

Survey Response Details

Response Information

Started: 1/8/2010 2:46:38 AM

Completed: 1/25/2010 10:14:31 PM

Last Edited: 4/1/2010 11:59:10 PM

Total Time: 17.19:27:52.6660000

User Information

Username: ce_LA

Email:

Response Details

Page 1

1) Country

Lao People's Democratic Republic (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Center for HIV/AIDS and STI, Ministry of Health

3) Postal address:

Km3 Thadeua Road, Vientiane Capital, Lao PDR

4) Telephone:

Please include country code

856-21-315500, 856-21-354014

5) Fax:

Please include country code

856-21-315500, 856-21-354014

6) E-mail:

gfachas.chansy@gmail.com

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

Page 3

8) Describe the process used for NCPI data gathering and validation:

Briefing meeting on UNGASS country report preparation with the key partners concerned and for NCCA member. Distributed the NCPI form part A to Government partners and NCPI form part B for International and NGOs partners for answering the question. Data collection from partners and enter data, analysis data. Consultation meeting with all partners on result of NCPI. Correct data by

comments and advices from partners and analyse report.

9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

N/A

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

N/A

Page 4

11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Center for HIV/AIDS/STI	Dr. Chansy Phimpachanh, Director	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Center for HIV/AIDS/STI	Dr. Chanthone Khamsibounheuang, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Center for for HIV/AIDS/STI	Dr. Phouthone Souttalack, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Center for HIV/AIDS/STI	Dr. Keophouvanh Douangphachanh, Head of Administrative and Technical officer	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Labor and Social welfare	Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of National Defence	Dr. Chanthaphone, NCCA member	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Public Security	Mr. Vongdeuane Sengsuriya, Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Public work and Transport	Mr. Xayabandith Insisiengmay, Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Lao Red Cross	Dr. Soulany Chansy, Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Lao Women Union	Ms. Lavanh, Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Lao Youth Union	Mr. Thondeng Sanepraseuth, Focal for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Lao Federation Trade Union	Mr. Vanhkham, Focal pont for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent	Lao National Front	Mr. Souvath Souvath, Focal point	

Respondent	Organization/Position	Contact Name/Title	Response
13	Laos National Front construction	Mr. Saysavath Sayasouth, Focal point for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
14	Ministry of Education	Ms. Phouangkham, Focal point on HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
15	Ministry of Information and Culture	Mr. Viyoline Phrasavanh, Focal point on HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
16	Department of Hygiene and Preventive, Ministry of Health	Dr. Vankeo Radsabud, Technical	A.I, A.II, A.III, A.IV, A.V
17	Department of Curative, Ministry of Health	Dr. Hongthong Sivilay, Technical	A.I, A.II, A.III, A.IV, A.V
18			
19			
20			
21			
22			
23			
24			
25			

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

N/A

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

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 UNAIDS Dr. Pascal Stenier, Country coordination of UNAIDS	B.I, B.II, B.III, B.IV

15)

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 UNAIDS Dr. Khamlay Manivong, SMA, UNAIDS	B.I, B.II, B.III, B.IV
Respondent 3 UNDP Ms. Theresa Diouf, Programme analyst	B.I, B.II, B.III, B.IV
Respondent 4 WHO Dr. Dominique Ricard, Medical officer on HIV/AIDS/STI	B.I, B.II, B.III, B.IV
Respondent Ms. Verity Dutton, Chief HIV/AIDS	

Respondent 5	UNICEF	Ms. Venny KUSTON , Chief HIV/AIDS section	B.I, B.II, B.III, B.IV
Respondent 6	UNFPA	Dr. Loreto Roquero, HIV/AIDS and RH programme specialist	B.I, B.II, B.III, B.IV
Respondent 7	World Bank	Dr. Phetdara Chanthala, Human development operations officer	B.I, B.II, B.III, B.IV
Respondent 8	UNODC	Mr. Sengdeuane Phomavongsa, NPO	B.I, B.II, B.III, B.IV
Respondent 9	IOM	Ms. Montira INKOCHASAN, Acting Head of Project Office	B.I, B.II, B.III, B.IV
Respondent 10	WFP	Aachal Chand, Programme officer	B.I, B.II, B.III, B.IV
Respondent 11	Burnet Institute	Dr. Niramom, Project Manager	B.I, B.II, B.III, B.IV
Respondent 12	FHI	Miss Phayvieng, Project Manager	B.I, B.II, B.III, B.IV
Respondent 13	PSI	Mr. Rob Gray, Project Manager	B.I, B.II, B.III, B.IV
Respondent 14	APHEDA	Mr. Khampasong Siharath, Lao Programme Manager	B.I, B.II, B.III, B.IV
Respondent 15	AFD	Dr. Marlon Garcia, Consultant	B.I, B.II, B.III, B.IV
Respondent 16	NCA	Ms. Manivanh Pholsena	B.I, B.II, B.III, B.IV
Respondent 17	PEDA	Dr. Santy Douangpaseuth, Director	B.I, B.II, B.III, B.IV
Respondent 18	ARC	Ms. Phonsavanh Manilath, Programme Officer	B.I, B.II, B.III, B.IV
Respondent 19	World Vision	Mr. Mika Niskanen, HIV/AIDS Coordinator	B.I, B.II, B.III, B.IV
Respondent 20	LNP+	Mr. Kynoy Phongdeth, Chair of PLHIV	B.I, B.II, B.III, B.IV
Respondent 21	LYAP	Mr. Vieng Akone, Project Manager	B.I, B.II, B.III, B.IV
Respondent 22	ESTHER	Ms. Somchay, Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 23	LNP+	Kynoi Phongdeth, Chair of LNP+	B.I, B.II, B.III, B.IV
Respondent 24			
Respondent 25			

