

## Lao People's Democratic Republic Report NCPI

### NCPI Header

COUNTRY

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

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**Describe the process used for NCPI data gathering and validation:**

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

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
CHAS	Dr. Bounpheng Philavong/Director	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Phouthone Southalack/Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Chanthone Khamsibounheuang/Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Keophouvanh Douangphachanh/Head of Administrative and Technical unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Khanthanouvieng Sayyabounthavong/Head of STI unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Beuang Vang Van/Head of Planning unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Phengphet Phetvixay/Head of IEC unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Bouathong Simmavong/Technical M&E	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Siphone/Consultant M&E	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Ketmala Banchongphanith/Head of Surveillance and Treatment unit	Yes	Yes	Yes	Yes	Yes	No
CHAS	Dr. Amphone Philaket/Deputy Head of Planning unit	Yes	Yes	Yes	Yes	No	Yes
CHAS	Dr. Chanvilay Thammachak/Technical of Surveillance and Treatment unit	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education and Sport	Ms. Chanthavone Phandoung/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	No	No
Ministry of Information, Culture and Tourism	Mr. Vayolinh Phrasavath/Deputy Director of Cabinet	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Public Work and Transport	Mr. Bandith Sulayakham/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Social and Welfare	Mis. Phanthalay/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes

Ministry of Defence	Dr. Chanthaphone Oudomsouk/NCCA member	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Public Security	Mrs. Kongchanh Sihavong/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Lao Red Cross	Mrs. Soulang Chansy/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Lao Youth Union	Mr. Thongdeng Sonepraseuth/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Lao Women Union	Mrs. Lavanh/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Department of Hygiene and Prevention, MOH	Dr. Douangchanh KeoAsa/Director General	Yes	Yes	Yes	Yes	Yes	Yes
Department of Hygiene and Prevention, MOH	Dr. Sibounhom Akkhavong/Head of Prevention Division	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Phouthaly Keomoukda/Deputy Head of IEC unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Latthiphone Oula/Deputy Head of STI unit	Yes	Yes	Yes	Yes	Yes	Yes
CHAS	Dr. Khanti Thongkham/Technical	Yes	Yes	Yes	Yes	Yes	Yes
National Blood Bank	Dr. Chanthala Souksakhone/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Dr. Pascal Stenier/UNAIDS Country Coordinator	Yes	Yes	Yes	Yes	Yes
UNAIDS	Dr. Khamlay Manivong/National Country Adviser	Yes	Yes	Yes	Yes	Yes
UNFPA	TA Garraghan/ASRH & HIV Coordination	Yes	Yes	Yes	Yes	Yes
UNFPA	Ms. Viengthong/ ASRH & HIV Coordination	Yes	Yes	Yes	Yes	Yes
UNICEF	Suzie Albone/ HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes
UNICEF	Onevanh Phiahouaphanh/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes
UNODC	Mr. Sendeuane Phomavongsa/National Project Officer	Yes	Yes	Yes	Yes	Yes
UNODC	Dr. Soulivanh Phengsy/HAARP National Programme Officer	Yes	Yes	Yes	Yes	Yes
UNWOMEN	Mr. Tingthong Phetsavong/HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes
WHO	Dr. Dominique Ricard/Medical officer HIV/AIDS/STI	Yes	Yes	Yes	Yes	Yes
World Bank	Dr. Phetdara Chanthala/Operation Officer	Yes	Yes	Yes	Yes	Yes
ADB	Emiko Masaki/HIV Regional	Yes	Yes	Yes	Yes	Yes
ADB	Ms. Phoxay Xayyavong/ HIV and AIDS Focal Point	Yes	Yes	Yes	Yes	Yes
Burnet Institute	Dr. Niramom Chanlivong/Project Manager	Yes	Yes	Yes	Yes	Yes
FHI	Ms. Phayvieng Philakone/Project Manager	Yes	Yes	Yes	Yes	Yes
LaoPHA	Mr. Viengakorn Sourivong/Project Manager	Yes	Yes	Yes	Yes	Yes
LNP+	Mr. Kynoi Phongdeth/Chair of PLNP+	Yes	Yes	Yes	Yes	Yes
NCA	Mr. Phonsavanh Chansy/Project Coordinator	Yes	Yes	Yes	Yes	Yes
PEDA	Dr. Santi Douangpaseuth/Director	Yes	Yes	Yes	Yes	Yes
PSI	Mr. Rob Gray, Project Manager	Yes	Yes	Yes	Yes	Yes
APHEDA	Mr. Khampasong Siharath, Lao Programme Manager	Yes	Yes	Yes	Yes	Yes
ESTHER	Ms. Somchay, Project Coordinator	Yes	Yes	Yes	Yes	Yes
World Vision	Sanya Vathanakoune/National HIV/AIDS/STI Coordinator	Yes	Yes	Yes	Yes	Yes

