

Lao People's Democratic Republic Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/19/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The methods used for gathering NCPI data were: the use of survey questionnaires, key informant interviews (KII), focus group discussion (FGD) and group discussion with the CHAS Ad Hoc Team. The initial validation of data was through the presentation of results during the validation meeting with the CSOs, UN, INGOs, LPN+, and bilateral/multilateral donors which was held at CHAS on March 6, 2014. Two more consensus meetings were conducted on the final data gathered which include all the GARP indicators and NCPI results both for PART A (Government) and Part B (Non-government). The March 24, 2014 consensus meeting was participated by CSOs, UN, LPN+, and bilateral/multilateral donor. The March 26, 2014 was participated in by the NCCA to discuss the findings. The outcome of the NCCA meeting and an endorsement Lao PDR GARPR Report 2014, effecting the changes made during the discussion Both these meeting were held at Rashmis Hotel

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: The process by which agreements were resolved through discussion of various issues objectively supported by evidenced-based information. For example some respondents in the FGD did not know what other CSOs were doing and therefore may put a low mark in certain items. Other participants who are actually implementing the programme of activities provide samples of their own activities in the discussion that will improve the average score for that item

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): There are population groups that need to be characterised such MSM versus MtF TG in doing surveillance studies. There were two studies conducted already for MtF TG in 2010 and 2012. This scenario can create a potential misinterpretation to describe MtF TH as representing the MSM community.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
CHAS	Dr. Kheophouvanh Douanphachanh, CHAS Head of M&E and Surveillance Unit	A1,A2,A3,A4,A5,A6
CHAS	Dr. Khanthanouvieng Sayabounthavong, Head of HIV/STI and Management Unit	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
CHAS	Dr. Khanthanouvieng Sayabounthavong, Head of HIV/STI and Management Unit :	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: National Strategic Action Plan (NSAP) 2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: - The current NSAP 2011-2015 which is in its penultimate year of implementation emphasises the geographic coverage and the quality of services. - It incorporates low-risk men under the same category of "clients of sex workers" in this current NSAP, instead of individual sub-groups as written in the previous NSAP (2006-2010). - The budget for this period of NSAP has been doubled compared to the previous NSAP - The current NSAP is envisaged to reach the Universal Access target in 2015

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: - Center for HIV/ AIDS and STI (CHAS) - Ministry of Health - National Committee for the Control of AIDS (NCCA) - Provincial Committee for the Control of AIDS - District Committee for the Control of AIDS

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: - People with disabilities were not part of the multisectoral strategy in the current NSAP; however some of the respondents feel that people with disabilities should be part of the multisectoral strategy in the future because they also carry the risk of being vulnerable

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Men with multiple partners

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?:

e) A monitoring and evaluation framework?:

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: - PLHIV group like LNP+ was involved in the process for developing the NSAP 2011-2015 from the start until the plan was finally developed and implemented - CSO's specially those involved with the implementation of the HIV, AIDS and STI Programme and Projects were invited to all consultative meetings during the development process - All partners had a hand in endorsing the NSAP after the consolidation meetings with specific activities and budget allocation - Other government agencies involved in the HIV, AIDS, STI Programme got invited to all meetings for planning and report outcome of HIV related activities

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): No

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: No

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 2

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Health System Strengthening components, capacity building for medical and health staff to improve quality of services, strengthen quality control of medicines, logistic and medical supply distribution - Blood screening for HIV tests and access to safe blood; increase in sites for VCT, targeting MARPs to ensure efficiency; access to antenatal services; HIV+ pregnant to receive ARV prophylaxis; training of healthcare workers in STI diagnosis and treatment

5. Are health facilities providing HIV services integrated with other health services?

- a) **HIV Counselling & Testing with Sexual & Reproductive Health:** Many
- b) **HIV Counselling & Testing and Tuberculosis:** Many
- c) **HIV Counselling & Testing and general outpatient care:** Many
- d) **HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few
- e) **ART and Tuberculosis:** Many
- f) **ART and general outpatient care:** Few
- g) **ART and chronic Non-Communicable Diseases:** Few
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) **Other comments on HIV integration:** :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - The HIV prevalence has remained low below 1% in Lao PDR - The HIV prevalence among sex workers has remained low below 5% - The HIV programme has managed to actively engaged the CSO especially for the Global Fund Projects, including the PLHIV groups - The HIV programme has many sectors involved in the programme - The provincial government through PCCA has been greatly involved with the HIV programme in collaboration with the partners at the provincial and district levels - The supervision and monitoring efforts of the CHAS to the Provincial level was highly appreciated by the PCCA and partners - The ART sites have continuously received ARV and OI drugs for its patients - The HIV programme has increased the number of VCT sites - The HIV Law and other HIV policies and regulations has strengthened other health programmes , example, the development of the regulations of medical device and drugs registration and processes, developed by FDD based on the ASEAN Medical Device Directive, these include HIV test kits, ARV and OI drugs quality assurance, and the quality of the supply chain has been through the GFATM funding.