16) **If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

N/a

Page 5

17)

Part A, Section I: STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

18) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2006-2010

19)

1.1 How long has the country had a multisectoral strategy?

Number of Years

17

20)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8

21) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Information and Culture, Lao Federation Trade Union, Lao Front for National Construction, Lao Red Cross

Page 9

22)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings

and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	No
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

23)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

24)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2005

Page 11

25)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Sex workers and Clients, Mobile population/migrant workers&families, Young peoples, MSM/MSW, Drug uses, Ethnic groups, Uniformed services, &PMTCT

26)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

27)

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?	Yes
e. A monitoring and evaluation framework?	Yes

28)

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

Active involvement (0)

Page 12

29)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

-Active in all step of development of the national strategy plan - provide inputs/comments and the cost in strategy and action plan during the meetings

30)

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

Yes (0)

31)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

32)

Part A, Section I: STRATEGIC PLAN**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

Page 15

33)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	No

34)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	
Other: Please specify	No

Page 16

35)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

36)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

3 (3)

37)

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

Yes (0)

Page 18

38)

Part A, Section I: STRATEGIC PLAN**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	Yes

Page 19

39)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

According to the National Policy, counselling and testing will be voluntary with informed consent and adhere to standards of confidentiality, privacy and non-stigmatization

40)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

41)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	Yes

42)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Enhance community awareness - Strengthen civil societies - National commission for advancement of women has been established to monitor the implementation of CEDAW for other regulation related to the advancement of women

43)

Briefly comment on the degree to which these laws are currently implemented:

At all levels: central, provincial and district levels

Page 21

44)

Part A, Section I: STRATEGIC PLAN**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

Page 23

45)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

46)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

47)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

48)

Part A, Section I: STRATEGIC PLAN**7.3 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 (0)

49)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

50)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

51)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

52)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

- Sex workers and their clients - Mobile population/Migrant workers and families - MSM - Drug user
- Young peoples -Uniformed services - Ethnic groups - ANC - Blood donors

53)

Briefly explain how this information is used:

- For follow-up the progress of implementation

Page 28

54) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

55)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

IF YES, at which geographical levels (provincial, district, other)?

Provincial and district levels

56)

Briefly explain how this information is used:

- For follow up the progress of the implementation

57)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

58)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

59)

Since 2007, what have been key achievements in this area:

- The current national strategy and action plan has been implemented. Many components identified in the plan have fund secured and have been implemented with covered all provinces. - Three sectoral plans have been developed (Lao Women Union, Public Work and Transport, Military and Police)- UN integrated supported plan

60)

What are remaining challenges in this area:

- Needs assessment to identify target populations were conducted in 2005, and partially revised in 2007 and 2009 for GFATM proposal development - Population groups address in strategic plan *Indicates OVC are addressed, but not mentioned in NSAP * IDU – need to be assessed - Lao PDR has evaluated impact of HIV on socio-economic development, but only rated 3 (60%) on using this information for resource allocation decisions - Comprehensive Provincial Strategic Plans need to be developed

Page 31

61)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

62)

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

Yes (0)

Page 32

63)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
2003

64)

2.2 IF YES, who is the Chair?

Name	HE. Dr. Ponmek Dalaloy
Position/title	Minister of Health

65)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

66)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

14

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

6

68)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

Page 34

69)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

70)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- Task force working group - regular meeting of task force working

71)

Briefly describe the main challenges:

-

72)

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

Please enter the rounded percentage (0-100)

20

73)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	No

74)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

75)

Part A, Section II: POLITICAL SUPPORT**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

Page 37

76)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

National policy on HIV/AIDS/STI and The policy reviewed in year 2008 for additional on MSM, HIV/TB and Nutrition

77)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

N/A

Page 38

78)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

9 (9)

79)

Since 2007, what have been key achievements in this area:

- NCCA meeting end of 2009 agreed: Set up Standing committee, Designated Secretariat - Expanded membership: - National Assembly, Lao National Chamber Commerce and Industry (Rep. of migrant), Buddhist Association, Medical Department, PLHIV - Updated National policy to include - TB, MSM, Nutrition - Increased enabling environment for advocacy, addressing sensitive areas (MSM, IDU, etc.) which has allowed progress in addressing previously limited areas - Incorporating advocacy efforts into policy such as 100% condom use program (CUP)

