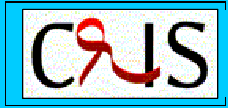
UNGASS Country Report



Lao People's Democratic Republic

National Committee for the Control of AIDS

Reporting Period:
January 2006 – December 2007

Status at a glance

Inclusiveness of the stakeholders in report writing process

The process of preparing the Lao PDR UNGASS country progress report 2008 began in early December 2007. Following recommendations of UNAIDS, and based on the Guideline of UNAIDS on Monitoring the Declaration of Commitment on HIV/AIDS for 2008, the Center for HIV/AIDS/STI (CHAS) in collaboration with UNAIDS, and external consultants prepared a roadmap and the tools for data collection. CHAS hired a local consultant and started data collection by sending NCPI part B to 37 different partners, including UN Agencies, Bilateral/ Multilateral Agencies, INGOs, and local NGOs/civil society (including PLWH groups). National staff was trained on CRIS UNGASS data entry. Inputs were received from 14 organizations. At the same time, data analysis for the UNGASS indicators was done in cooperation with concerned partners. On 22nd of January 2008, the draft UNGASS country data report was sent to all stake holders for review and comments, and a full day consultation meeting took place on 25th January 2008. The meeting was attended by 36 representatives from government, national and international organizations, and PLWHA. After the consultation meeting, the report was finalized and submitted to Minister of Health (Chair of the National Committee for the Control of AIDS) for comments and endorsement. The final report was sent to UNAIDS, Geneva on 1st of February 2008.

Status of the epidemic

Overall, the Lao PDR shows still a low HIV prevalence of 0.1%[1]. But there is evidence of an expanding epidemic among the most vulnerable groups, especially sex workers and their clients and men who have sex with men. Recent data also point to the vulnerability of migrants and other mobile groups. Along with a rapid socio-economic development in the country (such as increased infrastructure development, tourism, trade and industry), and the transformation of Laos from a “landlocked” to a “land linked” country, both the vulnerability of people and the entertainment industry including hotels, guesthouses, restaurants, night clubs and beer shops have increased significantly. As a very recent phenomenon, injecting drug use seems to be increasing[2], and there is growing concern about an acceleration of the epidemic through drug use and changing sexual behaviour (i.e. increasing commercial sex).

Policy and programmatic response

Lao PDR started early to address the specific needs of vulnerable groups and has set clearly defined targets in its National Strategy and Action Plan 2006-2010 to scale up towards universal access. Expansion of targetted interventions (SW, clients and MSM) and treatment, care and support services are a high priority, and the National Strategy and Action plan serves as the overall framework for interventions addressing the AIDS epidemic in Laos.

UNGASS indicator in an overview table

[1] Country Fact Sheet 2006, UNAIDS

[2] LCDC – mini Dublin meeting 2007

Lao PDR reports on 13 indicators out of the 25 indicators (including NASA, NCPI, national programme indicators, knowledge and behaviour indicators, and impact indicators.