What challenges remain in this area: - The coverage for the referral system of ART to health facilities is not 100% because not all facilities can provide ART and PMTCT, example not all provincial hospitals are providing ART, only 9 sites are providing it; only few district hospitals provide PMTCT and not all provide HIV counseling and testing (HCT). - There is a need to provide capacity building for the personnel to do quality management for products such as drugs and medical device - There is a limited budget for follow up in the quality assurance in the GF medicine products. - The coverage of intervention among migrant workers, school-based population and workplace intervention should be scaled up.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - The Ministers of Health and Chair of the NCCA endorses the results of the MTR of the Ten

Targets - The Deputy Minister of Health (Associate Prof. Dr. Bounkong Syhavong) participated in the Tripartite Meeting during the HAARP Phase 2 program which reviewed major programme design modifications. - The Minister of Health talked about the issues of stigma and discrimination to PLHIV on the occasion of World AIDS Day - CHAS Director chairs the ASEAN Task Force on AIDS (ATFOA) - CHAS Director and Deputy Directors participated in the Consultative Meeting with the PCCA Officials for the ADB Project - CHAS Director participated in the 11th ICAAP, presented several papers, held in Bangkok, Thailand, November 2013. - CHAS Director participated in Leadership Forum 2013:Asia Pacific Getting to Three Zeros, 17-18 November, Bangkok, Thailand - CHAS GF Coordinator participated in the 2013 ICAAP - Government official attendance to CCM meetings - PCCA organized the HIV and AIDS activities during special cultural and religious events (Boat racing festival, WAD, Thatluang festival, etc.)

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?:

Have a defined membership?: Yes

IF YES, how many members?: 17

Include civil society representatives?: Yes

IF YES, how many?: 1

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: - MOH sector-wide coordination mechanism, which includes several working groups such disease prevention and control. In this working group every stakeholder is invited to join in the activities, example policy working group will include all stakeholders including public and private sector, UN agencies, embassies, NGOs, and CSOs. - The CHAS/MOH plays a coordinating role among the stakeholders at the national and provincial level. - There are several thematic working groups on different topics such as MSM; FSW; treatment care and support; prevention; programmatic management group, including M&E. - National AIDS forum: review of the national AIDS response progresses annually. - GFATM CCM has an Oversight Committee (OC) to oversee the implementation of all GFATM grants. - NCCA network goes down to district level is responsible for coordinating the implementation of the AIDS response. This includes the PCCA at the provincial level and the DCCA at the district level.

What challenges remain in this area: - Regularity of meetings of NCCA and PCCA - Limited time of the members of NCCA to fully participate in HIV programme activities. - Cross-sectoral coordination needs to be improved for more effective participation, especially of the CSOs. - Limited budget allocation especially at province and district level.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 26

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: - HIV Prevention and Treatment Gaps: The NSAP (2011-2015) outlines strategies to target mobile populations, however needs to have a more specific policy response for the large numbers of irregular migrants – including undocumented migrants from Lao PDR working in the GMS and undocumented foreign migrants from GMS countries working in Lao PDR. - Irregular migrants in both source and destination countries have limited access to affordable HIV treatment and comprehensive sexual and reproductive health services due to their irregular status and vulnerability to exploitation. - The NSAP also needs to include a more comprehensive policy and program response for documented foreign migrants who are working in Lao PDR in order to better define their entitlements to HIV, health care and social protection in Lao PDR. - For Laotian workers moving abroad, legislation contains no specific provisions mandating recruitment agencies to ensure access to health and medical care, as is the case in legislation of certain other sending countries in the region. - Under the government's decree on the export of Lao workers abroad, recruitment agencies are tasked with providing protection for workers in accordance with employment contracts, which may include provisions for employers to cover health access. - For those workers travelling to Thailand, those who have completed documentation processes have access to health care either via the Compulsory Migrant Health Insurance Scheme or via the Thai Social Security Scheme, alongside Thai workers. The scheme under which a documented worker is eligible to access health care is dependent on the steps they have completed towards full registration in Thailand.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 9

Since 2011, what have been key achievements in this area:: - The Mid-term review of the 2011 Political Declaration Targets and its alignment to the five year NSAP 2011-2015. - Continuous dissemination of the HIV Law by the parliamentarians since it was passed by the National Assembly and promulgated by the President afterwards. - The commitment of the NCCA chair to achieve MDGs (including MDG6) and reaching Three Zero strategies. - Involvement of the National Assembly in the dissemination of the contents of the Law on HIV to the public, especially addressing the issue of stigma and discrimination. -

Consideration of the extension of the NCCA membership to key affected population and private sector. - Membership of the CCM includes heads and or deputy heads of government agencies including parliamentarians and the CSO sector. - Chairing of CHAS Director to ATFOA - PCCA of all provinces are chaired either by the Governor or Deputy Governor - Central and Provincial Hospital Directors actively support the 9 ART sites

What challenges remain in this area: - Allotted time of NCCA members because the membership is not full-time. - Law enforcement should be strengthened - More participation of leadership in HIV related activities and fund raising is needed. - More local budget allocation is needed aside from the national budget which usually comes from the donor funds - HIV Law and Policy should be more widely disseminated by local authority

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: - Constitution of the Lao PDR: Article 25. The State attends to improving and expanding public health services to take care of the people's health. - Law on Development and Protection of Women: Article 16. Equal Cultural and Social Rights - The State promotes and creates conditions for women to enjoy equal cultural and social rights as men, such as rights to participate in socio-cultural activities, art performances, sports, education, public health, [and] in research and invention in socio-culture, and science and technology. - Law on the Protection of the Rights and Interests of Children: Article 6. Non-Discrimination against Children - . Article 17. Care of Children Affected by HIV/AIDS - The State and society shall create conditions for children affected by HIV/AIDS to have access to health care and education, to live. Article 31. Education for Children Affected by HIV/AIDS -The State creates conditions for children affected by HIV/AIDS to receive education and to participate in various activities in school without discrimination. Disclosure of the HIV/AIDS status of children is forbidden. - Law on Drug control, prevention, protection, treatment and rehabilitation for

addict: Article 2 of the law stated that children infected and /or affected by HIV/AIDS are among those children who are in need of special protection - Law on HIV/AIDS Control and Prevention: Article 34: Non-discrimination and non-stigmatisation - People living with HIV/AIDS as well as affected people are equal to other people in the society with regards to living in the society and daily life activities without stigmatisation and discrimination. Article 52: Prohibitions for individuals and other organizations - 6. Discriminate, stigmatize, look down on , use violence, threaten and say bad things about people living with HIV and AIDs or affected people and health service providers.

