>• Mainstream clinics (referral)</td>
<td>• Mainstream clinics (referral)</td>
</tr>
<tr>
<td>• Tailored STI services, i.e. in DIC, self-run clinics</td>
<td>• Tailored STI services, i.e. in DIC, self-run clinics</td>
<td>• Tailored STI services, i.e. in DIC, self-run clinics</td>
</tr>
<tr>
<td>• Private sector</td>
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<tr>
<td><strong>VCT</strong></td>
<td><strong>VCT</strong></td>
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<tr>
<td>• Mainstream centres</td>
<td>• Mainstream centres</td>
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<tr>
<td>• Tailored services, i.e. DIC</td>
<td>• Tailored services, i.e. DIC</td>
<td>• Tailored services, i.e. DIC</td>
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<tr>
<td><strong>Enabling environment</strong></td>
<td><strong>Enabling environment</strong></td>
<td><strong>Enabling environment</strong></td>
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<tr>
<td>• Reaching out to local decision-makers, law and order personnel, and communities to strengthen and support community-based interventions</td>
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<td>• Reaching out to local decision-makers, law and order personnel, and communities to strengthen and support community-based interventions</td>
</tr>
<tr>
<td>• Mobilize local support and cooperation in local communities regarding HIV/AIDS interventions and vulnerable groups</td>
<td>• Mobilize local support and cooperation in local communities regarding HIV/AIDS interventions and vulnerable groups</td>
<td>• Mobilize local support and cooperation in local communities regarding HIV/AIDS interventions and vulnerable groups</td>
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<td><strong>Awareness</strong></td>
<td><strong>Awareness</strong></td>
<td><strong>Awareness</strong></td>
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<td>• IEC</td>
<td>• Correct knowledge</td>
<td>• Correct knowledge</td>
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<td>• Mass media</td>
<td>• Mass media</td>
<td>• Mass media</td>
</tr>
<tr>
<td>• Non-traditional media like shows, theatre, sport events, community discussions, etc.</td>
<td>• Non-traditional media like shows, theatre, sport events, community discussions, etc.</td>
<td>• Non-traditional media like shows, theatre, sport events, community discussions, etc.</td>
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<tr>
<td>• Pre-departure package (migrants)</td>
<td>• Pre-departure package (migrants)</td>
<td>• Pre-departure package (migrants)</td>
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<tr>
<td>• Mass orientation sessions (lectures)</td>
<td>• Mass orientation sessions (lectures)</td>
<td>• Mass orientation sessions (lectures)</td>
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### 2.1.2 Groups most at risk (vulnerable groups)

This strategy defines vulnerable groups as those whose lifestyles, social or professional context and behaviour make them most vulnerable to HIV/AIDS. Although a number of groups and communities in the Lao PDR have to be considered as “vulnerable”, the groups identified as a possible nucleus for a generalized epidemic (because of their size, HIV sero-prevalence and multiple interfaces to the general population) are SWs and their clients; mobile populations; drug users; men who have sex with men; and vulnerable Youth.

### 2.1.3 Comprehensiveness
Recognizing that the biggest impact on the epidemic will be achieved through an expanded coverage of prevention and care interventions, the strategy aims at providing a balanced mix of prevention and care in the selected priority provinces and districts. This means that additional to targeted interventions for the groups most at risk, ideally it would also include interventions targeting vulnerable Youth, workers and communities, provision of VCT, and essential care and support services including antiretroviral therapy.

### 2.1.4 Geographic location and phased approach

In order to maximize the use of limited resources and to ensure the coverage needed to impact on the epidemic, a vulnerability assessment was carried out. As the main determinants of the epidemic were identified (heterosexual transmission primarily through clients of sex worker, sex worker and mobile groups), the following criteria were used to identify provinces and districts for a first phase of an expanded response:

- Population density
- Provinces with high prevalence of HIV
- Provinces and districts at main communication routes
- Provinces and districts with planned big infrastructure projects
- Number of entertainment sites per location
- Provinces and districts with high mobility

The provinces and districts were then divided into those in which comprehensive interventions will be scaled-up in the first 2 years, and provinces and districts, which, depending on programme progress and need, will be targeted at a later stage.

<table>
<thead>
<tr>
<th>No</th>
<th>Province</th>
<th>Total districts</th>
<th>No. selected districts</th>
<th>Target districts</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Vientiane Capital</td>
<td>9</td>
<td>6</td>
<td>Sikhottabong, Chanthabouly, Sisattanak, Hadxayphong, Xaysettha, Xaythany,</td>
<td>Business centre, Entertainment, high mobility</td>
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<tr>
<td>2</td>
<td>Savannakhet</td>
<td>15</td>
<td>10</td>
<td>Khanthabouly, Sepon, Phin, Outhoumphone, Songkhone, Champone, Xonbouly, Xaybouly, Atsaphone, Thaphalanexay</td>
<td>High mobility, business centre, entertainment, Cross-road (Thailand-Vietnam)</td>
</tr>
<tr>
<td>3</td>
<td>Khammouane</td>
<td>9</td>
<td>6</td>
<td>Thakhek, Nongbok,</td>
<td>High mobility,</td>
</tr>
</tbody>
</table>
In the remaining 7 provinces and 95 districts, a minimum package of awareness raising activities (including mass media), integration of HIV/AIDS into other ongoing programmes, and condom social marketing will be provided.

