

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

National Committee for the Control of AIDS

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

February 2006

Table of contents

Glossary of Acronyms	iii
Preface	v
Background	1
Framework of the National HIV/AIDS/STI Programme	2
Review of the National Strategy and Action Plan 2002-2005	6
The new National Strategy and Action Plan 2006-2010	9
Goal, Outcome and Objective	9
Priority Areas	9
Strategy Components	13
Sex workers and their clients	13
Mobile Population/Migrant Workers and families	15
Young People	16
Men who have sex with men (MSM)	17
Drug Users	18
Ethnic Groups	19
Uniformed Services	20
Prevention of Mother to Child Transmission (PMCT)	20
Blood Safety	21
Voluntary Counselling and Testing (VCT)	21
STI services	22
Condom Programming	22
Mass Campaigns	23
Care and Support	23
Policy, Legal Reform and Advocacy	25
Surveillance and Research	26
Programme Management	27
Action Plan 2006-2010	29
National HIV/AIDS/STI Action Plan Breakdown Structure (WBS)	30
National Action Plan for HIV/AIDS/STI in Lao PDR, for 5 year (2006-2010)	31
Summary of estimated cost for the National Action Plan for HIV/AIDS/STI, Year 2006-2010	38

Glossary of Acronyms

100% CUP	100% Condom Use Programme
ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARC	Australian Red Cross
ARV	Anti-retroviral (treatment)
ASEAN	The Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
ATS	Amphetamine Type Stimulant
BCC	Behaviour Change Communication
BCI	Behaviour Change Information
BSS	Behaviour Surveillance Survey
BTC	Blood Transfusion Centre
CHAS	Centre for HIV/AIDS/STI
CLE	Centre for Laboratory and Epidemiology
DCCA	District Committee for the Control of AIDS
DU	Drug Users
EU	European Union
FHI	Family Health International
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoL	Government of Lao PDR
GTZ	German Technical Co-operation (Deutsche Gesellschaft für Technische Zusammenarbeit)
GIPA	Greater Involvement of People Living with and Affected by HIV/AIDS
HIV	Human Immunodeficiency Virus
HSS	HIV Seroprevalence Survey
IDU	Intravenous Drug Use
IEC	Information Education Communication
INGO	International Non-governmental Organisation
JICA	Japan International Cooperation Agency
LFNC	Lao Front for National Construction
LNP+	Lao Network of Positive People
LRC	Lao Red Cross
LTU	Lao Trade Union
LYU	Lao Youth Union
LWU	Lao Women's Union
MCH	Mother and Child Health
MCTPC	Ministry of Communication, Transport, Post & Construction
M&E	Monitoring and Evaluation
MoI	Ministry of Information and Culture
MoE	Ministry of Education
MoH	Ministry of Health
MoND	Ministry of National Defense
MoPS	Ministry of Public Security
MSF	Medecins Sans Frontieres
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NCA	Norwegian Church Aid
NCCA	National Committee for the Control of AIDS
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
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
QA	Quality Assurance
QC	Quality Control
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 Ordnance
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WV	World Vision

PREFACE

HIV/AIDS is taking a great toll, resulting in both considerable human suffering as well as economic losses in many parts of the world. Several countries throughout the Asia-Pacific region have already been severely affected by the epidemic.

Even though the overall prevalence of HIV in the Lao PDR remains low, the epidemic is by no means under control. Although the Lao Government, with support of various international organizations, NGOs and bilateral donors, has made steps in responding to HIV in its early stages, the virus continues to spread and in specific segments of the population transmission is especially prevalent. The most recent data has resulted in increasing concerns of the possibility of a concentrated epidemic amongst more vulnerable groups in society. This may suggest that efforts in the past to address the spread of HIV/AIDS have not been sufficient, in terms of the 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 increases in population mobility, internal and external labour migration and changes in the lifestyles or sexual behaviour of populations, all of which are ingredients for an accelerated spread of the epidemic. Low levels of HIV/AIDS awareness, limited access to comprehensive services, unfavourable social and culture norms, low socio-economic status of women, and high levels of poverty serve to complicate the problem. Moreover, limited capacity and funding at all levels, insufficient engagement across government sectors, limited involvement of the private sector and civil society creates barriers that inhibit expansion of the national HIV/AIDS programme.

If the low prevalence of HIV/AIDS is to be maintained over the coming years, fast and comprehensive action is required to effectively address the above mentioned challenges. As outlined 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.

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

Vientiane Capital, 7th February 2006
Chairperson of the National Committee
for the Control of AIDS



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

1 BACKGROUND

Geopolitical and Socio-Economic Context

The Lao PDR is located in South-East Asia. It is a landlocked, but more and more linked country, 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 and a capital comprising 141 districts and 10,553 villages¹. Civil society is represented by several mass organizations, including the Lao Women's Union (LWU), Lao Revolutionary Youth Union (LYU), Lao Front for National Reconstruction (LFNR) and the Lao Federation of Trade Unions (LTU).

Over the past 15 years the Lao PDR has gradually become more open to the outside world and in 1997 the country became a member of ASEAN. Infrastructure development, particularly road and dam construction, is a central component of the Government's strategy for poverty reduction. Strong infrastructure is considered to be 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 a very large disparity in access between urban and rural areas in terms of information, education, transportation and health care facilities.