## A - 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

**IF YES, what was the period covered:**

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.:**

- Emphasize on both coverage and quality of the services - Incorporate low-risk men under same category of "clients of sex workers" in this current NSAP, instead of individual sub-groups as written in the previous NSAP - Budget required for this NSAP is double the amount required for the last NSAP period - The current NSAP sets ambitious targets to reach Universal Access in 2015

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

CHAS/ MOH and NCCA

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

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

**Other [write in]:**

Ministry of Information, Culture and Tourism; Lao Trade Union; Civil Society

**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, settings and cross-cutting issues?

**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

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

-

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**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?:**

-

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

SW; MSM; PUD/PWID; Young people; Men with multiple partners

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

1.6. 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?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

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

Moderate involvement

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

- CSO attended all consultative meetings during the development process, however, their contribution was still limited due to the lack of English language skills to understand and take part in the discussion fully. - The contribution and participations from local organisations could have been stronger. - All partners are invited to and they endorsed the strategy after the consolidation meeting including the national strategy and the plan of action with specific activities and budget allocation - Government agencies got invited to all meetings for planning and report outcome of HIV related activities

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

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

**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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

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 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

**Treatment, care, and support (including social security or other schemes):**

Yes

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

Yes

**Other[write in below]:**

-

**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 strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. 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

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

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

Yes

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

Yes

**IF YES, for which population groups?:**

MSM; sex workers; IDU/DU; pregnant women; children

**Briefly explain how this information is used:**

- for planning, follow up on activities; supervising the achievement of indicators/targets

**(c) Is coverage monitored by geographical area:**

Yes

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

Provincial and Districts

**Briefly explain how this information is used:**

- Planning, supervision, informing decision-making; fund-raising - Reporting; advocacy

**5.4. Has the country developed 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:**

- HIV is one of the components of the health sector; and the HIV-related infrastructure, human resource, capacity and logistical system is within the framework of the NHSDP. It supports and strengthens the development of the health sector in general. (For example: GF Health system strengthening component; The capacity building for staff of other sectors - those are members of the NCCA e.g. infrastructure project;

**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 the HIV programmes in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- Other Government Agencies (Transport, Public Security, Women Union, Lao Red Cross) have developed its own HIV strategy with HIV component and budget allocation included. - The new HIV law just been approved by the national assembly and the President - New strategy and action plan with budget for 2011- 2015 develop with full participation and endorsement of partners - Despite the global situation and funding gaps, funding for 2011 and 2012 mostly have been secured.

**What challenges remain in this area:**

- Technical assistance: need external technical support for strategy and plan development; - Local expertise, if available, is

hard to mobilize - Limited resources, both financial and human resources. Need to mobilize more fund for 2013 onward.

## 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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

- Ministers of Health, Major of Vientiane Capital went for a "Walk for AIDS" campaign on World AIDS Day 2011. - The minister of health talked about the issues of stigma and discrimination to PLHIV on the occasion of World AIDS Day

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

Yes

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?:**

Prof. Dr. Eksavang Vongvichit - Minister of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

14

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

three mass organisations

**Include people living with HIV?:**

No

**Include the private sector?:**

No

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

-

**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

**IF YES, briefly describe the main achievements:**

- 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 to oversight the implementation of all GFATM grants. - NCCA network goes down to district level is responsible for coordinating the implementation of the AIDS response.

**What challenges remain in this area:**

- Limited time of the members of NCCA to fully participate in HIV programme. - Cross-sectoral coordination needs to be improved for more effective participation, especially with civil society. - 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?:**

9%

5.

**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 below]:**

-

**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?:**

-

**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 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- HIV Law was passed by the National Assembly and promulgated by the President afterward. - New chair of NCCA confirms the national commitment to achieve MDGs (including MDG6) and reaching Three Zero strategies. - The five year NSAP 2011-2015 with costed multi-sectoral plan has been approved and implemented. - 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. - HIV was in the agenda of the Round Table Meeting, especially for fund raising

**What challenges remain in this area:**

- Limited 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.