80)

What are remaining challenges in this area:

- NCCA meeting shall meet as planned (twice a year) - Additional support need to strengthen NCCA's Secretariat

Page 39

81)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

82)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

83) In addition to the above mentioned, please specify other key messages explicitly promoted:

N/A

84)

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

Yes (0)

Page 41

85)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

86)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes
teacher training? Yes

87)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

88)

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

Yes (0)

89)

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

Yes (0)

Page 42

90)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Other populations
Stigma and discrimination reduction	Other populations
Condom promotion	Sex workers
HIV testing and counselling	Sex workers
Reproductive health, including sexually transmitted infections prevention and treatment	Other populations
Vulnerability reduction (e.g. income generation)	Other populations
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

Page 43

91) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

- Promotion of 100% condom used, Outreach activities of sex workers Distribution of condom

Page 44

92)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

93)

Since 2007, what have been key achievements in this area:

- Increase from 37 VCT sites in 2007 to 110 VCT sites in 2009 in all provinces
- Almost doubling of HIV testing in FSW since 2007
- 100% CUP expanded to cover 15 provinces
- Established peer-led BCC
- AIDS prevention mainstreamed into several development projects: * Infrastructure/road work * Dams * Mining * Factories

94)

What are remaining challenges in this area:

- Prevention efforts don't reach most remote communities
- Awareness capacity is limited to "peer educators"
- Financial commitment to for prevention interventions on yearly basis

Page 45

95)

Part A, III. PREVENTION

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

Yes (0)

Page 46

96)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

- Established Committee for Control of AIDS at National, provincial and district levels

97)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	N/A

Page 47

98)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

99)

Since 2007, what have been key achievements in this area:

Many sectors have fund secured for their activities - 100% CUP has been expanded and covered in 15 provinces - VCT has covered in 17 provinces, 86 districts and 1 Health center - Drop in center for sex workers and MSM have been established in many provinces - AIDS prevention programme has been mainstreamed into many infrastructure development project (eg: Road and dam constructions) - MSM peer education manual developed - Surveillance has included more targeted population: MSM, ANC - Network PLWHA expanded from 6 networks in 2007 to 12 networks in 2009, VCT sites expanded 91 sites in 2008 and 110 in 2009

100)

What are remaining challenges in this area:

- Prevention efforts don't reach most remote communities - Awareness capacity is limited to "peer educators" - Financial commitment to for prevention interventions on yearly basis

Page 48

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

103)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

104)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Expand ARV treatment sites 2 sites in 2008 and 4 sites in 2009.

106)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

Page 51

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

108)

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

No (0)

Page 53

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

110)

Since 2007, what have been key achievements in this area:

- Increase in ART coverage from 63% to 93% - Expansion of ART sites from 2 in 2007 to 5 plus 2 satellites in 2009 - Decrease in HIV & STI prevalence in FSW since 2004 - Establishment of 7 drop-in centers targeted at female service workers, which mirrors increase in testing

111)

What are remaining challenges in this area:

- HIV services not yet linked with MCH, to be discussed soon between CHAS and MCHC to strengthen PMCT package - More human resources needed - Need to ensure access to OI & 2nd line treatment

Page 54

112)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

113)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

114)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

115)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

116)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 5.3 (continued)**

IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

70

117)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

118)

Since 2007, what have been key achievements in this area:

Conducted quality study of HIV impact on OVC and there were some initiative intervention to address the OVC issues

119)

What are remaining challenges in this area:

- Indicates OVC are addressed, but not mentioned in NSAP

Page 57

120)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

121)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

122)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

123)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

124)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

125)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

126)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

127)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

128)

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

Yes (0)

Page 62

129)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

13

130)

3.2 IF YES, has full funding been secured?

Yes (0)

131)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

132)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

133)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

- Monthly report from partners at both central and provincial levels

134)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

135)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	No

136) Number of permanent staff:

Please enter an integer greater than or equal to 0
8

137) Number of temporary staff:

Please enter an integer greater than or equal to 0
0

Page 67

138)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Deputy Director of Center for HIV/AIDS/STI	Full time	2006
Permanent staff 2	Head of planning, M&E and International coordination	Full time	2006
Permanent staff 3	Vice Head of planning, M&E and International coordination	Full time	2006
Permanent staff 4	Technical staff of planning, M&E and International coordination	Full time	2006
Permanent staff 5	Technical staff of planning, M&E and International coordination	Full time	2008
Permanent staff 6	Technical staff of planning, M&E and International coordination	Full time	2009
Permanent staff 7	Local consultant	Full time	2009
Permanent staff 8	Local consultant	Full time	2009
Permanent			

staff 9
 Permanent
 staff 10
 Permanent
 staff 11
 Permanent
 staff 12
 Permanent
 staff 13
 Permanent
 staff 14
 Permanent
 staff 15

Page 68

139)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69140) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

- Collect monthly report from partners and PCCAs - Developed National Software for M&E

141)

What are the major challenges?