### 2.2 Establishment of an enabling environment for an expanded response at all levels

The strategy tries throughout to address the issue of commitment, leadership, enabling environment at all levels, and local ownership. It seeks to increase the understanding of decision-makers and communities, especially as regards the most vulnerable groups, and to actively involve them in the response. In doing so, a broader base of commitment will be established and ultimately facilitate the implementation of the strategy. Evidence based information will be used to facilitate the needed political and local environment, and to provide, if needed, the legal framework for action.

### 2.3 Increased data availability to monitor both the epidemic and the response (strategic information)

The strategy addresses the need for quality strategic information through a prioritized and coordinated research agenda, improved second generation surveillance, improved data analysis and dissemination, and the establishment of a response database.
national monitoring and evaluation framework will further facilitate the assessment of progress and constraints.

2.4 Capacity building of implementing partners at all levels

Strengthening the implementation capacity is seen as a priority area in the new strategy. In order to both expand the number of implementing partners and to improve quality and coverage, the strategy provides for financial resources to procure technical assistance, for training activities, and exchange of knowledge and experience.

2.5 Effective management, coordination, and monitoring of the expanded response

The challenge of future management and implementation structures will be to:

- Support and strengthen the leading role of government, and the MoH as the technical line ministry, as regards: policy and strategy; monitoring and evaluation, including quality assurance and quality control; epidemiology and surveillance; involvement of other government structures, e.g. other line ministries, and coordination;
- Provide the flexibility, accountability and results oriented management of a larger programme at the central and the decentralized level;
- Establish new partnerships at all levels to fight the epidemic;
- Support decentralization and integration at the community level;
- Increase responsiveness; and,
- Provide the basis for sustainability through the involvement of the private sector and civil society.

The shift from individually funded “projects” to a “programme”, from outputs to results orientation, from donor interest to national priorities, from capacity building of central structures to strengthening of implementation capacity, and from a health sector response to a multi-sector approach will require time and resources. This is, however, the precondition for an effective and efficient national response.

3 Strategic Components:

The strategy identifies the following strategic components:

I. Targeted prevention for vulnerable groups
II. Care and Support
III. Policy, Legal reform and Advocacy
IV. Surveillance and Research
V. Programme Management

3.1 Targeted Prevention for vulnerable groups

3.1.1 Sex Workers and their Clients

3.1.1.1 Key Issues and Challenges

- HIV sero-prevalence among sex workers has increased from less than 1% in 2001 to 3-4% in some provinces in 2004
- STI rate among sex workers and their clients remains high
- The number of sex workers and their clients is increasing
- Partly low levels of knowledge on HIV/AIDS/STI among sex workers
• High mobility and turnover of sex workers
• Low consistent use of condom among sex workers and their clients
• Alcohol plays a significant, and drugs a growing role in interactions between sex workers and their clients, increasing unsafe sex practices
• Low coverage of comprehensive response

3.1.1.2 Expected Outcome by 2010

➢ Consistent condom used in 80% of sexual interactions between female sex workers and their clients
➢ HIV prevalence among sex workers remains below 1%
➢ STI prevalence among sex workers is reduced to 50% from the 2004 rate

3.1.1.3 Strategies

3.1.1.3.1 Creating a supportive environment for behaviour change among SWs and their clients.
• Increasing awareness among decision-makers of the risks confronting SWs and clients and the factors impacting on efforts to reduce these risks.
• Enhancing collaborative relations with the police, local authorities/communities to support prevention interventions among SWs and their clients.

3.1.1.3.2 Ensuring that SWs and their clients have correct knowledge on HIV and STIs and have the motivation, power and means to act on their knowledge.
• Strengthening capacity of SWs through capacity building, training, and networking and promote SWs' participation in planning and implementation of programmes targeting them.
• Full coverage of sex workers with defined essential elements in the prioritized provinces, including free condom provision for sex workers
• Involving the owners of entertainment venues and mamasans in the delivery of services aiming at a “no condom, no sex” policy.
• Scaling up of behaviour change interventions and other essential elements targeting selected client groups
• Promoting “100% condom use”, including social marketing programmes through non-traditional outlets.
• Integrate client specific interventions in all major infrastructure projects, and along main communication routes.

3.1.1.3.3 Ensuring sensitive quality services for sex workers and their clients
• Expanding the network of STI service delivery by training of private clinics and pharmacies on syndromic case management and strengthening referral systems.
• Expanding and improving adequate friendly, confidential and culture sensitive public STI services for SWs and their clients, including: syndromic case management; counselling and condom promotion.
• Establishing and strengthening VCT services and referral systems in prioritised locations.