## A - III. HUMAN RIGHTS

1.1

**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

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in]:**

-

**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. 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. 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. 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. Article 5. Protection of interest of mothers and children - The state and society protect the interest of mothers and children in family life and when a married couple may not lead further common life. Article 35. Parental obligation in child care - Parents have the obligation to care for their children still under age or having reached maturity but unable to provide for themselves. ([http://www.apwld.org/pdf/lao\\_familylaw1990.pdf](http://www.apwld.org/pdf/lao_familylaw1990.pdf), downloaded 21h, 7 Mar 2012) • Penal Law. Article 160 : Mistreatment and torture of accused or prisoners - Any individual mistreating, torturing, using measures or other acts not conform to tile laws against accused or prisoners during their arrest, the procedures of judgment or the execution of penalties, is punishable of three months to three years of imprisonment or of correctional penalties without privation of liberty.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

• Lao citizen, foreigners and people with no 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 organization (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 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 organization (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

**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?:**

Yes

IF YES, for which 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 :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

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

Penal Law: Article 122: Prostitution - Any individual making a living by selling their bodies for sexual use is punishable of three months to one year of imprisonment or of correctional penalties without privation of liberty. Any individuals providing assistance or facilities to acts of prostitution, is punishable of three months to one year of imprisonment or of correctional penalties without privation of liberty. Law on anti-drugs and crimes prohibits injecting drugs. Law on Illicit Drugs (unofficial translation): Article 52: Criminal Measure - Any person who produce, mixture, trades, distribute, possession, transport, import, export or causes the transit through the Lao PDR for drugs type I which are listed as heroin, tetrahydro cannabinol and others will received different sentences from fine of 2million to 5 million LAK to maximum death penalty depending on the amount of drugs confiscated.

**Briefly comment on how they pose barriers:**

The work of peer-lead interventions requires sensitisation of the local authorities in order to create an enable environment for them to reach out and work with sex workers and PWID - which under these law can be considered as illegal. Though it's stated differently in the Law on HIV - that Sex workers and PWID are patients.

## 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?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

Yes

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**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:**

Yes

**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 below]:**

-

**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 age-appropriate, 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?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	-
No	No	No	No	No	-
Yes	Yes	Yes	No	No	General population
Yes	No	No	No	No	-
Yes	No	Yes	No	No	Youth
Yes	Yes	Yes	No	No	General population
Yes	Yes	Yes	No	No	-
No	No	No	No	No	PLHIV

**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 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- Prevention coverage by peer-lead interventions to SW and MSM has increased - 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 are broadly available - Drop-in-centre in partnership with civil society is functioning

**What challenges remain in this area:**

- Quality of preventive interventions need to be improved. - 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 updated.

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

Yes

**IF YES, how were these specific needs determined?:**

- 100% condom use programme. Most at risk population easily access to condom - Sex workers have access to STI services - Infants born to identified HIV + mothers receive ART - Young women and men correctly identify ways of preventing sexual

transmission of HIV

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Disagree

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

Disagree

**HIV prevention in the workplace:**

Disagree

**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:**

Disagree

**Prevention for people living with HIV:**

Strongly 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

**School-based HIV education for young people:**

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 2011?:

9

## 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 - PLHV support groups exist in 13/17 provinces

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

- Increase VCT coverage - Involvement of community based organisations, networks and associations to take part in care and supports and referral for treatment. - Referral system for ART from drop-in-centres that target 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?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Disagree

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

Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

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

Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Disagree

**Post-delivery ART provision to women:**

Disagree

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

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

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

Disagree

**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:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

-

**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:**

- Set up revolving funds for PLHIV and those affected by AIDS - Vocational promotion for PLHIV and those affected by AIDS

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

N/A

**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 procurement system for ARV, condoms and essentials drugs and test kits.

**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 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- Increased number of people receiving ART both in children and adults - Treatment guidelines and PMTCT guidelines are printed and disseminated - Equal access to ART treatment and care and supports - Co-management of TB and HIV; TB/HIV guideline printed and disseminated - Increasing VCT coverage - More civil society involvement in care and supports at community - Good monitoring system

**What challenges remain in this area:**

- GFATM procurement procedures sometimes causes stock-out of commodities - Highly dependent on GFATM supports for treatment - PLHIV still come for treatment at late stage, when CD4 count is already very low (less than 200)

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

Yes

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

Yes

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

No

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

Yes

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

-

**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 2011?:**

**Since 2009, what have been key achievements in this area:**

- Increased number of people receiving ART both in children and adults - Equal access to ART treatment and care and supports - Co-management of TB and HIV - Increasing VCT coverage - More civil society involvement in care and supports at community - Good monitoring system

**What challenges remain in this area:**

- GFATM procurement procedures sometimes causes stock-out of commodities - Highly dependent on GFATM supports for treatment - PLHIV still come for treatment at later stage. - Dry blood test for early infant diagnostic is not available in Lao PDR

**A - VI. MONITORING AND EVALUATION****1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

In Progress

**Briefly describe any challenges in development or implementation:**

- There is shortage of M&E staff at all levels - Lack of unified routine data collection system - Capacity of staff who collect data at primary level is need of training - Lack of a feedback and quality assurance system - Strategic information has not been used fully, hence lack of the needs to develop a functional unified system - Behavioural data are still collected on ad-hoc bases.