Socio-Economic Indicators

Indicator	Value	Year	Source
Population size (Million)	5.6	2005	Population Census
Population growth (%)	2.0	2005	Population Census
Rural population (%)	87.8	2005	Population Census
Urban population (%)	12.2	2005	Population Census
GDP per capita (USD)	450	2005	CPI
Population below national poverty line (%)	39	1997	Lao Expenditure and Consumption Survey
Adult literacy rate (%)	75.4	2004	MoE, Annual Report
Net primary education enrolment rate (%)	81.8	2004	MoE
Ratio of girls to boys in primary education	1:1.17	2004	MoE
Female life expectancy at birth (years)	61	2000	Lao Reproductive Health Survey (LRHS)
Male life expectancy at birth (years)	57	2000	LRHS
Total fertility rate (%)	4.9	2000	LRHS
Modern contraceptive prevalence rate (%)	29	2000	LRHS
Underweight under five children (%)	40	2000	Lao National Assessment Survey
Infant mortality rate (per 1000 live births)	82	2000	LRHS
Under five mortality rate (per 1000 live births)	106	2000	LRHS
Maternal mortality rate (per 100,000 live births)	530	2000	LRHS

¹ Population and Housing Census 2005

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 restructured in 2003 through a Prime Ministerial decree. It currently consists of 14 members from 12 different institutions and is chaired by the Minister of Health. Provincial Committees for the Control of AIDS have been 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 revised in 2005. The national policy served 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 the Lao PDR:

Short Term Plan	1989-1990
Medium Term Plan	1991-1996
Lao PDR National HIV/AIDS/STD Plan	1997-2001
Lao PDR National HIV/AIDS/STD Strategic Plan	2002-2005
Lao PDR National Plan of Action on HIV/AIDS/STD	2002-2005

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 including the Ministries of Health, Education, Information and Culture, Public Security and 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 the 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 have provided funding for the Government's response to HIV/AIDS/STI. Main donors include the Asian Development Bank (ADB) and The Global Fund to Fight AIDS, TB and Malaria (GFATM). The Governments of Japan, Australia, United States, Sweden, Norway, Germany, Finland, Britain, Netherlands, Canada, and the European Union (EU) have contributed through INGOs or for specific needs. Additionally, some INGOs, such as MSF have contributed through their own resource mobilization. The United Nations Theme Group on HIV/AIDS has also produced and implemented its Joint Plan of Action 2002-2005.

The new National Strategy and Action Plan 2006-2010

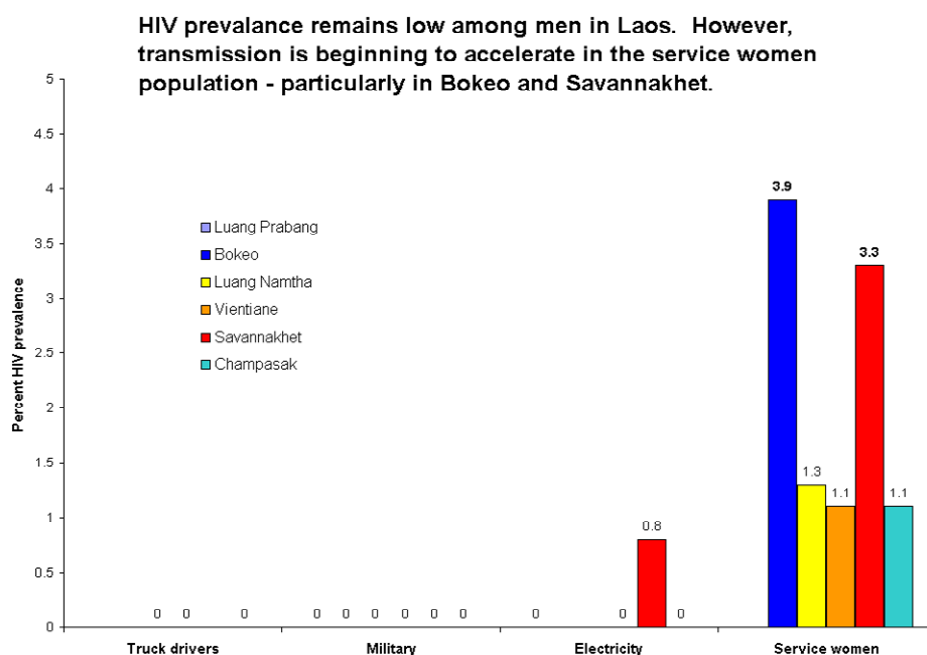
The National Programme on HIV/AIDS/STI 2002-2005 presented the strategy and the action plan separately. The new National Strategy and Action Plan combines these two aspects in order to ensure coherence and practical linkages between strategy and action.

The action plan provides the overall framework for an expanded response to HIV/AIDS in the Lao PDR and will serve as a guide for 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 tracking the epidemic. A 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 sections provide an overview of the main findings.

Epidemiological Situation

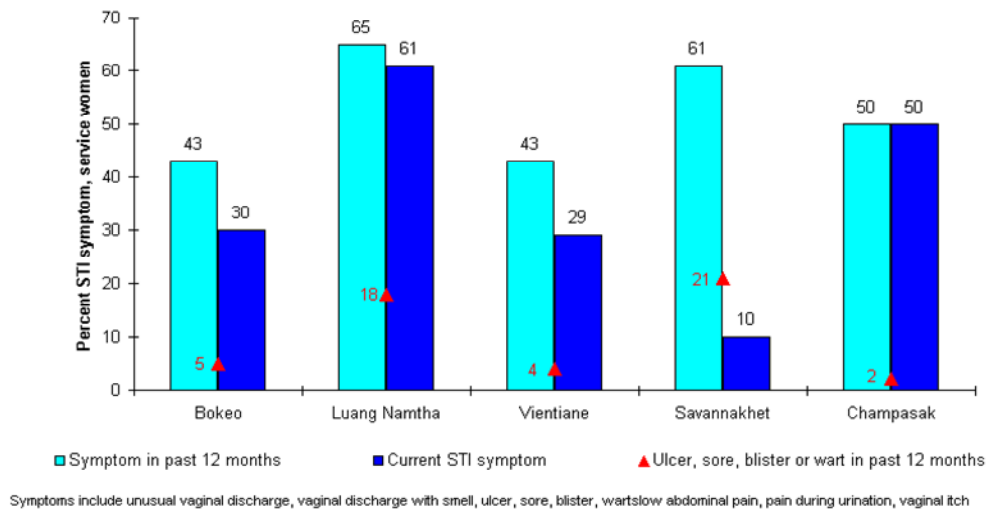
Overall, the Lao PDR remains a low prevalence country with an estimated 0.08% HIV seroprevalence² in the adult population. There are, however, several factors which may either mask a higher HIV prevalence, or may contribute to an accelerated spread of the epidemic. The second round of HIV surveillance targeted mainly sex workers (SWs) and certain groups of their potential clients in 6 provinces.