Briefly explain what mechanisms are in place to ensure these laws are implemented: - Lao citizen, foreigners and people with other nationality residing in the Lao PDR have right to access to information on HIV/AIDS control and prevention. The government, organizations and societies have provided information consistently with regulations, laws, traditional cultures and local texts. - The National Assembly is in the process of establishing an HIV interest group of parliamentarians who will be tasked with monitoring the implementation and effectiveness of the new HIV Law. - Decree of the President of the Lao PDR was issued to promulgate the Laws - Decree of the Prime Minister of the Lao PDR was issued to implement the Laws - The Laws have been disseminated through various means to all sectors concerned and general public - National commission for advancement of women has been established to monitor the implementation of CEDAW and other legislation regarding the development and protection of women and children - The line ministries and organisations (Lao Women Union, Lao Youth Union) take responsibility to disseminate and develop under law legal framework for implementation and oversee the implementation of the related laws. - The Lao National Assembly regularly meets and is able to discuss issue related to the implantation of this law. The responsible Committees within the National Assembly is responsible to supervise the implementation of the laws

Briefly comment on the degree to which they are currently implemented: - The Law on HIV has been disseminated nationwide, in collaboration with the National Assembly and affiliated ministries. - The National Assembly and Ministry of Justice have gone to selected provinces and communities to address the contents of the law to the public - The HIV Law is in its early phase of implementation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: NSAP (page 29) - Ministry of Education to expand life-skills education in schools and include HIV and sexual health, based on recent evaluation - Expand outreach interventions by concerned sectors for out of school youth and disadvantaged children based on the recent MARA assessment Policy for HIV/AIDS/STI in Lao PDR: (page 7) - In-school Youth: School children will be equipped with skills, knowledge and attitudes to avoid HIV and STI infection through life-skills education - Out of school youth: The Central Lao Youth Union is responsible for out of school youth throughout the country, to carry out the survey to determine their risk behaviours, to carry out interventions, education, with a focus on group discussion to raise awareness on HIV and STI

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: General population; Youth; PLHIV

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 9

Since 2011, what have been key achievements in this area:: - Prevention coverage by peer-lead Interventions to SW and MSM has increased - Increased VCT uptake including increased number of VCT sites - Increased number of pregnant women received HIV tests and know their results - Integration of HIV into Comprehensive MNCH package of service; - Condom distribution through different channels had made condoms widely available - Drop-in-centre in partnership with civil society is functioning - Dissemination of Law and Policy - Training workshop for spouses of VIP and businesswomen - Training workshop

for members of mass organization, such as LWU, LYU, LTU - TV and Newspaper interview of the CHAS Director

What challenges remain in this area: - Quality of preventive packaged interventions needs to be improved, for example VCT. - Sustainability of prevention programme, especially in the context of shortage of fund - Behavioural trends of target populations are evolving, which make it hard for the programme to reach the targets. - Lack of systematic information to monitor the target population and the programme. - Capacity of implementers, needs continuous training and updating. - The GF budget for IEC has been reduced

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: - Through forecasting of condoms for the use of the vulnerable population, - Through estimation of the number of KAPs such as sex workers, MSM/TG, PWID. - Through estimation of needles to be used for needle exchange program. - Through forecasting on the number of Infants born to identified HIV + mothers to receive ART. - Through estimation of the number of PLHIV who will be needing ARVs, OIs, and laboratory procedures.

IF YES, what are these specific needs? : - The need of ARV in PMCTC among HIV pregnant women. - The need of ARV among children born to HIV positive mothers. - The need KAP to access condom for SW and MSM/TH. - The need for PWID to access to sterile needles. - The need for Sex workers, MSM/TG, and PWID to access to STI services. - The need for PLHIV for psychosocial support, access to ARV and OI drugs. - The need for treatment, care and support.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: - Quality VCT services in 94 priority districts - ARV/OI treatment integrated in all provincial hospitals - Co-infection HIV/TB by PICT approach implemented nationwide - PLHIV support groups exist in 13/17 provinces

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Meaningful engagement of PLHIV self-help groups in care and support - Involvement of CSO, networks and associations to take part in care and supports and referral for treatment. - Increase VCT coverage - Referral system for ART from drop-in-centres that targets KAP - Mainstream ART in general public health system - Cross screening of HIV among TB patients and vice-versa.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: - Psycho-social support for PLHIV by CSOs and self-help groups - Set up revolving funds for PLHIV and those affected by HIV and AIDS - Vocational promotion for PLHIV and those affected by HIV and AIDS - Provision of travel cost and per diem for PLHIV to come to ART sites for medicines and testing - Support for orphan both financial and psychological

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: Yes

IF YES, for which commodities?: GFATM system provides regional procurement and supply management mechanism for ARV, condoms and essential drugs and test kits, including emergency purchase of important commodities. - Purchase equipment through regional procurement process

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: - Increased number of people receiving ART both in children and adults in ART sites - Treatment guidelines and PMTCT guidelines are printed and disseminated - Equal access to ART treatment and care and support for PLHIV - Co-management of TB and HIV; TB/HIV guideline printed and disseminated - Increased VCT coverage and uptake - More CSO involvement in care and support at community level - Improved monitoring system - Expand ART site to ensure that remote provinces are covered