3.1.1.3.4 Improving knowledge about behaviour, practice and networks of sex workers and their clients in order to monitor effectiveness of existing interventions and to guide development/modification of potential interventions.
• Sustaining and expanding behavioural surveillance systems (including clients of SWs).
• Developing and maintaining a database of interventions with SWs and clients including relevant activities and research reports.
• Conducting a qualitative research about SWs and their clients’ behaviour determinants.

3.1.2 Mobile Population/Migrant Workers and Families

3.1.2.1 Key Issues and Challenges
• Mobility in Lao PDR has complex causes, ranging from poverty to resettlement programmes, socio-economic development including industrialization and modernization, tourism and higher education.
• Part of migration happens illegally.
• Around 180,000 Lao nationals are registered migrants in Thailand, and around 7% of the total population of three big provinces in the South work as migrant workers in Thailand.
• Many mobile men are potential clients of sex workers, but do not consider themselves being at risk of HIV/AIDS/STI.
• Consumption of commercial sex is known to happen among mobile men such as government officials and businessmen, truck drivers, electricity workers, police and military.
• Textile industry attracts young women from the rural areas to migrate to urban cities. Some of them are vulnerable to sexual exploitation or sex work.
• Human trafficking and its linkages to HIV/AIDS is an issue of concern in South East Asia, including Lao PDR.
• The number of construction workers and businessmen from neighbouring countries is increasing.
• More than half of the known PLWHA were either migrant workers or farmers working outside of the country, especially in Thailand, and/or their partners.

3.1.2.2 Expected Outcome by 2010
• 5% of mobile men and their partners use VCT/STI services
• Condom use among targeted mobile men within the Lao PDR will increase from 55% (2004) to 75%
• STI prevalence among targeted mobile men will be reduced 50% from the 2004 rate
• HIV prevalence among truck drivers and military will remain below 1%

3.1.2.3 Strategies

3.1.2.3.1 Increased understanding of contextual factors and risk behaviour which contributes to the vulnerability of mobile populations and their families as regards STIs and HIV/AIDS.
• A coordinated approach to study mobility patterns, vulnerability, and contextual factors which increase risk behaviour.
• Behavioural and serological surveillance among labour migrants and their partners.

4 ILO-IPEC/TICW, Ministry of Labour, Thailand 2005
5 ILO-IPEC/TICW/National Statistics Centre 2003
6 Second Round of the National Surveillance, 2005
7 HIV/AIDS Case Reports, the NCCAB
3.1.2.4 Reducing the vulnerability of mobile populations and their families to STIs and HIV/AIDS.

- Awareness raising campaigns which reach mobile populations and their families both in rural and urban areas
- Pre-departure and post-arrival information and counselling services at prioritised border crossing locations.
- Behaviour Change Interventions
- Social marketing of condoms
- Adequate public friendly and confidential STI services for mobile populations and their families
- Establishing and strengthening VCT services and referral systems.
- Building capacity of local authorities and communities to identify and to address needs of mobile populations and their families, with special focus on empowerment of women.
- Advocating for programmes to increase the legal protection, capacity and skills of labour migrants.

3.1.2.5 Increasing responsiveness to the needs of migrants and their families

- Integrating HIV/AIDS/STI prevention into infrastructure projects
- Increasing bilateral cooperation with neighbouring countries as regards programmes focusing on labour migrants, including trafficking.
- Strengthening cooperation between the national HIV/AIDS and trafficking programmes.

3.1.3 Young People

3.1.3.1 Key Issues and Challenges

- Young people under 20 years of age comprise about 54% of Lao population
- Socio-economic development has led to a rapid change of young people’s lifestyle and sexual behaviour.
- Social taboos prevent parents to talk with their children about sex. Young people seek information about sex either from their peers (which is often not correct) or in entertainment sites and Internet.
- Shortage of funds to expand programmes (producing training material, training teachers) targeting in-school youth.
- Use of recreational drug use among youth is rapidly expanding. Amphetamine Type Stimulants (ATS) are at present the drug of choice, but increase of injecting drug use is anticipated. Alcohol use among youth is also very common
- An increasing number of young women enter entertainment/sex work.
- An increasing number of young people become mobile every year. Low HIV/AIDS knowledge levels and peer-pressure increase their vulnerability towards HIV/AIDS

3.1.3.2 Expected Outcome by 2010

- 30% of primary (grade 5) and secondary schools nationwide implement RH/HIV/AIDS/STI education and drug awareness activities
- 40% of out-of school youth in the prioritized provinces are reached by awareness raising campaigns
- 4% of all out-of school youth in prioritized provinces will be reached with peer education, IEC material and condom promotion, STI and VCT services and referral and counselling
3.1.3.3 Strategies

3.1.3.3.1 Creating a supportive environment for behaviour change among young people by increasing the understanding among decision makers at all levels and communities about young people's needs and behavioural patterns.
   - Advocating for the needs and rights of young people among policy makers, decision-makers, families and communities.