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

² WHO/UNAIDS 2004, CHAS 2005

About one half or more of service women reported a potential STI symptom in the past 12 months. Even more telling, one fifth of the service women in Luang Namtha and Savannakhet reported a genital ulcer, sore, blister or wart in the past year - an indication that herpes may be quite prevalent in these areas.



At the end of 2005, the official cumulative number of people identified with HIV was 1,827, of whom 432 were known to be living with AIDS (among these, 306 were under ARV treatment). 60% of reported HIV cases were male and 40% female. To date, 637 of these people have already died. Based on cumulative HIV case reports, more than 77% of those infected are between the ages of 20 and 39 years. Of those whose mode of transmission was known, 94.8% had been transmitted through heterosexual sex, 3.9% transmitted from mother to child, 0.7% through homosexual sex, 0.3% through blood products and 0.2% through unsterilized needle.

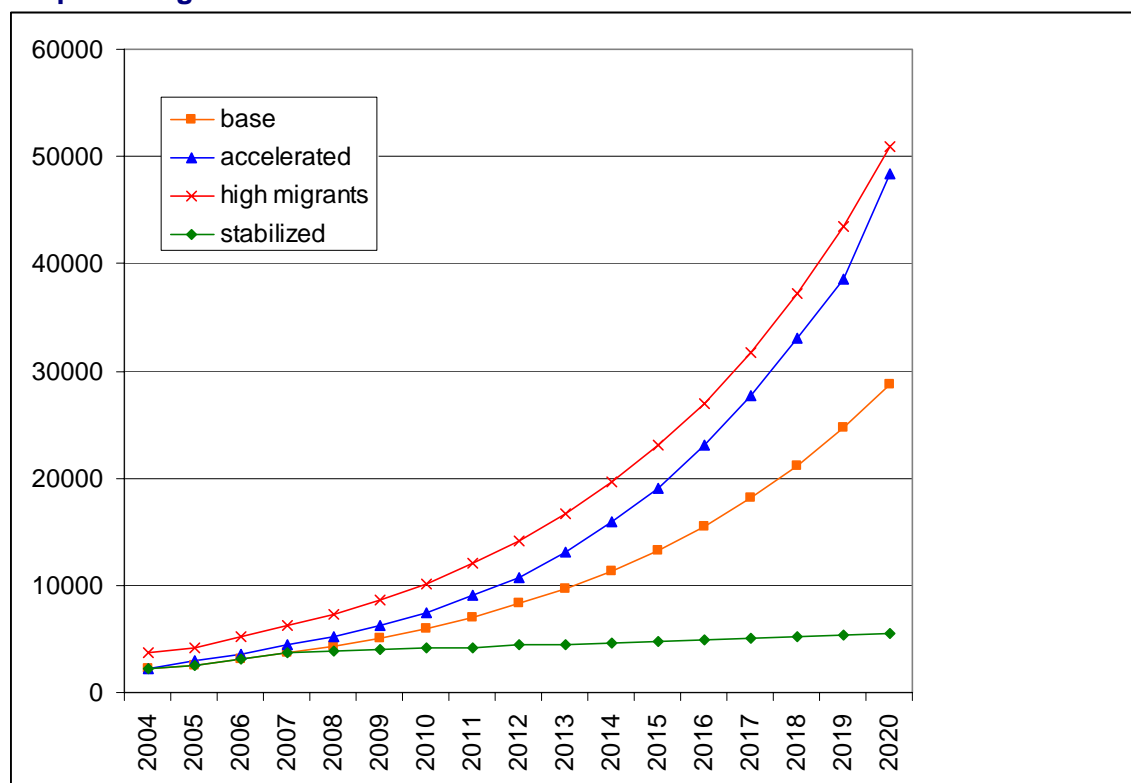
One group for which only very limited data are available are labour migrants, especially those working in neighbouring countries.

The estimated number of people dying of AIDS based on 0.08% prevalence is in fact much lower than the actual number of officially registered AIDS related deaths. This suggests that either a group with a relatively high HIV prevalence was not captured in the second round of surveillance, 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 Thailand, who may have brought HIV to the Lao PDR in the early 90s.

The following scenarios detail the possible ways in which 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 for SWs or their clients. 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 an 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 in terms of both 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 millions of dollars each year.

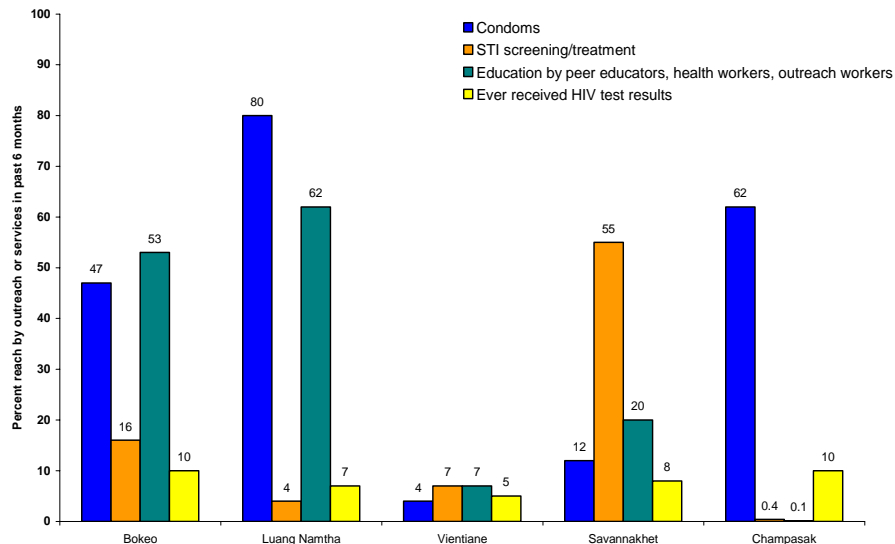
The epidemic follows a predictable path. It begins in the most vulnerable (and often hidden) populations, and then through the medium of a “bridge population” (i.e. clients of SWs) spreads to populations which do not exhibit any risk behaviour, namely the spouses of clients. In countries with high fertility rates (such as the Lao PDR) this in turn leads to higher numbers of children infected through vertical transmission.