What challenges remain in this area: GFATM procurement procedures at sometimes causes stock-out of commodities - Forecasting of buffer for stock-outs - Highly dependent on GFATM support for treatment - PLHIV still come for treatment at late stage, when CD4 count is already very low (less than 200) - Provision of CD4 machine to all ART sites - Establishment of National ART Committee to provide technical support and guidance to ART site medical staff and support team for training and research - Increase awareness of the availability of drugs and services - Improvement of activity to address ARV toxicity, adverse reactions and drug resistance

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area:: - Increased number of children receiving ARV in ART sites - Equal access of children to ARV treatment, care and support, - Co-management of TB and HIV - More CSO involvement in care and support at the community level - Improved monitoring system

What challenges remain in this area:: - Highly dependent on GFATM supports for treatment - Weak coordination with Ministry of Labor and Social Welfare to address OVC - No specific project/plan addressing OVC - No monitoring indicator on OVC - Mapping of OVC

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: - The M&E and Surveillance Unit of CHAS was previously under the Planning Unit but now organized as one of the Units at CHAS, M&E and Surveillance Unit, which needs additional staff - There is shortage of M&E staff at the provincial and district level - There is a need to have a unified routine data collection system - There is a need to increase the capacity of staff to collect data at primary level - There is a need to install feedback mechanism and quality assurance system - Strategic information has not been used fully, hence lack of the needs to develop a functional unified system - Behavioral data are still collected on ad-hoc bases - Inadequate capacity on data analysis

1.1. IF YES, years covered: 2012 -2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?:

Briefly describe any obstacles:: - There is shortage of M&E staff at provincial and district levels - There is a lack of unified routine data collection system at some provinces - There is a need to train the staff to collect data at the provincial and district levels. - There is lack of a feedback mechanism and quality assurance system - Strategic information needs to be fully utilized to develop a functional unified system - There is a need to augment the budget which is 5% of the total budget at the moment

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Head of M&E and Surveillance Unit	Full-time	2013
Deputy Head of M&E and Surveillance Unit	Full-time	2013
Technical Staff of M&E and Surveillance Unit (4)	Full-time	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: - Key partners (national and international) are supposed to send their programme monthly reports to CHAS for compilation and analysis - There is the mechanism for submission of reports from the district level, to the provincial level, and to the national level described in the National M&E Plan - There is an annual meeting among stakeholder on the Programme/Project results. - There are special meetings for ad hoc studies or researches presented to various stakeholders such as IBBS results, studies on MSM and TG among others - Quarterly meeting with USAID and PSI to report on project implementation progress - Access to PUDR submitted by Sub-Recipients to the PR - Ad hoc meeting of the National HIV Task Force on AIDS - Sharing of information during annual NCCA meeting

What are the major challenges in this area:: - Some partners don't report about their project activities on HIV and AIDS to the National Programme of HIV, AIDS and STI, based in CHAS, therefore the CHAS does not have the information of these

project activities and report is wanting. - There is a variation in the submission of reports from various implementers due to varying requirements of donors, example Global Fund requires submission every six months and some quarterly. - There is a coordination issue, many partners send their report late or only sent when requested. - Many reports are sent incomplete.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: • CHAS M&E Unit collects data and information from all partners including PCCA, ART sites, NGOs and CSOs, the data and information are collated, analyzed, documented and disseminated. • CHAS also conducts regular studies and research such as rapid assessment, IBBS, in collaboration with partners

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?: - Sex workers (SW) - Men having sex with men (MSM) - People living with HIV (PLHIV) - Pregnant women - Client of sex workers - Partners of MSM - PWID

Briefly explain how this information is used.: - Projections are made on the number SW, MSM, and PLHIV in order to project the packaged of services needed for the prevention intervention programmes, such as the number peer of educators needed to reach the projected number of peers, the number of outreach workers, the number of trainings for the outreach workers and peer educators, the number of STI kits for STI management, number of HIV test kits, number of VCT conducted, and number of condoms needed either for social marketing or free distribution. - For PLHIV, number who people who will need ARV and OI drugs, laboratory procedures such CD4 cell count, viral load and other basic laboratory procedures, care and support services, economic support, nutritional support among others

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: - Provincial and District level

Briefly explain how this information is used.: - The provinces with ART sites are given allocation for the number of ARVs and OIs needed based on their projected number of PLHIVs. - CHAS and partners provide free condoms for the provinces according the projected demand. - Provinces with more projected SW and MSM are given priority in terms of focused prevention intervention activities.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: - Planning purposes in terms of coverage and budget allocation - Use for mid-term reviews, example MTR of Ten Targets, whether targets are on track - Track the trends of various indicators - Used to develop concept paper and proposal for funding support - Used to revise the policy and strategy and develop the new NSAP 2016-2020, for annual plan

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained:: 200

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?: 7

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities: - Training on the use of software "HIVCAM plus" by CDC/Thailand-US Collaboration - Training on the use of software monitoring and evaluation reporting system (MERS) - Bilateral training workshop (Lao-Thailand) on estimation and projection - National workshop on M&E tools and reporting forms - Development of SOP and handbook on M&E

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: - The use of Strategic Information through the strengthening of the M&E System by the use of the software called "HIVCAM" and now called the HIVCAM plus, for clinical monitoring of PLHIV, used in ART sites. The TA was provided by CDC/Thailand-US Collaboration who fixed the software. - The launching of prevention software called the VCT software and the software for STI used for the Monitoring Evaluation Reporting System (MERS) - Development of the new protocol for IBBS, set-up laboratory protocol for MSM and Sex Workers - Procurement of 3 new CD4 machines - Discussion has been made to improve laboratory quality assurance mechanism and reporting