3.1.3.3.2 Empowering young people with the knowledge and life skills to avoid HIV/AIDS/STI and drug abuse.
   - Use of mass and non-traditional media to promote safe sexual norms and healthy behaviour among young people including the options of consistent condom use, abstinence and delayed sexual activity.
   - Empowering young people, particularly girls, in decision making as regards their sexual and reproductive life through a life skills approach.
   - Expanding quality behaviour change programmes for young people by building capacity of implementing partners, especially teachers.
   - Expanding social marketing of condoms.

3.1.3.3.3 Increasing the accessibility and availability of youth-friendly and gender-sensitive services with an emphasis on information about reproductive health and sexuality.
   - Strengthening the capacity of young people to become equal partners in the design and implementation of services for young people.
   - Strengthening the capacity of government, mass organisations and private sector to provide services for young people in ways sensitive to their needs, particularly in the areas of counselling, reproductive health and STI treatment.
   - Establishing youth friendly service and information centres tailored to young peoples needs.
   - Telephone hotline in selected provinces.

3.1.3.3.4 Enhancing young people's knowledge about HIV/AIDS and methods of prevention.
   - Disseminating and updating an age-appropriate life skills curriculum, including basic information about HIV/AIDS and sex education and drugs.
   - Including basic information on HIV/AIDS, reproductive health and drug issues in the teacher’s preservice and inservice training and strengthening the capacity of teachers to deliver this information in an effective way.
   - Strengthening coordination and cooperation between key stakeholders in educational settings under the leadership of the Ministry of Education.
   - Incorporating HIV/AIDS/STI/drugs into the curriculum of vocational schools and Non-Formal Education.

3.1.4 Men who have sex with men (MSM)

3.1.4.1 Key issues and challenge
   - Lack of information on MSM lifestyle and their situation and role in the Lao society. Lack of information on behaviour and practices among MSM as regard to sexuality and HIV/AIDS vulnerability.
   - Many men who engage in casual sex with other men neither have knowledge of nor practice safe sexual behaviours when having sex with their male partners.
   - Many MSM are also married and may therefore put their spouses at higher risk of being infected with HIV or STIs.
A considerable number of young Lao men had sex with another man at least once in their life. Only about 60% of transgender (Kathoy) used a condom during their last sex act with a casual partner. A number of Kathoy and MSM engage in male to male sex work.

3.1.4.2 Expected Outcome by 2010
- 70% of male sex workers in selected locations use condoms consistently
- 80% of Kathoy in selected locations use condoms consistently
- Evidence based information on MSM and Kathoy is available and programmatically used

3.1.4.3 Strategies

3.1.4.3.1 Creating a supportive environment for MSM/MSW and Kathoy to address their own needs.
- Qualitative and quantitative studies with full participation of the target group.
- Increasing awareness among decision-makers of the existence and life situation of MSM/MSW/Kathoy and their risks in relation to HIV/STI.
- Reducing public discrimination against MSM through awareness-raising activities.
- Reviewing and revising the National Policy on HIV/AIDS/STI as regards to MSM and Kathoy.

3.1.4.3.2 Identifying and addressing the specific needs of MSM/MSW and Kathoy and preventing the spread of HIV/AIDS/STI among these groups.
- Establishing pilot projects in key locations to address the needs of MSM/MSW and Kathoy and to prevent HIV/AIDS/STI.
- Expansion of prevention and care activities after pilot review.

3.1.5 Drug Users

3.1.5.1 Key Issues and Challenges
- Rapidly increasing drug use (mainly Amphetamines Type Substance - ATS) all over the country and in all strata of the society.
- The First Round of the National Surveillance in 2001 did not identify a single person injecting drugs, but according to the Second Round in 2004, there is an alarming trend of injecting drug use in many groups, especially among sex workers.
- Alcohol consumption is growing in the Lao society. A clear correlation was shown between men’s alcohol consumption and their willingness to buy sex. Under the influence of alcohol men and sex workers are less likely to use condoms.

3.1.5.2 Expected Outcome by 2010
- At least 70% of injecting drug users will use sterile injecting techniques
- At least 40% of drug users will be reached with behaviour change interventions and counselling
- Evidence based information on drug use available and programmatically used

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8 Study on young male sexual behaviour in Vientiane Capital, Burnet Institute, 2004
9 KAP survey related to HIV/AIDS/STI among transgender and their partners in 3 large provinces, PSI, 2004
10 The Review of the National HIV/AIDS Programme, NCCAB, December 2004
3.1.5.3 Strategies

3.1.5.3.1 Creating supportive environment for the implementation of effective harm reduction programmes\(^{11}\) for drug users (including IDUs) and their families.