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 the disease spreading. Increased population mobility, internal and external labour migration and changes in lifestyles and sexual behaviour are all contributing factors in accelerating the spread of the epidemic. Moreover, in recent years, the use of recreational drugs has rapidly expanded in the Lao PDR and an alarming number of SWs are thought to be injecting drugs. International evidence shows that intravenous drug use may substantially accelerate the spread of an HIV epidemic through sharing of injecting equipment. 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 of surveillance also revealed information concerning the coverage and quality of prevention. Although between 2001 and 2004 the overall response to the epidemic has improved considerably, the number of SWs, clients and migrant

labour workers reached with interventions is still low, and none of the surveyed provinces achieved a full set of prevention services (see Part 4 for further detail).

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.



While the prevention of new HIV infections is the priority in the Lao PDR, care and support services, including ARV are urgently needed to reduce mortality, but also to strengthen the prevention to care continuum. In 2005, only one site (Savannakhet)³ provided expanded care and support services, ranging from community based care to expanded VCT and antiretroviral therapy. Global experience shows that in order to stabilize an HIV epidemic, both, prevention and care services are needed.

Review of the National Strategy and Action Plan 2002-2005

In August 2004 the NCCA produced a Mid-Term Review on the implementation of the National Strategic and Action Plan 2002-2005, and held 3 consultative review meetings at the provincial level. One workshop held at the national level in May 2005 also reviewed lessons learned over the proceeding years.

1.1.1 Programme

1.1.1.1 Key progress:

- Awareness and open discussion on HIV/AIDS and other sensitive issues has increased among politicians and the general public
- The Second Round of the National Surveillance has been completed
- A Capacity and Needs Assessment has been completed in all provinces
- Improvements in 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, Khammuane, Luangprabang, Luang Namtha, Oudomxay, Champasack and Saravane

³ With the support from MSF

- Condom promotion has been expanded, including a pilot project on 100% Condom Use Programme (100% CUP) in Savannakhet, Oudomxay and Khammuane provinces.
- 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 has been implemented in Savannakhet
- Home Based Care programmes have been implemented in Savannakhet, Vientiane Capital, Champassack and Bokeo
- Six functional PLWHA self help groups, and The Lao Network of Positive People (LNP+) have been established
- PMCT pilot projects have been implemented in large hospitals in Vientiane, Khammuane, Savannakhet, Champasack, Bokeo, Oudomxay and Sayabury provinces
- HIV/AIDS has been mainstreamed into several infrastructure development projects
- Authorities from the Lao PDR and neighbouring countries have initiated co-operation and cross-border activities.

1.1.1.2 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 (MSM)
- Implementation capacity remains low at all levels
- Research information is not effectively shared and applied by different partners.

1.1.2 Management

1.1.2.1 Key progress:

- The number of multisectoral national partners has increased, and coordination forums are meeting 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 has resulted in concrete project initiatives
- Several sectors have incorporated 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 of which was attended by the Prime Minister
- An increased number of national and provincial training seminars have been carried out in areas such as programme management, monitoring and evaluation and IEC production.

1.1.2.2 Key constraints:

- Involvement of civil society and the private sector remains very limited
- HIV/AIDS/STI programmes and activities lack sufficient coordination
- High-level, multisectoral political commitment needs to be strengthened
- The Terms of Reference of the NCCA members have not been finalized
- Lack of skilled personnel, frequent turn over and high workloads prevent many people who have been trained from implementing and utilizing what they have learned
- Follow-up on the benefits of training is weak
- There is an incomplete monitoring and evaluation (M&E) system for the National Response
- Both human and financial resource deficits continue to impede HIV/AIDS/STI programmes.

The New National Strategic and Action Plan 2006-2010

1 Goal and Objective

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

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

Outcome: To ensure HIV seroprevalence among vulnerable groups is lower than 5%.

2 PRIORITY AREAS:

Based on the available 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.

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

2.1.1 Coverage

In order to restrict the impact of the epidemic, high coverage, both in terms of quantity and quality, has to be achieved. Regarding quantity, this strategy defines a reach of 90% as full coverage.⁴ More importantly, international evidence shows that the quality of interventions is of crucial importance in precipitating behavioural change. Recognizing that the STI treatment without 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 ensure that the full set of defined essential elements for an intervention is provided.

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

⁴ “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.

Essential Element	Means of Delivery	Expected output
<i>Behaviour Change Interventions:</i>	<p>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, the frequency of peer education increases.</p> <ul style="list-style-type: none"> • Peer Education; • Outreach with peer-education; • Drop-in centres with outreach activity 	<ul style="list-style-type: none"> • Increase knowledge and awareness • Promote safe sexual and occupational behaviour as “group norm” or “value” • Re-inforce the messages through peer-examples, frequent face-to-face intervention, IEC material • Reference to other services
<i>Condoms</i>	<ul style="list-style-type: none"> • Condom provision: through outreach, DIC • Social marketing including non-traditional outlets (mamasans, bars, beer-lao, etc.) • 100% condom use promotion 	<ul style="list-style-type: none"> • Condoms are accessible and affordable
<i>STI Services</i>	<ul style="list-style-type: none"> • Mainstream clinics (referral) • Tailored STI services, i.e. in DIC, self-run clinics • Private sector 	<ul style="list-style-type: none"> • Easily accessible, affordable, friendly, confidential and non-stigmatizing STI treatment
<i>VCT</i>	<ul style="list-style-type: none"> • Mainstream centres • Tailored services, i.e. DIC 	<ul style="list-style-type: none"> • Non-discriminatory, confidential access to VCT
<i>Enabling environment</i>	<ul style="list-style-type: none"> • Reaching out to local decision-makers, law and order personnel, and communities to strengthen and support community-based interventions • Mobilize local support and cooperation in local communities regarding HIV/AIDS interventions and vulnerable groups 	<ul style="list-style-type: none"> • Supportive and understanding local environment
<i>Awareness</i>	<ul style="list-style-type: none"> • IEC • Mass media • Non-traditional media shows, theatre, sport events, community discussions, etc. • Pre-departure package (migrants) • Mass orientation sessions (lectures) 	<ul style="list-style-type: none"> • Correct knowledge