The current national M&E system is at an early stage • Insufficient skilled personnel on M&E, especially at the provincial level • Reporting system is fragmented and lacks behind schedules • Limited data on high risk population leading to estimation and projection difficulty

Page 70

142)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

143)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

144) Part A, Section V: MONITORING AND EVALUATION

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

Lao youth union, Lao women union, lao trade union, national Lao Front constructionLao Youth AIDS prevention (LYAP).

145)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

146)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

M&E unit

147)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

148)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

149) Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Provincial and district levels

150)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

151)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

152)

Provide a specific example:

- Draft of new strategy and action plan 2011-2015 - Monitor the progress of the national response - Track the trend of the epidemic - Information sharing with partners- ARV treatment

153)

What are the main challenges, if any?

Insufficiency of data sources - Limitation of data analysis - Limitation of Q&A and Q&C of data - External funding dependency- New software for national M&E is early stage

Page 75

154) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

155)

Provide a specific example:

- Improve capacity building at all levels - Allocate of financial in the righth way

156)

What are the main challenges, if any?

- Insufficient M&E skills in personnel, particularly at provincial and district levels - Still limited data on high risk populations

Page 76

157)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

158)

Provide a specific example:

- Improve capacity building at all levels - Allocate of financial in the right way

159)

What are the main challenges, if any?

- HIV M&E system still at early stages - Insufficient M&E skills in personnel, particularly at provincial and district levels - Still limited data on high risk populations - Need mechanisms improve QA & QC of data

Page 77160) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

161)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	No

Page 79162) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

22

163) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

28

Page 80

164)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

165) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

9 (9)

166)

Since 2007, what have been key achievements in this area:

- National M&E unit established in CHAS - M&E TWG established - M&E plan for 2010 developed
- 13% HIV program funding to M&E activities - Trainings in M&E @ national, sub-national, service delivery level - 3rd round of 2nd generation surveillance & several other studies - Mid-term review in 2008 of NSAP - National M&E database developed & housing indicators - Clinical management software pilot tested in 2 hospitals (Setthathirath & Mahosot) - Monthly & Annual M&E reports - All partners have aligned & harmonized M&E requirements

167)

What are remaining challenges in this area:

- HIV M&E system still at early stages - Insufficient M&E skills in personnel, particularly at provincial and district levels - Still limited data on high risk populations - Need mechanisms improve QA & QC of data

Page 83

168)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

169)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

170)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	No

171)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

•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 law on the protection of women directs all relevant ministries and mass organisations to ensure that the position of women in Lao society is protected and enhanced .the arm of government which has most responsibility in this area is the Lao women's union .it is their role to promote research ,policy development and monitor the role women in the community .Their links through membership,advocacy,projects, and position in the community,allows them to effectively monitor and report on how this law is being implemented and what future action need to be taken .in addition ,to the women's union, many NGOs conduct activities aimed at promoting the role of women in the community and they are able to work with government an the women's union if there are any incidences which suggest that the law is not being implemented. • The national strategy for HIV/STI prevention program has been delivering services to ensure that women and other group of population have access to health information, treatment and other social support . • The government should disseminate the law and make it kwon in every setting including in community level so that general public would know ,if people don't know the law they would don't know what to do or where to go to claim for their rights.

172)

Briefly describe the content of these laws:

Constitution of the Lao PDR: Article 25. (New) The State attends to improving and expanding public health services to take care of the people's health. The State and society attend to building and improving disease prevention systems and providing health care to all people, creating conditions to ensure that all people have access to health care, especially women and children, poor people and people in remote areas, to ensure the people's good health. Article 29. (New) The State, society and families attend to implementing development policies and supporting the progress of women and to protecting the legitimate rights and benefits of women and children. 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. Society and family should create conditions and provide opportunities for women to participate in the socio-cultural activities mentioned above. Law on the Protection of the Rights and Interests of Children Article 6. Non-Discrimination against Children All children are equal in all aspects without discrimination of any kind in respect of gender, race, ethnicity, language, beliefs, religion, physical state and socio-economic status of their family. 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 with their family and to be protected from all forms of discrimination from the community and society. The State must create conditions for children affected by HIV/AIDS to receive policies on health protection and care as follows: 1. Take measures to prevent transmission of HIV/AIDS, particularly mother-to-child transmission of HIV/AIDS; 2. Provide counselling for children infected with HIV/AIDS. Children should not be forced to be tested for HIV/AIDS, and their HIV/AIDS status should be kept confidential; 3. Provide care and treatment to children infected with HIV/AIDS, including providing them with antibiotics and other medicines; 4. Encourage the society and community to support and assist children infected with HIV/AIDS. 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. Article 42. Alternative Care for Children Childcare has many alternatives, and consideration of the use of such alternative care shall be based on the following conditions: 5. The best interests of the child shall be the main factor to be taken into consideration; 6. In appointing the guardian, preference shall be given to members of the family, and close relatives living near the child, except if it is in conflict with the child's best interests; 7. The need to preserve the culture, language, religion and racial background of the child; 8. Placement of the child in a residential care institution, such as an orphanage, boarding-school or other institutional establishment shall be a measure of last resort; 9. The views of the child shall be taken into consideration, based on a balancing evaluation of the age and the discernment of the child; 10. Children affected by HIV/AIDS shall be cared for by their family and should not be isolated from other children and society. • Drug control ,Prevention ,protection, treatment and rehabilitation for addict • Article 2 of the law started that children infected and /or affected by HIV/AIDS are among those children who are in need of special protection • The Lao national assembly regularly meets and is able to discuss issue related to the implantation of this law .prominent member of the women's union are member of the nation assembly and have a platform to argue for amendments in the law and in the implantation. • Health services such as: drop in center for SW in four hot spot provinces are an example of system in place to ensure that SW have access to health information and service as well as referral to other occupational trainings