- Improving the understanding of authorities and communities about the behaviour of drug users, about their vulnerability to HIV and STIs and about the importance of harm reduction, rehabilitation and psychosocial support interventions through evidence based information.
- Reviewing and updating the National Policy on HIV/AIDS/STI, reflecting potential changes in drug use in the Lao PDR.
- Ensuring that the legal and policy framework is conducive for implementation and scaling up of harm reduction, rehabilitation and psychosocial support activities.
- Increasing collaboration between relevant ministries on drug prevention, harm reduction and rehabilitation programmes.
- Increasing cooperation between regional drug related programmes.

3.1.5.3.2 Providing drug users with knowledge, power and means to protect themselves from the harmful consequences of drug use.

- Building capacity for the establishment of comprehensive and multisectoral harm reduction and rehabilitation programmes including drug substitution therapy
- Expanding pilot projects in key locations to address the needs of drug users and their families and to prevent HIV/AIDS/STI transmission. Behaviour change interventions will focus on safe sexual behaviour, safe injecting, and preventing drug users to switch to injecting drug use.
- Ensuring that drug users themselves are involved in planning and implementation of prevention and rehabilitation activities.

3.1.6 Ethnic Minorities

3.1.6.1 Key Issues and Challenges

- Lao PDR has 49 officially recognized ethnic groups, which have their own customs and languages.
- Many ethnic groups live in remote areas and have limited access to information, proper education and health care.
- For ethnic groups other than Lao the fact that literacy and education is based on the official Lao language (and not their own ethnic languages) poses a challenge in HIV prevention (IEC and mass media).
- Knowledge on HIV/AIDS/STI among many ethnic groups is low.
- A big part of ethnic minorities live in poverty. There are increasing trends to move to urban centres and because of low knowledge levels vulnerability towards HIV/AIDS is increased.
- Multi-partner sex is regarded as a social norm within some ethnic groups. HIV/STI can spread rapidly within these populations if they do not have access to information and means to protect themselves.

3.1.6.2 Expected Outcome by 2010

- 40% of ethnic groups in prioritized locations have correct knowledge on HIV/AIDS/STI

\(^{11}\)Harm reduction is defined in this strategy as a set of measures which refer to drug prevention, rehabilitation and treatment, and the implementation of peer outreach to drug users, sterile needle and syringe programmes for IDUs, VCT, BCI and STI treatment.
3.1.6.3 Strategies

3.1.6.3.1 Providing members of ethnic minorities with knowledge, and means to protect themselves from HIV/AIDS/STI.
- IEC and mass media campaigns that take account of local circumstances, ethics, cultural values and language.
- Condom social marketing among selected ethnic groups.

3.1.7 Uniformed Services

3.1.7.1 Key Issues and Challenges
- Police and Military personnel often spend lengthy periods away from their families.
- 32% of police and 19% of military personnel had bought sex during the last 12 months. 51% of military staff and 64% of police reported consistent condom use in commercial sex.

3.1.7.2 Expected Outcome/Impact by 2010
- 90% of military and police in selected provinces have correct knowledge on HIV/AIDS/STI
- 70% of military and police in selected provinces report consistent condom use with casual sex partners.

3.1.7.3 Strategies

3.1.7.3.1 Creating a supportive environment for behaviour change among military and police
- Advocacy targeting decision makers at all levels to increase understanding and support about needs of military and police as regards to HIV/AIDS/STI prevention and care.
- Advocate for and support of non-discriminatory HIV/AIDS work place policies for police and military

3.1.7.3.2 Providing staff of uniformed services with knowledge, power and means to protect themselves from HIV/AIDS/STI.
- Strengthen the capacity of uniformed services to develop and implement their own sectoral programmes on HIV/AIDS.
- Increase the availability and accessibility of condoms and IEC material.
- Peer education, training of trainers (ToT), condom promotion, STI and VCT related services in selected provinces.

3.1.8 Prevention of Mother to Child Transmission (PMCT)

3.1.8.1 Key Issues and Challenges
- At present very low infection rates among pregnant women (estimated <0.02% in 2005)
- Limited access to ANC in general
- HIV/AIDS prevention not well integrated in existing MCH programme (ANC, safe motherhood, Family Planning, and other services)
- Highest number of HIV positive pregnant women expected among sex workers, partners of clients of sex workers and partners of labour migrants

12 Second round surveillance, 2004
3.1.8.2 Expected Outcome by 2010
- HIV/AIDS prevention is fully integrated in MCH programme in hospitals and communities
- At least 3 sites (those that will provide ARV treatment) provide also antiretroviral therapy for PMTCT

3.1.8.3 Strategies

3.1.8.3.1 Integration of prevention activities into MCH programmes
- Review of MCH programmes and strategies
- Development of IEC material
- Training of staff

3.1.8.3.2 ARV for PMTCT
- Development of a standard protocol for PMTCT
- Development of targeted VCT services
- Staff training and establishment of referral systems within ARV roll-out plan