2.1.2 Groups most at risk (vulnerable groups)

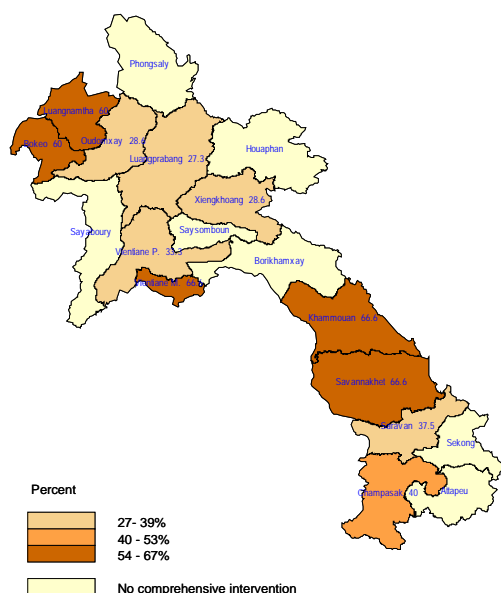
The strategy defines vulnerable groups as those whose lifestyles, social or professional context and behaviour make them most vulnerable to HIV/AIDS. Although a number of groups and communities in the Lao PDR have to be considered “vulnerable”, the groups identified as a possible nucleus for a generalized epidemic (because of their size, HIV sero-prevalence and multiple interfaces to the general population) are SWs and their clients, mobile populations, drug users MSM, 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 in addition to targeted interventions for the groups most at risk, the strategy would also include interventions targeting vulnerable Youth, workers and communities, provision of VCT, and essential care and support services including ARV therapy.

2.1.4 Geographic location and phased approach

Percentage of districts which will be covered by comprehensive interventions



In order to maximize the use of limited resources and to assess the coverage needed to significantly impact on the epidemic, a vulnerability assessment was carried out. As the main determinants of the epidemic were identified (heterosexual transmission, primarily SWs and their clients and mobile groups), the following criteria were used to identify provinces and districts for the 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 highly mobile populations

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.

No	Province	Total number of district	Geographic areas for comprehensive response in the first 2 years			
			Target province	No. target district	Name of target district	Reason
1	Vientiane Capital	9	X	6	Sikhottabong, Chanthabouly, Sisattanak, Hadxayphong, Xaysettha, Xaythany,	Business centre Entertainment, high mobility
2	Phongsaly	7				
3	Luangnamtha	5	X	3	Namtha, Sing, Vienphoukha	Asian Cross-road, high mobility, drug use, business zone
4	Oudomxay	7	X	2	Xay, Pakbeng	Transit area, mobility, entertainment
5	Bokeo	5	X	3	Huoxiai, Thonpheung, Paktha	Quadrangle economic zone, mobility
6	Luangprabang	11	X	3	Luangprabang, Xiengngeun, Nambak	Tourist area, entertainment, mobility
7	Houaphan	8				
8	Xayabury	10				

9	Xiengkhuang	8	X	2	Pek, Kham	High mobility, tourist area, road to Vietnam
10	Vientiane	14	X	4	Ponhong, Keo Oudom, Vangvieng, Thoulakhom	Entertainment, tourist area, mobility
11	Borikhamxay	6				
12	Khammuane	9	X	6	Thakhek, Nongbok, Nakay, Nhommalath, Mahaxay, Hinboon	High mobility, dam construction site, entertainment
13	Savannakhet	15	X	10	Kaysone, Sepon, Phin, Outhoumphone, Songkhone, Champone, Xonbouly, Xaybouly, Atsaphone, Thaphalanexay	High mobility, business centre, entertainment, Cross-road (Thailand-Vietnam)
14	Saravane	8	X	3	Saravane, Lakhonpheng, Khongsedon	High mobility, tourist area
15	Xekong	4				
16	Champasack	10	X	4	Pakse, Bachiang, Phonhong, Champasack,	High mobility, entertainment
17	Attapeu	5				
	Total	141	11	46		

In the remaining 6 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.

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 with regard to 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 necessary development of the political and local environment, and to provide, if needed, the legal framework for action.

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. A national monitoring and evaluation framework will further facilitate the assessment of progress and constraints.

Capacity building of implementing partners at all levels

Strengthening 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.

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 GoL, and the MoH as the technical line ministry, in terms of: 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
- 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 inputs 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. These are, however, the preconditions 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

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

3.1.1.2 Expected Outcome by 2010

- Consistent condom use in 80% of sexual interactions between female SWs and their clients
- HIV prevalence among SWs remains below 5%
- STI prevalence among SWs is reduced to 50% of the 2004 rate.

3.1.1.3 Strategies

3.1.1.3.1 Create a supportive environment for behaviour change among SWs and their clients.

- Increase awareness among decision-makers of the risks confronting SWs and clients and the factors impeding efforts to reduce these risks
- Enhance collaborative relations with the police and local authorities/communities to support prevention interventions among SWs and their clients.

3.1.1.3.2 Ensure that SWs and their clients have correct knowledge on HIV and STIs and have the motivation, power and means to act on their knowledge.

- Strengthen capacity of SWs through capacity building, training, and networking and promote SWs' participation in planning and implementation of programmes targeting them
- Full coverage of SWs with defined essential elements in the prioritized provinces, including free condom provision for SWs
- Involve the owners of entertainment venues and mamasans in the delivery of services aiming at a "no condom, no sex" policy
- Scale up of behaviour change interventions and other essential elements targeting selected client groups
- Promote "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 Ensure sensitive quality services for SWs and their clients

- Expand the network of STI service delivery by training of private clinics and pharmacies on syndromic case management and strengthening referral systems
- Expand and improve adequate friendly, confidential and culturally sensitive public STI services for SWs and their clients, including: syndromic case management; counselling and condom promotion
- Establish and strengthen VCT services and referral systems in prioritised locations.