What challenges remain in this area: - Implementation of these new protocols which have been recently launched and piloted - Adherence to the quality guidelines on the use of ARV, OI, PMTCT and Clinical Management - Diverse capacity of reporting sites - The new software is still in English version, there is need to translate to Lao for ease data entry and reporting

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples: - Attended meetings, assisted in the drafting of strategy but needs to have more research to have evidenced-based information and to identify gaps - The civil society has mainly a role in programme implementation, and only ad hoc technical task force meetings, but little involvement in programme quality control. For example, NCCA and PCCA committees have no civil society members involved. - The civil society has little power and very little leverage with leaders and government, and can thus play only a limited role in formulation of national strategy - The CSO receives Global Fund support from the government - The CSO focuses on implementation and advocacy on MDG targets

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts): 4

Comments and examples: - The Global Fund Project provided the opportunity to be involved in planning and budgeting process and to attend meetings and review the draft. For PSI they were greatly involved with planning meetings with both GF and USAID funded projects. - The civil society organisations have been mainly involved in the activity plan. - CSOs while invited to attend planning meetings, the impression of some is that this is only a token, and that only rarely are the opinions and inputs of CSO sought and included. Where these are included, opinions that run contrary to the official line, or might be construed as "critical" of government, or show the country in a negative light, are often censored in published or official documents.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples: - Increase investment and involvement by the civil society organisation targeting MARPS and Key Affected Population (KAP) in providing HIV prevention, treatment, care and support interventions. - Services are mainly part of the National strategy, only from bilateral/multilateral/GF funding, - HIV is integrated into the CSOs programme of support to government, both in maternal health and youth. CSOs do not provide funding to government budget but support through implementation of activities through agreed work plan. - CSOs provide inputs to the national reports.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 3

Comments and examples: - CSOs were all invited and only a few did not attend the M&E TWG; - CSOs were invited and fully consulted for decision to be made particularly for the National HIV and AIDS meeting, Oversight and CCM meeting - M&E system needs to be improved aligned to the quality of services; - Implementers should be trained to use the tools of M&E - The Center for HIV/AIDS and STI representing the national programme operation is in charge of the development of the national M&E plan. The Civil society had a limited role in the national M&E development, including indicator set-up.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples: - Network of PLHIV such as LPN plus is represented in some of the areas supported by LaoPHA at the National level and at the provincial level - Peers Network is involved supported by NCA. - LNP+ is an active participant in both the Oversight Committee and Country Coordinating Mechanism of the Global Fund in the Lao PDR. The LNP+ just officially been registered as association early 2012. - There is no sex-workers organisations and in general a limited number of NGOs involved however the government and some CSOs have been already working with them, e.g. DIC, peer-led intervention and survey - Groups represented are mainly people living with HIV. While this group may include MSM, SWs or PWID, their issues are generally secondary, or even ignored.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 4

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: - CSOs are not able to fully access financial and technical support from the government, although the government is providing the CSOs the opportunity to access those kind of support, GF support in prevention intervention activities provided to MARPs such as the SW and MSM including PLHIV - Since GF and bilateral funding are the main financial support to the civil society, local resource mobilization is limited. - Sustainable financial support is difficult to attain - Technical support from the government is limited to CHAS. TA for CSOs should be identified and be available if there's a request.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: 51-75%

People who inject drugs: <25%

Sex workers: 51-75%

Transgender people: 51-75%

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: 25-50%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 8

Since 2011, what have been key achievements in this area:: - There is transparency in the process of recruiting and implementing as discussed in the MOH level and the CCM; - Involved in the development of Global Fund Proposal in all rounds; - Implement the National Strategy; Reaching high targets - More civil society organisations have been legally recognised, however, there is a limited capacity and coordination. - The Global Fund project has increased the efforts of civil society's participation in 2013 - The government has given opportunities to any organisation to register in the ministry of public security. There have been more than 200 organisations registered. - Many organisation boost up to support HIV/AIDS project plans. - Since this time LNP+ has been invited to participate in the Oversight Committee (OC) and the Country Coordinating Mechanism (CCM) on the Global Fund, as well as other national level policy discussions on HIV - CSO involvement has been significantly and increasingly recognised and accepted - All existing CS has been encouraged to be part of the national AIDS programme. Civil society organisations have been the main implementing partners in GFATM supported activities. - LNP+ has been officially registered as an association. - Examples of active involvement of CSO in partnership with the Government sectors include the Stigma Index Survey conducted with participation of LNP+, French Red Cross and CHAS; the pilot outreach harm reduction prevention for PWID in partnership with LNP+, UNODC and Lao Youth Union; - The New Friend Network for MSM with participation from PSI and LNP+; and - The outreach implementation of the AIDS Law through the development of a framework for reducing Stigma and increase access to service

What challenges remain in this area:: - Not all CSO are invited to provide services, some are involved with little work to do but in fact they can do more work; - CSOs don't have participation in the national M&E, example the GF, only CHAS is involved and not CSO; - Balance of investment among CSO among partners; - Meaningful participation of KAP and PLHIV; - Capacity and coordination mechanisms are main challenges for involving civil society in the national programme; - Limited access to funding and the budget is limited to HIV/AIDS work-plan only; - The political climate hampers the CSOs access to broader participation; - Inadequate condoms and STI drugs for civil society to support their programme activities; - Major decisions like taking over of a project not completed by another CSO still need policy guidelines on how these changes should be handled to provide equity among other stakeholders; - Participation is often tokenistic; - Coordination and communication between the CSOs and government need to be improved; - Language barriers and limited skills inhibit civil society organisations from participating in a more meaningful way; - There's the need to involve and establish more networks (e.g. SW, MSM networks....) diversify and boost organisational structure of CSO; - Need to scale up CSO involvement through capacity building and advocacy to get more CSO involvement in other forum (CCM, M&E).