3.1.9 Blood Safety

3.1.9.1 Key Issues and Challenges
- For blood safety, a programme is currently being implemented in Vientiane and in eight provinces with Lao Red Cross as the lead agency. As of 2003, all the blood units supplied to hospitals under the program were tested for HIV 1 &2, HCV, HBs and Syphilis at the central National Blood Transfusion Centre and in the 8 provincial networks.
- Expansion of safe blood services is needed to other provinces
- Voluntary non-remunerated blood donation is limited

3.1.9.2 Expected Outcome/Impact by 2010
- Safe blood services are provided in all provinces

3.1.9.3 Strategies

3.1.9.3.1 Phased infrastructure and human resource development
- Phased infrastructure upgrade of blood transfusion centres
- Training of human resources
- Promoting voluntary non-remunerated blood donation
- Developing operational guidelines on safety of blood and blood products
- Establishing a quality control and assurance system testing of blood for HIV and other blood borne diseases, as well as in a process of blood transfusion services
- Promoting the rational use of blood and blood products

3.1.10 Voluntary Counselling and Testing (VCT)

3.1.10.1 Key Issues and Challenges
- Limited coverage and low quality of VCT services
- Existing VCT services do not cater for special needs of vulnerable groups
- Limited access to health services in general
3.1.10.2 Expected Outcome by 2010

- At least 20 VCT sites in prioritized provinces are operational and providing high quality and confidential services
- In at least 9 provinces VCT referral systems are established for vulnerable groups with special needs
- VCT services are publicised and clearly identified.

3.1.10.3 Strategies

3.1.10.3.1 Phased establishment of a non-discriminatory, accessible, voluntary, confidential HIV testing system with pre- and post-test counselling which is closely linked to other care and support services

- Development of national VCT guidelines, including quality assurance procedures.
- Designing and implementing VCT services based on prioritised needs focusing on vulnerable groups such as sex workers, clients, labour migrants, uniformed services, etc.
- Expanding VCT services based on the prioritised needs of other groups starting with young people.
- Providing public information about the importance of voluntary counselling and testing and the right to confidentiality.
- Linking youth HIV/STI and Lifeskills education to VCT services through referral and promotion.

3.1.11 STI services

3.1.11.1 Key Issues and Challenges

- Staff partly trained but lack of infrastructure, equipment and drugs
- Not all provinces have trained staff

3.1.11.2 Expected Outcome by 2010

- All provinces have at least 1 centre which delivers high quality and confidential STI services

3.1.11.3 Strategies

3.1.11.3.1 Reinforcing STI capacity at decentralized level

- Refresher training for staff
- Improvement of infrastructure and equipment
- QA and QC and reporting systems established
- Drugs are supplied as per need

3.1.12 Condom Programming

3.1.12.1 Key Issues and Challenges

- Expanding the social marketing of condoms to non-traditional outlets
- Increase accessibility, affordability and availability of condoms

3.1.12.2 Expected Outcome by 2010

- 6,000,000 condoms sold per year
- All programmes provide condoms to groups in need
3.1.12.3 Strategies

3.1.12.3.1 Expanding social marketing of condoms
- Expanding condom social marketing through more non-traditional outlets
- Linking condom promotion and demand creation with BCI programmes
- 100% condom use programmes in selected provinces
- Positioning condoms as dual protection

3.1.12.3.2 Condom provision for most vulnerable groups
- Free condoms provided for groups most in need
- Condom provision linked with BCI interventions

3.1.13 Mass Campaigns

3.1.13.1 Key Issues and Challenges
- Low general knowledge on HIV/AIDS/STI
- Hard to reach populations in many provinces and districts

3.1.13.2 Expected Outcome by 2010
- General awareness and knowledge levels increased

3.1.13.3 Strategies

3.1.13.3.1 Development of mass campaign strategy
- Appropriate messages on radio and TV in different ethnic languages
- Development of appropriate IEC material in different languages
- Interactive radio programmes
- Use of non-traditional media and the village broadcast programmes in different ethnic languages

3.2 Care and Support

3.2.1 Key issues and challenges
- The number of adults and children in need of care and support services, including ARV is increasing in the Lao PDR.
- Anti-retroviral (ARV) therapy is only available in Savannakhet Provincial Hospital. There is an urgent need to expand ARV treatment programmes to other parts of the country.
- The capacity of health care providers regarding counselling, care, and treatment of those infected and affected by HIV/AIDS is insufficient.
- Six self-help groups of PLWHA function in the Lao PDR. There is a need to strengthen these groups, encourage establishment of new ones, and strengthen the linkages to both service providers and prevention activities.
- Little support is available to help those caring for people living with HIV/AIDS within families and communities.
- Little support is available to children infected and affected by HIV/AIDS, particularly those who have already lost one or both parents.