3.1.1.3.4 Improve knowledge about behaviour, practice and networks of SWs and their clients in order to monitor effectiveness of existing interventions and to guide development/modification of potential interventions

- Sustain and expand behavioural surveillance systems (including clients of SWs)
- Develop and maintain a database of interventions with SWs and clients including relevant activities and research reports
- Conduct 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 the Lao PDR has complex causes, ranging from poverty to resettlement programmes, socio-economic development including industrialization and modernization, tourism and higher education
- Around 180,000 Lao nationals are registered migrants in Thailand⁵, and around 7% of the total population of three big provinces in the South work as migrant workers in Thailand⁶
- Many mobile men are potential clients of SWs, 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 the military⁷
- The textile industry attracts young women from rural areas, causing them to migrate to urban centres. Some of these women are vulnerable to sexual exploitation or sex work
- Human trafficking and its linkages to HIV/AIDS is an issue of concern throughout South East Asia, including the Lao PDR
- The number of workers from neighbouring countries is increasing in the Lao PDR
- More than half of the known PLWHA were either migrant workers or farmers working outside of the country (especially in Thailand⁸) 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 by 50% from the 2004 rate

3.1.2.3 Strategies

3.1.2.3.1 Increase understanding of contextual factors and risk behaviour which contributes to the vulnerability of mobile populations and their families in relation to STIs and HIV/AIDS

- Use a coordinated approach to study mobility patterns, vulnerability, and contextual factors which increase risk behaviour
- Conduct behavioural and serological surveillance among labour migrants and their partners.

3.1.2.4 Reduce the vulnerability of mobile populations and their families to STIs and HIV/AIDS.

- Increase awareness raising campaigns which reach mobile populations and their families both in rural and urban areas
- Provide pre-departure and post-arrival information and counselling services at prioritised border crossing locations.
- Expand Behaviour Change Interventions

⁵ ILO-IPEC/TICW, Ministry of Labour, Thailand 2005

⁶ ILO-IPEC/TICW/National Statistic Centre 2003

⁷ Second Round of the National Surveillance, 2005

⁸ HIV/AIDS Case Reports, the NCCAB 2005

- Expand social marketing of condoms
- Provide adequate public, friendly and confidential STI services for mobile populations and their families
- Establish and strengthen VCT services and referral systems.
- Build the capacity of local authorities and communities to identify and to address needs of mobile populations and their families, with special focus on the empowerment of women
- Advocate 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

- Integrate HIV/AIDS/STI prevention into infrastructure projects
- Increase bilateral cooperation with neighbouring countries regarding programmes focusing on labour migration, including trafficking
- Strengthen 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 the Lao population
- Socio-economic development has led to a rapid change of young people's lifestyle and sexual behaviour
- Social taboos prevent parents talking with their children about sex. Young people seek information about sex either from their peers (which is often incorrect) or from entertainment sites and the Internet
- Shortage of funds to expand programmes (producing training material, training teachers) targeting in-school youth
- Use of recreational drugs among youth is rapidly expanding. Amphetamine Type Stimulants (ATS) are at present the drug of choice, but an increase in 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 awareness and peer-pressure increase their vulnerability towards HIV/AIDS.

3.1.3.2 Expected Outcome by 2010

- 30% of primary schools (grade 5) and 30% of 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
- The most vulnerable out-of-school youth in prioritized provinces will be reached through 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 Create 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

- Advocate 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 skills to avoid HIV/AIDS/STI and drug abuse

- Use 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
- Empower young people, particularly girls, in decision making regarding their sexual and reproductive life through a life skills approach
- Expand quality behaviour change programmes for young people by building capacity of implementing partners, especially teachers.
- Expand social marketing of condoms.

3.1.3.3.3 Increase the accessibility and availability of youth-friendly and gender-sensitive services with an emphasis on information about reproductive health and sexuality

- Strengthen the capacity of young people to become equal partners in the design and implementation of services for young people
- Strengthen the capacity of government, mass organisations and the 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
- Establish youth friendly services and information centres tailored to young peoples needs
- Establish telephone hotlines in selected provinces.

3.1.3.3.4 Enhance young people's knowledge about HIV/AIDS and methods of prevention

- Disseminate and update an age-appropriate life skills curriculum, including basic information about HIV/AIDS, sex education and drugs
- Include basic information on HIV/AIDS, reproductive health and drug issues in the teacher's pre-service and in-service training and strengthen the capacity of teachers to deliver this information in an effective way
- Strengthen coordination and cooperation between key stakeholders in educational settings under the leadership of the MoE
- Incorporate 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 with regards to sexuality and HIV/AIDS vulnerability
- Many men who engage in casual sex with other men neither have knowledge of, nor practice safe sexual behaviour 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
- Only about 60% of transgender (Kathoy) used a condom during their last sex act with a casual partner⁹

⁹ KAP survey related to HIV/AIDS/STI among transgender and their partners in 3 large provinces, PSI, 2004

- A number of Kathoy and MSM are engaged in male to male sex work.

3.1.4.2 Expected Outcome by 2010

- 70% of male SWs 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 Create a supportive environment for MSM/MSW and Kathoy to address their own needs

- Conduct qualitative and quantitative studies with full participation of the target group
- Increase awareness among decision-makers of the existence and life situation of MSM/MSW/Kathoy and their risks in relation to HIV/STI
- Reduce public discrimination against MSM through awareness-raising activities
- Review and revise the National Policy on HIV/AIDS/STI as it pertains to MSM and Kathoy.

3.1.4.3.2 Identify and address the specific needs of MSM/MSW and Kathoy as regards HIV/AIDS/STI

- Establish pilot projects in key locations with full participation of the target group
- Expand prevention and care activities after pilot review.

3.1.5 Drug Users

3.1.5.1 Key Issues and Challenges

- Rapidly increasing drug use¹⁰ (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 SWs
- 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 SWs 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.

3.1.5.3 Strategies

3.1.5.3.1 Create supportive environment for the implementation of effective harm reduction programmes¹¹ for drug users (including IDUs) and their families

¹⁰ The Review of the National HIV/AIDS Programme, NCCAB, December 2004

- Improve 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
- Review and update the National Policy on HIV/AIDS/STI, reflecting potential changes in drug use in the Lao PDR
- Ensure that the legal and policy framework is conducive to the implementation and scaling up of harm reduction, rehabilitation and psychosocial support activities
- Increase collaboration between relevant ministries on drug prevention, harm reduction and rehabilitation programmes
- Increase cooperation between regional drug related programmes.