173)

Briefly comment on the degree to which they are currently implemented:

Although there is no specific HIV law, the National Response to HIV/AIDS/STI is coordinated by the National Committee for the Control of AIDS (NACCA).The National Policy and the National Strategy and Action Plan on HIV/AIDS/STI form the basis for an expanded response to HIV and

AIDS, setting clearly defined priorities and targets for the national response. CEDAW recommendations (2009) stated the following 40. While noting the appointment of a National Committee Against AIDS, the establishment of an Anti-AIDS Centre as well as information on a number of existing plans, programmes and measures undertaken to combating HIV/AIDS, the Committee is concerned that the number of women infected with HIV/AIDS reportedly increases at an average rate of 8 per cent per year, that women and girls may be particularly susceptible to such infection owing to gender-specific norms, and that certain groups of women, including women involved in prostitution and migrant women workers are at a high risk of being infected with HIV/AIDS. The Committee is especially concerned that the persistence of unequal power relations between women and men and the inferior status of women and girls may hamper their ability to negotiate safe sexual practices and increase their vulnerability to infection. It is also concerned that current policies and legislation may not adequately take into account gender-specific vulnerabilities and may not sufficiently protect the rights of women and girls affected by HIV/AIDS.

41. The Committee recommends continued and sustained efforts to address the impact of HIV/AIDS on women and girls, as well as its consequences for society and the family. It urges the State party to enhance its focus on women's empowerment and to include a clear and visible gender perspective in its policies and programmes on HIV/AIDS and increase the role of men in all relevant measures. The State party is encouraged to undertake awareness raising campaigns among Government personnel in the prevention of and protection against and maintenance of confidentiality in order to systemize and integrate approaches for multiple government sectors. The Committee recommends that the State party include information on measures taken in this respect, obstacles encountered and results achieved in its next report.

Page 86

174)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88175) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

176)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Current National Policy on HIV/AIDS/STI stated that: • The Lao PDR constructs its HIV/AIDS/STD policy and control activities on the following universal principles: o non-discrimination, o voluntary approaches with informed consent, o confidentiality and privacy in counseling, testing and care, o empowerment of individuals to take personal responsibility, o gender equity, o accessibility to affordable and acceptable services, o reduction of risk for vulnerable individuals and community groups, and o involvement in decision making of those with and affected by HIV/AIDS. • Discrimination against vulnerable groups is counterproductive to HIV/AIDS/STI control. • People living with HIV or AIDS should not be stigmatized. People with AIDS can be safely cared for in all medical institutions and in the home. Home based care for PLHIV will be encouraged for both humanitarian and cost reasons. Ministry of Labour and Social Welfare, the Lao Federation of Trade Unions and the Lao National Chamber of Commerce and Industry launched the Tripartite Declaration on HIV/AIDS at the Workplace, which based on the key principles stipulated in the ILO's Code of Practice on HIV/AIDS. The declaration will serve as a tool for the employers, workers and other stakeholders to develop its own measures on prevention, caretakers and cure as a tool to address the HIV/AIDS issues at the workplace .

177)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

178)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

Existing mechanisms to record, document and address cases of discrimination include: - Thematic Working Groups on Sex Workers, MSM and Care and Support; - Network of PLHIV – Lao National Network of PLHIV; - Monthly meeting of PLWHA groups, 11 groups have been established and functioned regularly; • While there is no formal anti-discrimination board or equal opportunity commission in Laos there are still avenue for the recording, documenting and addressing of case of discrimination.chief among these would be the potential role of CHAS .As a national body it is charged with ensuring active and appropriate HIV rule and regulations and the implementation of these .in addition, it has provincial bodies who have significant contact with PLH and would provide an avenue for people to make complaints about discrimination.In addition to these ,discrimination experienced in the work place is now forbidden in the Tri-parties Declaration ,under this document workers are able to complaint to the ministry of labour and social welfare or LFTU about any discrimination and these to bodies should investigate the issue .As well as formal Lao avenue, many INGOs work in HIV sector in the HIV sector and come in to contact with PHL who have experienced discrimination. Their role and contact with Lao bodies and agencies can also provide an avenue for the reporting ,addressing of cases of discrimination .Local organizations such as LNP+ would also be able to monitor issue relating to discrimination.