UNGASS Summary Report – Lao People's Democratic Republic

Code	Indicator	Status	
Government HIV and AIDS Policies			
1	AIDS Spending	Completed	USD 10499202.00
National Programme Indicators			
3	Blood Safety	Completed	100.00%
4	HIV Treatment: Antiretroviral Therapy - 2006	Completed	55.70%
4	HIV Treatment: Antiretroviral Therapy - 2007	Completed	59.22%
5	Prevention of Mother-to-Child Transmission - 2006	Completed	10.91%
5	Prevention of Mother-to-Child Transmission - 2007	Completed	6.81%
6	Co-Management of Tuberculosis and HIV Treatment	Completed	No data available
7	HIV Testing in the General Population	Completed	No data available
8	HIV Testing in Most-at-Risk Populations - Sex Workers	Completed	No data available
8	HIV Testing in Most-at-Risk Populations - Men Who have Sex with Men	Completed	4.81%
8	HIV Testing in Most-at-Risk Populations - Injecting Drug Users	Completed	No data available
9	Most-at-risk Populations: Prevention Programmes - Sex Workers	Completed	No data available
9	Most-at-risk Populations: Prevention Programmes - Men Who have Sex with Men	Completed	Missing
9	Most-at-risk Populations: Prevention Programmes - Injecting Drug Users	Completed	No data available
10	Support for Children Affected by HIV and AIDS	Completed	Not relevant
11	Life Skills-based HIV Education in Schools	Completed	70.56%
11	Life Skills-based HIV Education in Schools	Completed	32.30%
11	Life Skills-based HIV Education in Schools	Completed	24.17%
Knowledge and Behaviour Indicators			
12	Orphans: School Attendance	Completed	No data available
13	Young People: Knowledge about HIV Prevention	Completed	Missing
14	Most-at-risk Populations: Knowledge about HIV Prevention - Sex Workers	Completed	No data available
14	Most-at-risk Populations: Knowledge about HIV Prevention - Men Who have Sex with Men	Completed	30.56%
14	Most-at-risk Populations: Knowledge about HIV Prevention - Injecting Drug Users	Completed	No data available
15	Sex Before the Age of 15	Completed	No data available
16	Higher-risk Sex	Completed	No data available
17	Condom Use During Higher-risk Sex	Completed	No data available
18	Sex Workers: Condom Use	Completed	No data available
19	Men Who Have Sex with Men: Condom Use	Completed	24.15%
20	Injecting Drug Users: Condom Use	Completed	Not relevant
21	Injecting Drug Users: Safe Injecting Practices	Completed	Not relevant
Impact Indicators			
22	Reduction in HIV Prevalence	Completed	Not relevant
23	Most-at-risk Populations: Reduction in HIV Prevalence - Sex Workers	Completed	No data available
23	Most-at-risk Populations: Reduction in HIV Prevalence - Men Who have Sex with Men	Completed	5.56%
23	Most-at-risk Populations: Reduction in HIV Prevalence - Injecting Drug Users	Completed	No data available
24	HIV Treatment: Survival After 12 Months on Antiretroviral Therapy	Completed	90.08%

Overview of the AIDS epidemic

By June 2007, the official cumulative number of HIV infected notification was 2,400, of whom 1,523 were known to be AIDS cases and 775 had already died. 58% of reported HIV cases were male and 42% female. More than 50% of those infected are between 20 and 39 years old. The major mode of transmission of HIV infection in Lao PDR is through heterosexual intercourse (85%).

While the officially reported HIV cases show an expected “underreporting” bias, one fact is remarkable: the number of reported AIDS cases and AIDS deaths is much higher than the estimated number of AIDS based on a prevalence of 0.1%. This suggests that either a group with a relatively high HIV prevalence was not captured in the second round of surveillance (2004), and/or that the spread of HIV/AIDS in the Lao PDR started much earlier than assumed. The latter possibility could be accounted for by labour migrants to neighbouring country, who may have brought HIV to the Lao PDR in the early 90s. An analysis of all available data from surveillance, blood transfusion services, ARV treatment data, HIV/TB co-infection and size estimations was done and proposed the following explanation:

The most likely scenario is that of 2 independent epidemics in Lao PDR. A “first wave”, starting in the early to mid-1990’s, had Lao labour migrants coming back infected with HIV. The assumption is that these migrants then had only very little multi-partner behaviour in Laos (coming from rural areas with a high degree of social control), and infected maybe their spouses. This shows also in the recent testing records of Savannakhet (one site in Laos providing ART) where more than half of all people testing positive for HIV were AIDS cases in a very late stage (CD4 well below 200). Parallel to this “1st epidemic”, another one developed driven by multi-partner client-sex worker behaviour. This is the epidemic captured in the surveillance data 2004/5. A BSS/HSS among labour migrants in 2006 (8 provinces) revealed an HIV sero-prevalence of 0.7% - but – the sampling was targeting recently returned migrants and seasonal workers. This would mean that more people are living with HIV in Lao PDR then the estimate based on the surveillance data.

Although HIV prevalence remains very low in the surveyed male population who are considered as potential clients of sex workers, HIV sero-prevalence among sex workers had increased from 0.9% in 2001 to 2.02% in 2004[3]. Of these, the prevalence has reached 3.3% and 4% in some provinces. Unfortunately, no updated data on prevalence of sex workers and their clients is available since the last UNGASS report to monitor the trend of HIV infection among these groups during this reporting period. The 3rd round of the national surveillance among these groups is currently being implemented. It is expected that the results will be available in April 2008.

A recent survey among men who have sex with men in Vientiane Capital[4] showed that 30 out of 540 men (5.6%) tested positive for HIV, of whom 43% were men who had also a female sex partner in the last 3 months. Many of the men who participated in this survey had sexual experiences with both men and women. Even though 85% of men knew that unprotected sex is a high risk behavior, only 24.2% of them have always used condoms with non-regular partners in the last 3 months.

[3] Centre for HIV/AIDS/STI: Second Generation surveillance round 1 and 2.
[4] Draft report on aassessment of HIV infection and risk behavior among population of men who have sex with men in Vientiane capital, Lao PDR, 2007.