3.2.2 Expected Outcome by 2010
- ARV therapy is available in 3 provinces with at least 700 treatment slots for adults and children.
- Home based care and support services established in 3 provinces
• Strong links established between prevention and care programmes
• 3 support centres for adults and children living with HIV/AIDS are established in 3 provinces

3.2.3 Strategies

3.2.3.1 Providing the most cost-effective and accessible combination of care and support for adults and children infected and affected by HIV/AIDS, especially community and home-based care.
• Developing guidelines and information about community and home-based care describing possible roles of the family, community and service providers to provide support to adults and children infected and affected, including palliative care.
• Establishment of support networks of PLWHA at different levels for people infected and affected by HIV/AIDS.
• Promoting government and INGOs programmes at community level in order to inform and motivate communities for home based care and support.
• Ensuring that health care providers (including traditional healers and spiritual healers) have the capacity to provide basic care and counselling services. Priority will be given to the most affected areas.
• Involving spiritual leaders in the support for adults and children living with HIV/AIDS.

3.2.3.2 Ensuring that all adults and children living with HIV/AIDS have access to adequate medical services and treatment.
• Developing a standard treatment guideline for treatment of adults and children living with HIV/AIDS, including ARV treatment and Opportunistic Infection management.
• Ensuring that ARV and drugs to treat opportunistic infections are included in the essential drug list and are available in adult and paediatric formulations.
• Designing and implementing a quality control/assurance system to monitor medical services both in public and private sectors as regards to HIV/AIDS.
• Establishing regional centres at locations that provide equitable access for all people in Lao PDR (North, Central, South). Each of those centres should be able to provide diagnosis, treatment and care for HIV/AIDS and related illnesses in adults and children and for STIs. They should therefore have adequate staffing, laboratory and X-ray facilities.
• Ensuring confidential services at all levels, through training of staff and regular follow-up.

3.2.3.3 Ensuring that all health staff are fully aware of universal precautions and have the skills and means for protection.
• Developing guidelines for universal precautions including recommendations for post exposure prophylaxis.
• Developing and disseminating of IEC materials on universal precautions for health service providers and for the general public on the importance of limiting the number of injections and surgical interventions, and on receiving them only from qualified health care staff with sterile equipment.
• Establishing a mechanism for training all health service providers on universal precautions and giving safe injections.
• Developing HIV/AIDS related medical waste disposal guidelines.
3.3 Policy, Legal Reform and Advocacy

3.3.1 Key Issues and Challenges

- No specific HIV/AIDS legislation
- Policies as regards HIV/AIDS at the workplace or in schools and educational institutions do not exist
- High level commitment needs to be strengthened
- Legal and social environment does not facilitate interventions among certain marginalized groups (i.e. sex workers, drug users)
- Involvement of PLWHA in decision making, programme design, planning and implementation is limited
- Engagement of sectors other than health, civil society and private sector needs to be strengthened
- Local ownership of HIV/AIDS/STI programmes need strengthening

3.3.2 Expected Outcome by 2010

- A workplace policy on HIV/AIDS is in place for the government sectors
- A workplace policy on HIV/AIDS for the private sector is developed and implemented together with the Ministry of Labour, Lao Trade Unions and Employers, and endorsed by private companies
- At least 5 line ministries and mass organizations have developed their sectoral HIV/AIDS plans and are implementing it with an increased proportion of government resources
- NCCA meets at least quarterly
- PLWHA are actively participating and have advisory roles in all HIV/AIDS decision making bodies, including NCCA and CCM
- Supportive policies are in place facilitating interventions focusing on the most vulnerable and marginalized groups

3.3.3 Strategies

3.3.3.1 Strengthen the NCCA as the overall coordinating and decision making body as regards multisectoral cooperation, involvement of other sectors, high level advocacy, and leadership for an expanded response.

- Developing clear terms of reference and workplan for NCCA and its members
- Expanding the membership of the NCCA to private sector, civil society, development partners and PLWHA in a formal or informal way
- Regular meetings of NCCA
- Establishment of technical sub-committees on specific issues (i.e. workplace policies, supportive policies for marginalized groups)
- Development and use of evidence based information on HIV/AIDS related issues targeting high level decision makers
- NCCA invites high level decision makers on specific occasions to participate in meetings
- NCCA disseminates regularly information on HIV/AIDS to line ministries and mass organizations
- NCCA to advocate for a “non-rotation policy” for key management positions in public sectors linked to performance
- Strengthening of NCCAB to fulfil its role
3.3.3.2 Ensuring that all adults and children infected and affected by HIV/AIDS are fully accepted and integrated into normal social, educational and work activities.