179)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

180)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

- MSM, Sex workers, PLHIV represented in thematic working groups - Representatives of PLWHA are member of Country Coordination Mechanism (CCM) for GFATM and some PCCAs - Civil society (including PLWHA) are actively involved in development of the national AIDS strategy, policy and guidelines - PLWHA have been empowered and build their capacities in various aspects. - (To check if the new ToR of the NCCA includes the PLWHA) • The representative from self-help group of PLWA and drug users have been invited to participate number of national workshop, training, meeting. This illustrates their participation in decision making on HIV/AIDS related matters. • The good example of this includes an inclusion of SW in the planning, Implementation and monitoring support for HIV/STI intervention programm. Additionally, PLWA are also participating in the national strategic planning and assist the provision of STI/HIV service at the Drop-in Centre for SW. • HIV people now being more involved in HIV work such us in implementation of activities, working in the hospital to provide peer counseling, speak in community to raise HIV awareness. HIV people still not very actively involve in HIV policy design, However one LNP+ member who is a presentative of PLHA has become a member of CCM (GF). • Ask people to be involved in planning and evaluating programs.

181)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

182)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)****IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

The national Strategic and Action Plan on HIV and AIDS forms the basis for an expanded response to HIV and AIDS, setting clearly defined priorities and targets for the national response. The targets are regularly revised, and the costed action plan forms the basis for resource mobilization in the country. • Through donor funding, government have established the ART centre in Vientiane, Luangprabang, Savanaket and Chanpasack provinces of Laos (ther are the HIV/STI/AIDS four hot spot provinces in country). • Despite some resource constraint, CHAS has build up a broad net work throughout the country , working with local hospital to provide care and treatment for PLWA, while these are not the widely disbursed as needed, service are increasing .

the Lao government is also using many INGOs to help in their delivery of care, support, prevention and treatment for PLWA. • HIV prevention and care support service should be promoted and extend to wider and remote communities. Awareness raising should be extended and on going activities Implementation of the HIV Prevention Policies: The NSAP identifies a “minimum package” of activities to increase safe sexual behaviour among the key populations at higher risk. It consists of peer-led behaviour change communication, free condoms and lubricants, free STI services tailored to the needs of the respective groups, and referral to VCT. Other main prevention activities in implementation include, among others, social marketing of condoms, 100% Condom Use Programme in 15 provinces, life skills education at schools (which includes HIV messages) and reproductive health services for young people in and out of school. HIV prevention related restrictions: - VCCT might not be of expected quality and uptake remains to be increased. - Counselling and psychological support capacity is relatively low. - Condom free distribution doesn't cover all areas. Implementation of ART Policies: ART started in 2003 with one treatment site in Savannakhet province. Since then it has expanded to two more sites in Vientiane Capital, and in 2009, one additional treatment site was opened in Luangprabang province. At present, all people who are known to be in need of ART and OI receive treatment. Community support activities include strengthening of PLHIV self help groups and the National Network of PLHIV (LNP+). Currently self help groups exist in 10 provinces, providing psychosocial support to PLHIV and their family members. The involvement of Buddhist Monks contributes to scaling up community mobilization activities for HIV prevention and to reduce stigma towards PLHIV. Anti-retroviral treatment related restrictions - ARV available only in 4 sites. - ARV treatment is free but doesn't cover all patients (e.g.: OI treatment) - ARV service delivery model should be finalized. Implementation Care and Support Policies: HIV-related care and support interventions related restrictions - Continuum of Care rarely implemented at district and community levels Most of fund are from international assistance which might create barrier for sustainability and ownership. Transportation is a recurrent issue.

183)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

184)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

185)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

186)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Different official documents makes clear reference to equal access for MARPs, for example: "The needs of women will be addressed as regards control of HIV/AIDS/STDs. Measures that promote gender equity and decrease the relative poverty of women are important in controlling HIV/AIDS/STDs and to development in general". ; "Focusing HIV prevention efforts on vulnerable groups has been shown to be effective in reducing transmission of HIV to general population. Discrimination against vulnerable groups is counterproductive to HIV/AIDS/STD control". • Now discriminatory and gender equity ,Promote prevention service at public heath facilities but a new private (New lucrative ,Non profit sector) • Every one has access different organization ,How ever all men, women and children (PHA) can have equal access • In the national strategy plan ,Vulnerable subpopulation are being focus on such as MSM, work worker ,how ever after groups are also equal access include men ,women and children and PHA

187)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

188)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Tailored services for specific needs of different most-at-risk populations (e.g.: STI treatment, STI kits, drop-in centre for sex workers and MSM, male condom for sex worker clients and lubricant for MSM, and mass campaign for general population). • MARP specific service (i,e .VCT for MSM+STI/HIV service for FSW) • Not written in the policy however in practice people living in the more remote support areas are provided with additional transport ,accommodation to ensure equal access. • Most at least risk population have given to first priority to receive support from an intervention program.