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

- Build capacity for the establishment of comprehensive and multisectoral harm reduction and rehabilitation programmes including drug substitution therapy
- Expand 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 from switching to injecting drug use
- Ensure that drug users themselves are involved in planning and implementation of prevention and rehabilitation activities.

3.1.6 Ethnic Groups

3.1.6.1 Key Issues and Challenges

- The 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
- Knowledge of HIV/AIDS/STI among many ethnic groups is low
- A large number of ethnic groups live in poverty. There is an increasing trend of migration to urban centres and, as a result of low awareness levels, vulnerability to 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.

3.1.6.3 Strategies

3.1.6.3.1 Provide members of ethnic groups with knowledge, and means to protect themselves from HIV/AIDS/STI

- Increase IEC and mass media campaigns that take account of local circumstances, ethics, cultural values and language
- Initiate condom social marketing among selected ethnic groups.

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.

3.1.7 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 months¹². 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 personnel in selected provinces report consistent condom use with casual sex partners.

3.1.7.3 Strategies

3.1.7.3.1 Create a supportive environment for behaviour change among uniformed services

- Implement advocacy targeting decision makers at all levels to increase understanding and support about needs of military and police personnel regarding HIV/AIDS/STI prevention and care
- Advocate, and provide support for non-discriminatory HIV/AIDS work place policies for police and military personnel.

3.1.7.3.2 Providing staff of uniformed services with knowledge, means and power 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
- Implement 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 (PMTCT)

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 Mother and Child Health (MCH) programmes (ANC, safe motherhood, Family Planning, and other services)
- Highest number of HIV positive pregnant women expected among SWs, partners of clients of SWs and partners of labour migrants.

3.1.8.2 Expected Outcome by 2010

- HIV/AIDS prevention is fully integrated into MCH hospital and community programmes
- At least 4 sites (those that will provide ARV treatment) also provide ARV therapy for PMTCT.

¹² Second round surveillance, 2004

3.1.8.3 Strategies

3.1.8.3.1 Integrate prevention activities into MCH programmes

- Review MCH programmes and strategies
- Develop and disseminate IEC materials
- Train staff concerned.

3.1.8.3.2 ARV for PMTCT

- Develop a standard protocol for PMTCT
- Develop targeted VCT services
- Train staff and establish 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 the 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
- Safe blood services need to expand to include other provinces
- Voluntary non-remunerated blood donation is limited.

3.1.9.2 Expected Outcome by 2010

- Safe blood services are provided in all provinces

3.1.9.3 Strategies

3.1.9.3.1 Develop phased infrastructure and human resource

- Phased infrastructure upgrade of blood transfusion centres
- Train staff concerned
- Promote voluntary non-remunerated blood donation
- Develop operational guidelines on safety of blood and blood products
- Establish a quality control and assurance system for testing blood for HIV and other blood borne diseases, as well as in a process of blood transfusion services
- Promote 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 service sites are known and used.

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

- Develop a national VCT guideline, including quality assurance procedures
- Design and implement VCT services based on prioritised needs focusing on vulnerable groups such as SWs, clients, labour migrants, uniformed services, etc.
- Expand VCT services based on the prioritised needs of other groups starting with young people
- Provide public information about the importance of VCT and the right to confidentiality
- Link 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 only partly trained and lacking infrastructure, equipment and drugs
- Not all provinces have trained staff.

3.1.11.2 Expected Outcome by 2010

- All target districts have at least 1 site which delivers high quality, confidential STI services.

3.1.11.3 Strategies

3.1.11.3.1 Reinforcing STI capacity at a decentralized level

- Refresher training for staff
- Improve infrastructure and equipment in target districts
- Establish Quality Assurance (QA) and Quality Control (QC) and reporting systems
- Supply drugs based on the needs of particular populations.

3.1.12 Condom Programming

3.1.12.1 Key Issues and Challenges

- To expand the social marketing of condoms to non-traditional outlets
- To increase the 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 Expand social marketing of condoms

- Expand condom social marketing through more non-traditional outlets
- Link condom promotion and demand creation with BCI programmes
- Establish 100% condom use programmes in selected provinces
- Position condoms as dual protection.

3.1.12.3.2 Condom provision for most vulnerable groups

- Provide free condoms for groups most in need
- Link condom provision 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 Develop mass campaign strategy

- Disseminate appropriate HIV prevention messages on radio and TV in different ethnic languages
- Develop and disseminate appropriate IEC materials in different languages
- Establish interactive radio programmes
- Utilise non-traditional media and village broadcast programmes in different ethnic languages
- Include clear messages on the relation between alcohol consumption and unsafe sex.

Care and Support

3.1.14 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
- To sustain life-long ARV treatment.

3.1.15 Expected Outcome by 2010

- ARV therapy is available in 4 provinces with at least 1000 treatment slots for adults and children
- Home based care and support services established in 4 provinces
- Strong links established between prevention and care programmes
- 4 support centres for adults and children living with HIV/AIDS are established in 4 provinces.

3.1.16 Strategies

3.1.16.1 Provide 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

- Develop 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
- Establish support networks of PLWHA at different levels for people infected and affected by HIV/AIDS
- Promote programmes at the community level in order to inform communities of the possibilities of home based care and support and facilitate this option where appropriate
- Ensure 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
- Involve spiritual leaders in the support for adults and children living with HIV/AIDS
- Explore economic options to better sustain life-long ARV treatment.

3.1.16.2 Ensure that all adults and children living with HIV/AIDS have access to adequate medical services and treatment

- Develop standard guidelines for the treatment of adults and children living with HIV/AIDS, including ARV treatment, Opportunistic Infection management, and TB/HIV co-infection
- Ensure that ARV and drugs to treat Opportunistic Infections are included in the essential drug list and are available in adult and paediatric formulations
- Design and implement a quality control and assurance system to monitor HIV/AIDS medical services both in the public and private sectors
- Establish regional centres at locations that provide equitable access for all people in the 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
- Ensure confidential services at all levels, through training of staff and regular follow-ups.