**Briefly describe what the issues are:**

- Staff at sub-national levels have multiple tasks, so they can't spent sufficient time for data collection. Plus, the whole concept of why collect data is not clear to all. District M&E staff has not been trained. - Data are inconsistent, lots of mistake are human errors, e.g. calculation, writing mistake - The one database at national level is not complete, still relies on information coming from other sources when needed. The M&E system has not yet fully functioned. The plan and framework has not yet finalised. There will be opportunity for all partners, including CSO to take part if these plans are to be finalised in the near future.

**2. Does the national Monitoring and Evaluation plan include?****A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

No

**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:**

No

**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? :**

3.5%

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

In Progress

**Briefly describe any obstacles:**

- There is shortage of M&E staff at all level - Lack of unified routine data collection system - Capacity of staff who collect data at primary level is need of training - Lack of a feedback and quality assurance system - Strategic information has not been used fully, hence lack of the needs to develop a functional unified system - Budget of 3.5% is not sufficient enough

**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 [write in]?:**

-

Permanent Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Head of Planning and M&E Unit	1	-	1998
Unit staff	4	-	2005

Temporary Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
M&E local consultant	1	-	2009

**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.

**What are the major challenges in this area:**  
 Coordination is the issues, many partners send their report late or only sent when requested. Many reports sent in 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?:**

No

**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?:**

-

6.2. Is there a functional Health Information System?

<b>At national level:</b>
Yes
<b>At subnational level:</b>
Yes
<b>IF YES, at what level(s)?:</b>
Provincial level

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

No

8. How are M&E data used?

<b>For programme improvement?:</b>
Yes
<b>In developing / revising the national HIV response?:</b>
Yes
<b>For resource allocation?:</b>
Yes
<b>Other [write in]:</b>
-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

- Data was used to determine the target populations for the NSAP 2011- 2015. - Data also was used to guide preventive interventions for KAP. - Data was used for costing of the NSAP and resource allocations to partners.

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

<b>At national level?:</b>
Yes
<b>IF YES, what was the number trained:</b>
79
<b>At subnational level?:</b>
Yes
<b>IF YES, what was the number trained:</b>
61
<b>At service delivery level including civil society?:</b>
No

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes

**IF YES, describe what types of activities:**

USCDC supported estimation and projection workshop series in 2010-2011 have served two purpose: produce estimations and projections for the Lao epidemic; and to build capacity of CHAS in this area.

**10. 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 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- The use of data for NSAP development. - Monitoring treatment and prevention programmes.

**What challenges remain in this area:**

- The use of data for NSAP development. - Monitoring treatment and prevention programmes.

## **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:**

- The Law on HIV/AIDS control and prevention: CSO was invited to comment and attend all consultative meetings during the development process of the law. - CSO were recognized and mentioned in all HIV/AIDS work plans - CSO were not identified as valuable participants in informing government policy until recently, after the Decree on Association Establishment was signed in 2009. As such, many civil society organizations have not been invited to participate in policy discussions on a national level. The President of LNP+ did participate in the development of the National Strategic Action Plan on HIV/AIDS/STIs 2011-2015 and the HIV Law, signed in 2010, on a tokenistic level. - Compare to the previous period, civil society has been invited to take part in the development processes of the national strategy on AIDS and on the draft law on HIV. However, to reach to strengthening political commitment of top leaders, CSO has not been taken part at presidential or Prime Minister level. Their contribution mainly at raising awareness at technical level. To be able to strengthening the commitment of top leader, CSO needs to form a stronger network/platform to enhance their roles and participation. - Highlight of their involvement was the event in which a representative of LNP+ was invited to attend the intersession of the National Assembly meeting, together with the Centre for HIV/AIDS/STI. The discussion was on reaching MDG 6 and this provided a positive experience for both CSO and for the member of the National Assembly. - CSO was also invited to comment of the draft law on HIV/AIDS. The comments are strongly on against stigma and discrimination, and their rights to have access to care and treatment and other services, including supports to PLHIV and their families.