189)

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

Yes (0)

190)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

191)

Part B, Section I. HUMAN RIGHTS**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

192)

IF YES, describe the approach and effectiveness of this review committee:

- The ethical review committee reviewed and approved all research protocols on AIDS and STI.
- Members of the ethical committee include representatives from various sectors, e.g. Ministry of Health, University of Health Sciences, LWU, Central Party Office, Ministry of Justice, and National Council of Sciences.
- The view committee have so far been ensuring that human right of people participating in the survey are protected and that they will not be harm by the research protocols .An example of research include the conduction of HIV/AIDS /STI surveillane survey where all written consent are obtained procedure are clearly understood and confidentiality are maintained.

Page 97

193)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudpersons which consider HIV-related issues within their work

No (0)

194)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

195)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

Page 99

196)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

197)

– Legal aid systems for HIV casework

No (0)

198)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

199)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

200)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

201)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

Page 101

202)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

203)

Since 2007, what have been key achievements in this area:

- On going activities such revision of national policy and preparation of a law on HIV and AIDS are likely to substantially contribute to stigma and discrimination reduction..
- Disaggregation of data and establishment of a national M&E framework will allow for closer follow up in policy implementation.
- The Increased involvement of network of people living with HIV.
- Policy update ,comity for law development
- More cooperation with UNAIDS ,Organization ,NGOs and the government this has reduced
- Quality of program have been improve since 2007,however program need to be improved

What are remaining challenges in this area?

- Law ,specific regulation for private sector (100 %CUP),accreditation and quality assurance of heath product
- PHA access to service with out discrimination
- Law and regulation need become clear and better know
- Community work shop
- Support PHA self help group meeting

204)

What are remaining challenges in this area:

- No training to member of judiciary on HIV & human rights
- No workplace policy for HIV
- More effort needed to address HIV and gender
- Political and financial support for law dissemination and enforcement

Page 102

205)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

7 (7)

206)

Since 2007, what have been key achievements in this area:

- Several sensitizing meetings/training on HIV (including policy) were organized for various sectors (e.g. National Assembly, Ministry of Public Security, ...)
- Specific actions were taken by the government and its partners to address human right and HIV
- On going revision of existing laws and legislation which may present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable sub-populations.
- There is a policy and strategic plan with protective principle
- Have cooperate between ,Government, INGO to reduce overlapping and spreading the support service to community
- PHA involve more in HIV program, LNP+ recognize in HIV sector

207)

What are remaining challenges in this area:

- Finalization of the revision of national policy is a lengthy process
- Role of the NCCA should be further expanded so to bring multi-sectoral partners up to speed

Page 103

208)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

209)

Comments and examples:

CS has become more noticeable in thematic groups, national and regional consultations, etc. However, competency and English language remains a barrier for some CS in active participation.

- The application of peer approach in reach target group and delivering HIV prevention intervention

Indicate that the view and network of the target group have been taken into account when the strategy/policy was developed.

- Civil society is not get obtain legal states in Laos and actively involve much strategy /policy formulation
- Association of PHA ,promote their point of new central, provincial forum but remain irregular and need more support

Page 104

210)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (4)

211)

Comments and examples:

CS Representatives have actively participated in the Mid term review of the NSP. A new five year planning exercise will being launched early next year and participation of the CS Representative is expected

Page 105

212)

a. the national AIDS strategy?

5 (5)

213)

b. the national AIDS budget?

4 (4)

214)

c. national AIDS reports?

2 (2)

215)

Comments and examples:

Reference to funding analysis of the NSAP, a proportion of funds allocated to the Civil Society is around 20% of total budget (for 2008) community base program conducted by NGO through peer indicator /out reach activities report to CHAS and are included when updating NSAP

Page 106

216)

a. developing the national M&E plan?

3 (3)

217)

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

4 (4)

218)

c. M&E efforts at local level?

4 (4)

219)

Comments and examples:

M&E UNIT within the CHAS structural framework has been established and functioned since early 2009. M&E framework was developed, which particularly focussed on the GFATM granted project at the beginning stage. The CS has been involved in all level of M&E activities, e.g. M&E planning, consultation, mid-term review of NSAP. • National M&E plan ,developed by public sector • Some participation at the CCM level (meeting) • Several NGO,association work at local level and have M&E system

Page 107**220) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

221)

Comments and examples:

Overall, few number of Civil Societies are registered in the Lao PDR. A Prime Minister's Decree on Association recently issued will provide an opportunity for establishment of the civil society organization in the future. So far, the CS which have been involved in the national AIDS programme included: Lao Youth Union, Lao Women Union, Lao Trade Union, Lao Front for National Construction, Lao Red Cross, Faith-based organizations, Local NGO, and PLHIV groups/network

Page 108

222)

a. adequate financial support to implement its HIV activities?