3.1.16.3 Ensure that all health staff are fully aware of universal precautions and have the skills and means for protection

- Develop guidelines for universal precautions including recommendations for post exposure prophylaxis
- Develop and disseminate 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
- Establish a mechanism for training all health service providers on universal precautions and giving safe injections
- Develop HIV/AIDS related medical waste disposal guidelines.

Policy, Legal Reform and Advocacy

3.1.17 Key Issues and Challenges

- Competing development priorities in a low prevalence setting
- No specific HIV/AIDS legislation
- Policies concerning HIV/AIDS at the workplace or in schools and educational institutions do not exist
- High level commitment needs to be strengthened
- The legal and social environment does not facilitate interventions among certain marginalized groups (i.e. SWs, 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 to be facilitated.

3.1.18 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
- HIV/AIDS is mainstreamed in all national development plans
- 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.

3.1.19 Strategies

3.1.19.1 Strengthen the NCCA as the overall decision making body with the capacity to coordinate multisectoral cooperation, involvement of other sectors, high level advocacy, and leadership for an expanded response

- Develop clear terms of reference and a workplan for the NCCA and its members
- Expand NCCA membership to include the private sector, civil society, development partners and PLWHA in a formal or informal way
- Establish a regular meeting schedule for the NCCA
- Establish technical sub-committees on specific issues (i.e. workplace policies, supportive policies for marginalized groups)
- Develop and use evidence based information on HIV/AIDS related issues for continuing advocacy efforts targeting high level decision makers
- Invite high level decision makers to participate in meetings on specific occasions
- Regularly disseminate information on HIV/AIDS to line ministries and mass organizations
- Advocate a “non-rotation policy” for key management positions in public sectors linked to performance

- Strengthen the NCCA to enable it to fulfil its role.

3.1.19.2 Ensure that all adults and children infected and affected by HIV/AIDS are fully accepted and integrated into normal social, educational and work activities

- Use of mass media featuring political and religious leaders as well as celebrities to break down the misconceptions and barriers surrounding HIV/AIDS such as exclusion and denial
- Ensure that the legal and policy environment allows adults and children living with HIV/AIDS to attain their full human rights and that there are no barriers to increased acceptance of these people
- Strengthen the ability of people living with HIV/AIDS to organize themselves, and to effectively voice issues that are of concern to them by: strengthening the National Network of PLWHA, carrying out other programmes for Greater Involvement for PLWHA and providing PLWHA with adequate capacity to contribute to HIV/AIDS related organisations
- Ensure 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.

Surveillance and Research

3.1.20 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)
- Second generation surveillance has been implemented, but needs modifications and strengthening of capacities
- Weak HIV/AIDS reporting system.

3.1.21 Expected Outcome by 2010

- High quality strategic information is available and integrated into programmes
- An effective second generation surveillance system is established and implemented
- Research is coordinated and prioritized
- The knowledge base on behavioural and contextual factors contributing to vulnerability towards HIV/AIDS is expanded.

3.1.22 Strategies

3.1.22.1 Establishment of dedicated research and surveillance capacity in the CHAS

- Strengthen human capacity for surveillance and research
- Establish dedicated mechanisms for the 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 to assess relevance (priorities, duplications) and methodology
- Review the national protocol for second generation surveillance and case reporting (groups, locations, frequency and methodology)

- Develop appropriate feed-back and dissemination mechanisms (resource centre).

Programme Management

3.1.23 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
- Incomplete M&E system, unclear responsibilities concerning monitoring and evaluation.

3.1.24 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 are identified and key positions filled.

3.1.25 Strategies

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

- Devise Terms of Reference and linkages for NCCAB, CHAS, PCCAs, focal points of line ministries, sectoral HIV/AIDS management, etc (Link to No. 3.3.3.1)
- Strengthen inter-agency coordination and collaboration.

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

- Develop a technical assistance plan to strengthen identified capacity shortfalls
- 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.

3.1.25.3 Focus on prioritized capacity building of implementing partners

- Build capacity of implementing partners in alignment with the 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 flows.

3.1.25.4 Develop appropriate resource mobilization and fund-flow mechanisms

- Use the costed operational framework for resource mobilization
- Increase 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.

3.1.25.5 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
- Provide technical support to facilitate the participatory development of prioritized provincial and district strategies
- Ensure direct resource flows for approved provincial and district strategies is conditional upon adequate and functioning local management and monitoring mechanisms.

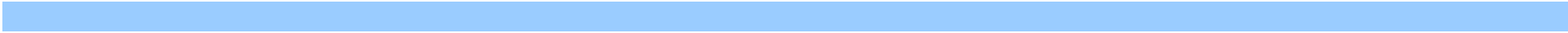
3.1.25.6 Establish and implement a National Monitoring & Evaluation System for HIV/AIDS/STI

- Establish a M&E system 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 results oriented response information system.

4 ACTION PLAN 2006-2010

This part presents the summarized contexts and resources needs across programming areas that are essential to the scaling up of the national response from 2006 to 2010. It composes three frameworks, including:

- 1) Breakdown structure of the National Action Plan on HIV/AIDS/STI
- 2) Matrix of the National Action Plan on HIV/AIDS/STI for 2006 – 2010
- 3) Summary of estimated costs for the National Action Plan on HIV/AIDS/STI for 2006 - 2010



4.1 National HIV/AIDS/STI Action Plan Breakdown Structure (WBS)

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

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

110 SW & Clients	210 ARV and OI	310 Strengthen Policy and Coordinating Body	410 2 nd Generation Surveillance	510 Management and Coordination
120 Mobile Population/Migrant Workers & Families	220 Community Based Care and Support	320 Advocacy	420 Behavioural and Contextual Research	520 Programme support and Quality Assurance (QA)
130 Young Peoples		330 GIPA		530 Programme M & E
140 MSM/MSW				
150 Drug Use				
160 Ethnic Groups				
170 Uniformed Services				
180 PMTCT				
190 Blood Safety				
1100 VCT				
1200 STI Services				
1300 Condom Programming				
1400 Mass Campaigns				