- Using of mass media featuring political and religious leaders as well as celebrities to break down the barriers surrounding HIV/AIDS like exclusion, misconceptions and denial.
- Ensuring that legal and policy environment allows adults and children living with HIV/AIDS to attain their full human rights and that there is no barrier to increased acceptance of these people.
- Strengthening the ability of people living with HIV/AIDS to organize themselves, and to effectively voice issues that are of concern to them through: strengthening the National Network of PLWHA, carrying out other programmes for Greater Involvement for PLWHA and providing PLWHA with adequate capacity to contribute.
- Ensuring the full involvement of people living with HIV/AIDS in the decision-making process at all levels of policy and programme development, implementation and monitoring, by promoting establishing enabling environment for their participation at all levels.

3.4 Surveillance and Research

3.4.1 Key Issues and Challenges

- Lack of an overall prioritized research agenda
- Weak research capacity, coordination, analysis and data usage
- Data gaps for specific groups (i.e. labour migrants, MSM, children)
- 2nd generation surveillance was implemented, but needs modifications and strengthening of capacities
- Weak HIV/AIDS reporting system

3.4.2 Expected Outcome by 2010

- High quality strategic information is available and used
- An effective 2nd generation surveillance system is established and implemented
- Research is coordinated and prioritized
- An expanded knowledge base on behavioural and contextual factors contributing to vulnerability towards HIV/AIDS

3.4.3 Strategies

3.4.3.1 Establishment of dedicated research and surveillance capacity in the NAC

- Strengthen human capacity for surveillance and research
- Establish dedicated mechanism for coordination of HIV/AIDS related research
- Review and establish decentralized surveillance and research capacity in prioritized locations
- Ensure that all research is reviewed by a technical advisory group as regards relevance (priorities, duplications) and methodology
- Review the national protocol for 2nd generation surveillance and case reporting (groups, locations, frequency and methodology)
- Develop appropriate feed-back and dissemination mechanisms (resource centre)
3.5 Programme Management

3.5.1 Key Issues and Challenges

- Policy, planning, and M&E capacity need strengthening
- Change from individually funded projects to a programme approach with increasingly pooled resources
- Decentralized management and coordination structures (PCCAs, etc.) often weak and not functioning
- Weak implementation capacity for HIV/AIDS/STI at all levels
- Internal management resources for HIV/AIDS/STI prevention and care are scarce.
- No overall M&E system, unclear responsibilities as regards monitoring and evaluation

3.5.2 Expected Outcome by 2010

- A strong overall management structure exists to guide and coordinate an expanded response to HIV/AIDS
- Appropriate fund-flow mechanisms are established to effectively resource an expanded response
- Prioritized decentralized management and coordination structures are established and functioning
- Implementation meets targets and results (both in terms of quality and quantity)
- A national M&E system is functioning
- Human resource needs identified and key positions filled

3.5.3 Strategies

3.5.3.1 Clarify roles, responsibilities, accountability, reporting lines and decision making authority for all key management structures

- Terms of Reference and linkages for NCCAB, CHAS, PCCAs, focal points of line ministries, sectoral HIV/AIDS management, etc.
- Strengthening inter-agency coordination and collaboration

3.5.3.2 Address capacity gaps in management, policy, planning and monitoring

- Develop technical assistance plan to strengthen identified needed capacities
- Identify key areas for capacity building at all levels, develop clear criteria for selection of staff to be trained, and develop appropriate incentive/reward systems

3.5.3.3 Focus on prioritized capacity building of implementing partners

- Capacity building of implementing partners is aligned with priorities of the operational plan
- Develop and implement a capacity appraisal system for implementing partners who are resourced through the operational plan
- Develop clear criteria and an overall technical assistance plan to strengthen implementation capacity of partners, including government and private sectors, and civil society organisations.
- Develop and strengthen results based management for implementing partners and link to resource flow

3.5.3.4 Develop appropriate resource mobilization and fund-flow mechanisms

- Use the costed operational framework for resource mobilization
- Increased programme funding of the operational plan, based on transparent and effective accountability structures
• Identify and develop the most appropriate fund-flow mechanisms for a programme approach

3.5.3.5 **Strengthen a decentralized response to the epidemic**

• Ensure that provincial and district authorities are held responsible for developing and monitoring HIV/AIDS strategies as an integral part of their respective provincial and district development plans, starting with prioritized provinces and districts
• Technically support and facilitate the participatory development of prioritized provincial and district strategies
• Ensure direct resource flow for approved provincial and district strategies is conditional to adequate and functioning local management and monitoring mechanisms

3.5.3.6 **Establishment and implementation of a National Monitoring & Evaluation System for HIV/AIDS/STI**

• Establishment of a M&E capacity as integral part of the overall management of the operational plan
• Develop yearly M&E plans which are coordinated and synchronized with surveillance and research
• Strengthen capacity at all levels to implement M&E activities
• Ensure that the yearly operational plans are based on M&E results
• Develop and maintain a result oriented response information system

4 **Action Plan 2006-2010**

Goal: To maintain the present low level of HIV/AIDS in the general population

Objective: To scale up the national response in order to timely prevent and minimize the impact of HIV/AIDS epidemic on social and economic development in Lao PDR.