1 (1)

223)

b. adequate technical support to implement its HIV activities?

3 (3)

224)

Comments and examples:

Human capacity and to various degree expertise constitutes a barrier for CS in accessing financial support and implementing HIV related programme. The Government and its international partners (including UN, and INGOs) provide both financial and technical assistance to strengthen the capacity of the CSO and substantial progress have been recorded while programme management and AIDS competency still remains a challenge

Page 109**225) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	25-50%
- Men who have sex with men	<25%
- Sexworkers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	51-75%

Page 110

226)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

227)

Since 2007, what have been key achievements in this area:

All existing CS has been encouraged to be part of the national AIDS programme. For example: the Country Coordinating Mechanism (CCM) for the GFATM has called for submission of expressions of interest (EOI) from all interested partners in scaling up HIV interventions. Civil societies are main implementing partners in GFATM supported activities

228)

What are remaining challenges in this area:

- Low capacity of the civil society
- Small number of civil society registered in the Lao PDR.
- Technical and financial capacity of this civil society organization. participation limited to meeting

Page 111

229)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

230)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Based on the available epidemiological information and the review of the 2002-2005 National Strategic Plan, the following priorities are defined in the current NSAP: • Reaching full coverage of targeted and comprehensive interventions in prioritized provinces/districts in a phased approach; • Establishment of an enabling environment for an expanded response at all levels; • Increased strategic information availability to monitor both the epidemic and the response; • Capacity building of implementing partners at all levels; • Effective management, coordination, and monitoring of the expanded prevention response; • Tailored prevention programmes have been designed for each target populations. For example: comprehensive interventions were designed for the most-at-risk groups, essential element package for general population, PMCT for ANC groups, etc . • Base epidemically s studies and behavioral studies and surveillance . the finding of these studies informed the decisions on response to HIV epidemics .eg, the strategies out lined in national strategy and action plan on HIV/AIDS/STI

231)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	Don't agree

Page 113

232)

Part B, Section III: PREVENTION

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

233)

Since 2007, what have been key achievements in this area:

- Funds have been mobilized and secured for scaling up comprehensive interventions to reach the national targets of the most-at-risk populations, especially from the GFATM for SW and clients and MSM, and recently from Australian Government for DU/IDU and HIV harm reduction programme.
- Blood safety programme has been expanded.
- Other interventions (such as: life skills education for in-school youth, PMCT, VCT and STI services, Drop-in centers, 100% condom promotion and condom social marketing, mass campaign, etc.) have been extended with quality improved.
- Peer educator targeted prevention
- In Vientiane access to information has improved

234)

What are remaining challenges in this area:

- Additional human resources are needed in order to scaling up the intervention
- Capacity of the implementing partners needs to be strengthened.
- Awareness capacity limited to peer educator
- More open political support is need
- Access to remote communities regular basis
- Coordinate

between different organization working on HIV • Although the intervention had been piloted before scaling up the meaningful M&E are required to ensure the effectiveness • Financial commitment for prevention intervention should not be on yearly basis if the result at impact level are to be achieved

Page 114

235)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

Page 115

236)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

The national AIDS authority has put its effort, in consultation with various partners in identifying the specific needs for HIV treatment, care and support. The estimation and projection were made based on spectrum and other methods (e.g. ART needed assumption made by Bill Clinton Foundation's expert team). • 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 • Ensure that all adults and children living with HIV/AIDS have access to adequate medical services and treatment • Ensure that all health staff are fully aware of universal precautions and have the skills and means for protection. • Gap analysis during GF proposal • Strategic plan meeting • CCM meetings • According to regional estimation and projections • Care and treatment unit are regionally distributed to increase access to most remote area. • Specifically trained doctors and nurse on HIV treatment • ARV and HIV/AIDS treatment center should extend to district level and cover all province . • Confidentially and discrimination medical service should be taken into account more seriously .

237)

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

The majority of people in need have access	
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree

Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

Page 116

238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

239)

Since 2007, what have been key achievements in this area:

- Increase in ART coverage from 63% to 93% - Expansion of ART sites from 2 in 2007 to 5 plus 2 satellites in 2009 - Decrease in HIV & STI prevalence in FSW since 2004 - Establishment of 7 drop-in centers targeted at female service workers, which mirrors increase in testing

240)

What are remaining challenges in this area:

- HIV services not yet linked with MCH, to be discussed soon between CHAS and MCHC to strengthen PMCT package - More human resources needed - Need to ensure access to OI & 2nd line treatment

Page 117

241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 118

242)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

243)

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

Yes (0)

244)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 119

245)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 2.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the percentage (0-100)

70

246)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

247)

Since 2007, what have been key achievements in this area:

- Conducted quality of HIV impact on OVC and there were some initiative intervention to adress the OVC issues.

248)

What are remaining challenges in this area:

-Indicates OVC are addressed, but not mentioned in NSAP