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: - Through consultative processes of the development, PLHIV and MSM are involved; however, due to limited capacity and power to negotiate with the policy makers, there is still a room for improvement. - The government has facilitated support from donor, example Global Fund; in IDU Project access to funding was in partnership with the government - PLHIV and MSM are included in important meetings - PLHIV has representation at the CCM of the GF including representation in various local and international meetings and conferences. - Through CHAS, PLHIV have been involved in governmental HIV policy design and programme implementation, for example the OC and CCM, the HIV National Strategic Action Plan and in the Secretariat of NCCA. - Few PLHIV are invited to participate in these meetings while other vulnerable populations are not involved, - PLHIVs are invited to become members of the NCCA and PCCA - PLHIV, LNP+ representatives and other SCO (NGO, faith-based organizations) have been invited to attend consultative meetings and discussion during the development process of the National AIDS Strategy and Action Plan; Law on HIV; proposal for GFATM grants. PLHIV and other CSO have taken part in surveys to feed up information on various high-risk groups and key affected groups (sex workers, MSM/TGs, migrants, PUD/PWID) to the national strategic information system.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: - Constitution of the Lao PDR: Article 25. The State attends to improving and expanding public health services to take care of the people's health. - Law on Development and Protection of Women: Article 16. Equal Cultural and Social Rights - The State promotes and creates conditions for women to enjoy equal cultural and social rights as men. - Law on the Protection of the Rights and Interests of Children: Article 6. Non-Discrimination against Children - . Article 17. Care of Children Affected by HIV/AIDS - The State and society shall create conditions for children affected by HIV/AIDS to have access to health care and education, to live. Article 31. Education for Children Affected by HIV/AIDS -The State creates conditions for children affected by HIV/AIDS to receive education and to participate in various activities in school without discrimination. Disclosure of the HIV/AIDS status of children is forbidden. - Law on Drug control, prevention, protection, treatment and rehabilitation for addict: Article 2 of the law stated that children infected and /or affected by HIV/AIDS are among those children who are in need of special protection - Law on HIV/AIDS Control and Prevention: Article 34: Non-discrimination and non-stigmatisation – People living with HIV/AIDS as well as affected people are equal to other people in the society with regards to living in the society and daily life activities without stigmatisation and discrimination. Article 52: Prohibitions for individuals and other organizations – 6. Discriminate, stigmatize, look down on , use violence, threaten and say bad things about people living with HIV and AIDs or affected people and health service providers. - Family Law: Article 2. Equality between men and women in family relations - Men and women has equal rights in all aspects pertaining to family relations.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: - Lao citizen, foreigners and people with other nationality residing in the Lao PDR have right to access to information on HIV/AIDS control and prevention. The government, organizations and societies have provided information consistently with regulations, laws, traditional cultures and local texts. - The National Assembly is in the process of establishing an HIV interest group of parliamentarians who will be tasked with monitoring the implementation and effectiveness of the new HIV Law. - Decree of the President of the Lao PDR was issued to promulgate the Laws - Decree of the Prime Minister of the Lao PDR was issued to implement the Laws - The Laws have been disseminated through various means to all sectors concerned and general public - National commission for advancement of women has been established to monitor the implementation of CEDAW and other legislation regarding the development and protection of women and children - The line ministries and organisations (Lao Women Union, Lao Youth Union) take responsibility to disseminate and develop under law legal framework for implementation

and oversee the implementation of the related laws. - The Lao National Assembly regularly meets and is able to discuss issue related to the implantation of this law. The responsible Committees within the National Assembly is responsible to supervise the implementation of the laws

Briefly comment on the degree to which they are currently implemented: - The Law on HIV has been disseminated nationwide, in collaboration with the National Assembly and affiliated ministries. - The National Assembly and Ministry of Justice have gone to selected provinces and communities to address the contents of the law to the public - The HIV Law is in its early phase of implementation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies::

Briefly comment on how they pose barriers::

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: - A National Commission for the Advancement of Women (NCAW) was set up in 2003 to drive national policy to promote gender equality and empower women, previously under the Lao Women's Union. NCAW has developed its second National Strategy on the Advancement of Women for 2011-2015, which outlines how to translate political commitments to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other international agreements into practical actions, as well as