The main determinants of HIV transmission in Lao PDR are increasing numbers of sex workers and clients, MSM, high prevalence of STIs, and increasing behaviours that are likely to involve HIV transmission such as increased number of multiple sexual partners, low condom use, and poor health seeking behaviour. As a recent phenomenon, injecting drug use is increasing and there is growing concern that injecting drug use may further accelerate the epidemic in Lao PDR.

As reiterated in several reports, 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.

National Response to the HIV epidemic

The overarching goal for the Lao PDR in HIV is to scale-up towards universal access for prevention, treatment, care and support. The national strategy and action plan 2006-2010 (NSAP) sets clear priorities and targets and serves as the overall framework for interventions on HIV/AIDS/STI. The targets were already revised once, and the costed action plan forms the basis for resource mobilization in the Lao PDR. The National Strategy and Action Plan were included in the 6th National Socio-Economic Development Plan in 2006.

The actual national expenditures on AIDS activities between 2006 and 2007 by different organizations in the Lao PDR were assessed. The total amount of AIDS expenditure from 2006 to 2007 was 10,499,202 USD, which slightly increased year by year. There were two sources of National AIDS Spending such as from the Lao Government and from external sources, but almost all of the funds (99.52%) came from external sources. The majority of the expenditures by functions were HIV prevention services: 39.65% in 2006 and 56.57% in 2007, followed by AIDS programme costs 43.71% in 2006 and 35.52% in 2007 and treatment and care services of 8.65% in 2006 and 4.51% in 2007. Through funding from GFATM (Round 6) the expenditures for treatment care and support will increase significantly from 2008 onwards.

The National Commitment and Action Policy Index showed considerable improvement over the reporting period. Especially in terms of participation and inclusion of civil society, targets, and expansion of services progress was noted.

High level advocacy continued, and in 2007 a task force on “HIV and Drug use” was established to address the emerging issue of (injecting) drug use and HIV transmission. The task force is co-chaired by the Lao National Commission of Drug Control and Supervision, and the Ministry of Health. Compared to the last reporting period, more line ministries became active in addressing HIV (i.e. Ministry of Public Security, Ministry of Labour and Social Welfare, Ministry of Defense, Ministry of Education, Ministry of Transport) and have developed sectoral plans, or implemented activities.

The Lao PDR does not have specific laws and regulations that protect PLWH against discrimination, but has a national policy on non-discrimination which specifies protection for vulnerable groups (e.g. women, young people, drug users, MSM, sex worker, mobile population/migrant workers). One mechanism to ensure that this policy is implemented is through increased community awareness, strengthening of civil society, involvement of

faith based organizations, and the National Commission for Advancement of Women, which was established to monitor the implementation of CEDAW and regulations related to the advancement of women.

Programmatically, the national programme puts a clear focus on sex workers, clients, mobile populations and MSM in prevention, and on expansion of the ARV/OI (anti-retroviral and opportunistic infection) treatment and care and support. Expansion of HCT (HIV Counselling and Testing) services, strengthening monitoring and evaluation and surveillance are other priorities. Data showed that as regards blood safety, 100% of donated blood units were screened for HIV in 2007.

With financial support from the GFATM, coverage of prevention services for SW and MSM increased by nearly 25%, treatment services were expanded to another site in Vientiane Capital, and by the end of 2007 more than 700 people in need received ARV (60% of people in need), compared with 300 end 2005. In 9 provinces self-help groups of PLWH were established and are functioning. While no new prevalence data are available for SW and clients (the 3rd round of surveillance is presently being implemented), new data on MSM (already quoted) show the urgent need to expand prevention services to more vulnerable groups.

100% Condom use programmes were expanded and cover 14 provinces, VCT is available in 17 provinces and 16 districts. Drop in centers for sex workers and MSM have been established in five provinces. HIV prevention programmes have been mainstreamed into many infrastructure development projects (i.e. road and dam constructions). Percentage of schools that provided life skills-based HIV education within the last academic year was 70.56% for secondary schools, 24.17% for primary schools and 32.30% for all levels of schools in the Lao PDR.

STI treatment services were expanded with a focus on SW and clients, and behaviour change interventions targeting mobile groups were implemented in many provinces.

Training activities for PLWH were conducted to enable them to work as resource persons in training & advocacy workshops. PLWH are members of all coordinating bodies, both at national and provincial level.