integrate gender equality principles into national laws and policies. 'Sub-CAW' units were established throughout the country at all ministries, state organizations and at provincial, district and village levels, to enhance central policy-making and aid in monitoring CEDAW. - The 2004 Law on the Development and Protection of Women focuses on eliminating discrimination against women, combating violence, and creating an enabling environment for women's empowerment. - The Family Code has been amended to remove discrimination against women in matters of marriage and inheritance, repealing a lowering of the marriage age of girls to 15. - The Government provides counseling, economic support and social supports In 2010 the National Assembly organized a national consultation on VAW and formed a working group towards writing a Domestic Violence Law. - There is a policy that reduces violence among women and family. NCA is implementing a project in Bokeo and Luang Namtha regarding this policy.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: - In the HIV Law, it says that all people are provided access to prevention, treatment, care and support - Rewards given to individuals, families or organization who distinguished themselves by their compliance, this law enforcement primarily in the area of preventions, treatment, care and support for the people who living with HIV/AIDS. - It is stated s one of guiding principles of the NSAP and is ensconed in the Law on HIV - The National AIDS Strategy and Action Plan: 6.3. Respect for Human Rights: The national AIDS policy recognizes the intimate link between HIV/AIDS and human rights. People who are most at risk of HIV infection are often the most difficult to reach because commercial sex work and drug use are illegal, homosexuality remains a social taboo and drives men who have sex with men underground and trafficking is problematic to track effectively. - The National Strategy and Plan and the National AIDS Policy mirror the constitution in taking universal human rights and the dignity of all Lao people, including their sexual and reproductive rights, as guiding principles. There should be no discrimination on the basis of gender, disease status, sexual behavior or sexual orientation. HIV testing without prior informed consent is never acceptable (unless anonymously unlinked for screening purposes) and it is essential that every HIV test result remains confidential. - Not explicitly mentioned In NSAP for Drug User, access is evidenced-based human rights but not right to health.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: - Antiretroviral treatment - this is provided free of charge to all PLHIV through the Global Fund. - HIV prevention services - testing is free to all, million condoms (check number) are distributed free of charge and there is also condom social marketing. VCT is provided by the public sector. - HIV-related care and support interventions - under the GF support travel cost and some DSA are provided to PLHIV by public ART sites, some civil society organizations also provide support for these interventions - The National AIDS Strategy and Action Plan 2011 -2015 has identified sex workers, MSM, drug users/injecting drug users and men with multiple partners are priority target for prevention interventions. - For all the prioritised populations, there are sub-populations that are hard to reach such as mobile (freelance) sex workers; men who have sex with both men and women; keeping drug can be perceived as illegal hence it's hard to reach to this population. - Despite all efforts, the prevention services can only reach to those who have identified themselves, or reached by peer outreach group. Furthermore, stigma and discrimination have hindered the efforts to reach these populations.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: - HIV Law includes access to services for everyone who needs it - General population, migrants and orphaned and children affected by HIV/AIDS are included in the national strategy and action plan and policy. - In the National Strategy, all Lao national has equal access to HIV programming National AIDS Strategy and Action Plan 2011-2015: - A gender analysis framework must be applied to all planning, service delivery and research processes Increase coverage and quality of HIV prevention services, resulting in 80% coverage of most-at-risk populations including sex workers, MSM, drug users and their sex partners. - Scale-up workplace prevention for professional groups including behavioural change communication, condom promotion, STI treatment and HIV counseling and testing.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: - Sex workers and MSM can access to it. TG can also access VCT at DIC and participate I the survey and in peer-led intervention. - Condom for social marketing purpose is widely available in the country for all. - Voluntary counseling and testing is offered to all citizens. - 9 ART hubs are offered to all patients nationwide. - For FSW - DICs is the place to access services. MSMs also access DIC for services. - Other populations can access public hospital for services. - Community based care and support for PLHIV have been provided by community and peers. Services include care, support and encouragement as well as raising awareness about preventing from transmitting HIV to other people. No sign of stigma and discrimination found at communities.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: - Tripartite Declaration on HIV/AIDS at the Workplace between The Ministry of Labour and Social Welfare, The Lao Federation of Trade Unions and the Lao National Chamber of Commerce and Industry stipulate in point 6: HIV/AIDS screening should not be required of job applicants or persons in employment. Editor: The laws do not explicitly state that it prohibits HIV screen for general employment purpose. - Law on HIV/AIDS: Article 34: Non-discrimination and non-stigmatisation - PLHIV as well as affected people are equal to other people in the society with regards to living in the society and daily life. In article 52.7: Individual and other organizations are prohibited from expel a healthy HIV positive person from his/her jobs or refuse to employ him/her - (The HIV Law includes an article which prohibits HIV screening for general employment purposes and states that PLHIV have the same employment rights.) - The Law prohibits HIV screening for employment but not for obtaining marriage license

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area: - The Law on HIV/AIDS Control and Prevention has been approved by the National Assembly in 2011. - The National AIDS Strategy and Action Plan was developed and approved in 2010 but implemented in 2011-2015. This strategy was developed through a participatory and inclusive process with participation from all stakeholders through an evidence-based approach. - The right to have access to ART, VCT, STI drugs, and HIV rapid test is encouraged. - The policies and laws are promoted at all levels but not to the affected community

What challenges remain in this area: - There are policies but no mechanism to promote. - Mechanism for monitoring needs to be developed to regulate the implementation of this law - Listening to the voice of the civil society organisations - Due to political situation, there is no blatant and open discussion on regulations, level of authority at all levels but not to the key affected population - Dissemination the Law to key stakeholders has not been done intensively. - The implementation and enforcement of the law is weak. - Contents of the laws have not reached to the general and concerned populations

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 6

Since 2011, what have been key achievements in this area?: - Policies are in place - The AIDS Law is being implemented

What challenges remain in this area?: - Policies are in place but there is no mechanism to implement it. - M&E mechanism with reference to human rights is required together with human resource and financial support for routine follow up and monitoring of the implementation. - Have not seen the implementing rules and regulations even in the discussion at the local level - Despite the availability of HIV testing, people who are in need still found it hard to access to HIV testing.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: - Key Affected populations have the basic human rights, as such they have the right to access to treatment, care and support services, but there is a barrier to Sex worker access to services - Civil society works with the KAP - Some components, the needs are mainly determined by the national strategy; for example, M&E plan. Consultative processes were undertaken. - Rapid Assessment of the IDU in 7 provinces - Mapping of risk groups - Using information from studies/ surveys - Statistics provided by CHAS - The specific needs for HIV prevention programmes are described in the National AIDS Strategy and Action Plan. These needs were determined based on the evidence collected from surveillance survey findings, the mid-term assessments of the implementation of the NSAP, the UNGASS Country Progress Report, 100% Condom Use Programme Assessment and GFATM monitoring indicators; National AIDS Routine Reporting system and other ad hoc studies.