Overall, the limited data for the Lao PDR do not allow disaggregated reporting for all indicators defined for UNGASS. While considerable progress both in quantity, quality and accessibility of services was made, the measurement of this progress is often made at the operational level (i.e. process indicators, qualitative surveys), and because of the low prevalence, impact studies and surveillance are only done in bigger time intervals.

Major challenges faced and actions needed to achieve the goals/targets

As described above, there are many factors that can influence the increase of HIV transmission in Lao PDR. Unless strong leadership and commitment of the government are made to scaling up a comprehensive response to the epidemic, the window of opportunity to contain and reverse the epidemic would be closing

Compared with the last reporting period, progress was made in terms of expansion of coverage and increased quality of services, starting interventions for MSM, and the acknowledgment that drug use needs to be addressed in a comprehensive manner.

There was increased involvement of civil society (all prevention activities in the GFATM funded round 6 will be implemented by civil society) and PLWH in the national response.

As already mentioned, strategic information on the epidemic is still limited. Lao PDR has addressed this in modifying its second generation surveillance (starting 2008), expanding operational research (i.e. MSM, drug users), and a shift to localized behavioural and prevalence studies (i.e. HIV among women visiting ANC in Vientiane capital – in implementation, male condom assessment, HIV among labour migrants in 8 provinces, qualitative data among construction workers, street children and drug users).

One of the challenges which still remain is an effective coordination both at national and provincial levels and lack of M&E system. At national level, the NCCA has not met often (although the CCM meets regularly in a broad composition), and at provincial level PCCAs are often faced with capacity constraints.

Another challenge is human resource capacity within (and outside) the health sector, especially as regards treatment and care services. This is an overall challenge for the health sector and reaches far beyond HIV.

The Lao PDR is committed to address the challenges in order to:

- Achieve full coverage, both in terms of quantity and quality towards universal access to prevention, care, treatment and support;
- Establish an enabling environment for an expanded response at all levels through increased understanding of decision-makers and communities;
- Increase data availability to monitor both the epidemic and the response (strategic information);
- Strengthen the capacity of implementing partners at all levels;
- Effectively manage, coordinate, and monitor the expanded response.

Support required from country's development partners

As shown in the NASA, most of the financial resources for the expanded response are coming from external development partners. While this is highly appreciated, and donors are committed to harmonization and alignment, a further shift from project to programme funding would ease coordination and focus issues.

Main challenge for the Lao PDR will be to maintain (and even expand) EDP assistance, to channel external assistance to the defined priority areas of the national programme, and to coordinate with EDPs on uniform reporting mechanisms.

Monitoring and evaluation environment

As regards M&E, indicators were included in the National Strategy and Action Plan 2006-1010. A recent M&E self assessment (October 2007) showed that the biggest challenges are a) human resource capacity, b) data flow and quality assurance systems, and c) the need to provide an overall M&E and reporting system, which is closely linked to national systems.

With support from the GFATM, the nationwide monitoring, evaluation and reporting system will be strengthened in 2008, and M&E will be part of the strategic information system in Lao PDR. TA will be required to streamline and to standardize reporting systems, and to strengthen the capacity of key stakeholders both as regards data collection and analysis, but also as regards quality control and data dissemination.

ANNEXES

ANNEX 1: Consultation/preparation process for the Country Progress Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

	Yes		No	
a) NCCA	Yes	√	No	
b) NAP	Yes	√	No	
c) Others (please specify)	Yes		No	√

2) With inputs from

	Yes		No	
Ministries:				
Education	Yes	√	No	
Health	Yes	√	No	
Labour	Yes		No	√
Foreign Affairs	Yes	√	No	
Others (please specify)	Yes		No	√
Civil society organizations	Yes	√	No	
People living with HIV	Yes	√	No	
Private sector	Yes		No	√
United Nations organizations	Yes	√	No	
Bilaterals	Yes	√	No	
International NGOs	Yes	√	No	
Others (please specify)	Yes		No	√

	Yes		No	
3) Was the report discussed in a large forum?	Yes	√	No	
4) Are the survey results stored centrally?	Yes	√	No	
5) Are data available for public consultation?	Yes	√	No	

6) Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?

Name / title: Dr. Chansy Phimphachanh, Director, Centre for HIV/AIDS/STI

Date: 31 January 2008

Signature: ____

Address: Centre for HIV/AIDS/STI, Km 3 Thadeua Road, Vientiane Capital, Lao PDR

Email: phimphachan@hotmail.com

Telephone/Fax: (856 21) 315500, 353505

ANNEX 2: National Composite Policy Index *(see attached document)*

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