IF YES, what are these specific needs? : - Treatment, care and support for the PLHIV - Information education among KAP - ART, Prevention among key population - VCT among IDU, no HIV testing for them available - Minimum package of services, harm reduction package; all programs are donor dependent; data on IDU outside of Phongsaly; need for IDU to get treatment but afraid of arrest - Monitoring and Evaluation of the specific needs

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - LaoPHA- Able to organize the network for PLHIV, achieved indicators for the GF project increase; - PEDDA- prevention knowledge among KAP and PLHIV, including their inclusion to CCM; - NCA- Peer Education for KAP, condom provision, participation in meeting to learn; access to treatment for women and children - Able to get IDU data from other provinces - Efforts are being made to link antenatal care with information on prevention of vertical transmission. - Prevention among key population group has been enhanced through increasing engagement with CSO. - Piloting of harm reduction (clean N&S exchange and condom distribution) for injecting drug users in 2 northern provinces of Lao PDR - New law has been approved creates an enable environment for prevention programme implementation - Scaling up of all preventive intervention among key populations (more project, more sites, more key population reached and have had access to interventions) - Policy dialogue at national assembly level which also supports the prevention programme - Increased budget have been allocated to prevention activities (doubled) - Outreach worker protocol for MSM - risk behavior reduction manual

What challenges remain in this area: - There is a limited support from the provincial government; - There are some problems in terms of coordination and making the government understand about the project activities; - There is a problem with orphans living with relatives who also are in poor health; - There is a problem in adherence to treatment of these orphans and their RH needs when they become adult, mostly does not know their status; - There is a problem in tracking of FSW and other target groups such as mobile population, duplication of number reached; - There is an obstacle in reaching high risks groups and promote access to services, local policy may hinder the outreach activities to FSW; - There is need to share information on HIV work with other stakeholders/implementers, communication is a challenge, inefficient use of resources; - There is a limited funding to replicate good practices; - Condoms and STI drugs don't arrive on time for implementers' use; - There is a problem in the rising number of people living with HIV; - There is a limited financial resources for the CSOs to run prevention programmes; - It is only recently that injecting drug users have been acknowledged as populations that are at risk; - There is a low ANC coverage; and - There is a limited capacity of staff (government and nongovernment) at district, and community level

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized: - HIV Prevention prioritizing KAP, treatment, care and support, needs-based on CD4 determination; - HIV prevention among key population groups; - ART and care and support for PLHIV; and - Counselling, economic and social support

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Prioritization of KAP, counseling "test and test" - New ARV hubs were established one in the Northern Province and one in the Southern province. - Training of medical personal in the use of ARV (Antiretroviral) drug according to the national guidelines - The number of VCT sites have been increased and standardized base on the National AIDS Strategy and Action Plan - HIV/AIDS Basic VCT training manual has been developed and delivered nationwide. - The HIV/TB programme is being implemented but will need to extend to provincial level. The TB-HIV co-infection guideline and distributed nationwide. - The National ART and OI guidelines has been

approved by CHAS and will be disseminated soon - HIV and Nutrition: PLHIV will be included as target populations of the National Nutrition Programme

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Strongly agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly agree

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

Psychosocial support for people living with HIV and their families: Strongly disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]: Referred to VCT/STI Services

: Agree

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - The HIV Counseling and Testing, referral system are in place; - There is a regular follow up and adherence to treatment among PLHIV - Most of the PLHIV who were identified positive were enrolled and received services. - There is an increasing coverage of ARV - The National ARV guidelines have been pre-printed and disseminated - The National OI guidelines have been pre-printed and disseminated - The Standard operational procedure (SOP) for voluntary counselling and testing has been pre-printed - The Practical manual for linked response for PMTCT (CHAS, UNICE) is ready for printing - The Minimum package for comprehensive treatment and care/continuum of care (COC) is being finalized - HIV - TB linkage has been initially implemented and scaled up nationally - PMTCT has been implemented and increased in coverage - HIV - Nutrition has been implemented to some extent

What challenges remain in this area: - Procurement of ARV and HIV testing kits normally delayed - Delay in the delivery of drugs; - access to counseling for children and TG; - comprehensive package of care - services such as psychosocial support - quality monitoring are required to avoid stock out or expiration of ARV. - Knowing what is going on with other interventions - Lack of funding procurement and coordination in provision of treatment, care and support. - Migration of PLHIV out of Lao, PDR, Incomplete information regarding the situation of PLHIV in the Lao, PDR. - Estimation of ARV and HIV testing kits needs for planning and procurement purpose still needs to be improved - There is no existing mechanism for continuum of care (COC) - Comprehensive M&E system for treatment and care is not yet set up - HIV and Nutrition programme should be integrated - Funding relies only on GFATM

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - LaoPHA -established a network of Children in 3 provinces, Savannakhet, Champasack, Vientiane Capital - NCA- supported scholarship up to secondary level and become peer counselor - Provision for transportation for check up and get ARV from the facility, nutritional support provision

What challenges remain in this area: - There is an Increasing number of PLHIV, - There is a limited budget for HIV treatment, care and support programme, - There is a need to look at the nutrition provision for mother and child for PMTCT programme