**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 Law on HIV/AIDS control and prevention: CSO was invited to comment and attend all consultative meetings during the development process of the law. - CSO were recognized and mentioned in all HIV/AIDS work plans - CSO were not identified as valuable participants in informing government policy until recently, after the Decree on Association Establishment was signed in 2009. As such, many civil society organizations have not been invited to participate in policy discussions on a national level. The President of LNP+ did participate in the development of the National Strategic Action Plan on HIV/AIDS/STIs 2011-2015 and the HIV Law, signed in 2010, on a tokenistic level. - Compare to the previous period, civil society has been invited to take part in the development processes of the national strategy on AIDS and on the draft law on HIV. However, to reach to strengthening political commitment of top leaders, CSO has not been taken part at presidential or Prime Minister level. Their contribution mainly at raising awareness at technical level. To be able to strengthening the commitment of top leader, CSO needs to form a stronger network/platform to enhance their roles and participation. - Highlight of their involvement was the event in which a representative of LNP+ was invited to attend the intersession of the National Assembly meeting, together with the Centre for HIV/AIDS/STI. The discussion was on reaching MDG 6 and this provided a positive experience for both CSO and for the member of the National Assembly. - CSO was also invited to comment of the draft law on HIV/AIDS. The comments are strongly on against stigma and discrimination, and their rights to have access to care and treatment and other services, including supports to PLHIV and their families.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

4

**c. The national HIV reports?:**

4

**Comments and examples:**

- The work / services provided by CSO has been included in the NASP - CSO participated in all work plans on HIV/AIDS control and prevention according the strategic plan on care and supporting - The National HIV Strategy acknowledges the role of civil society organizations in the HIV response in the Lao PDR. - LNP+ has never received any direct funding from the national HIV budget source. - The NSAP development was participatory, and it reflects contributions from government, civil society and development partners. All these stakeholders participated in the Core Team for the NSAP review and revision, several technical working groups, and consultation workshops. Their contribution was also taken as input in the document. Experiences from CSO in service delivery, such as home care and support; prevention surveys together with INGOs experiences also used to feed up to the policy dialogue and formulation process - Compare to last reporting

period, there is increase in CSO involvement during the planning and budget phases of the AIDS programme, however, more could have been done in term of policy development and strategic information. - During the budgeting phase, CSO was invited to comment on draft version. Since all CSO, except one, are recipient of funds, it's very little of what can be contributed to the national budget. However, there's allocation of budget to reach to CSO in the National Strategy. The only CSO organization that finances and implements their activities is World Vision. - CSO does not report to National AIDS programme on their activities, but when required, they will report. There's a reporting system set up by the national programme, but there's lack of monitoring system to make sure reports are submitted on regular basis. For some small organization, they report their activities under their umbrella organization who then report to the national programme when required.

- 4.
- a. Developing the national M&E plan?:**  
2
- b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**  
:

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

**Comments and examples:**

- A National M&E plan has not been finalised. So has the functioning of the national M&E working group, therefore there is not yet opportunity for LNP+ to participate in these activities. - LNP+ does provide reports on their activities to the government - For the M&E plan, GF supported M&E activities has been integrated in the draft national M&E plan. Therefore in term of CSO participation and involvement, mainly the GF sub-recipients participated and contributed actively throughout the process such as M&E planning, consultations. The national M&E plan is currently under review and not yet been finalized. - M&E reference group has just been formulated. The group so far has met on ad-hoc bases and a TOR has not been established. However, data are reported for utilization of different purposes - CSO also invited to take part in surveys to collect data that will feed in the national strategic information system.

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

3

**Comments and examples:**

For the purposes of this document to assess civil society involvement it is necessary to clarify the different dimensions of civil society in the Lao context. Local / Lao civil society organizations have been in existence for over 20 years and have been affiliated or registered with Lao Front and LUSEA. The Decree on Associations of April 2009 provided a legal framework for the development of Non-profit Associations (NPAs). Currently many Local NPAs are in the registration process but only a handful has completed the registration process. International NGOs are also considered part of civil society and play a key role in reaching HIV key affected populations. In Lao PDR, Mass organizations such as the Lao Youth Union, Lao Women's Union have also been considered part of civil society due to their broad mandate and structures that reach down to the community level. However, mass organizations are part of the government and party structure, with status equivalent to a Line ministry. The ratings for civil society involvement are slightly lower in the 2012 GAPR compared to the previous UNGASS. This reflects changes in the political and supporting environment for local CSO involvement. Ratings are given based on greater expectations of the role NPAs can play and the extent to which NPAs have been able to move from participation to more active contribution - There have been increasing number of organizations / networks take part in the national AIDS programme, especially after the PM's Decree on association - LNP+ is an active participant in both the Oversight Committee and Country Coordinating Mechanism of the Global Fund in the Lao PDR. - Since the approval of the Prime Minister's Decree on Association Establishment in 2009, very few CSO organizations have registered. Lao PHA and LNP+ are new addition to the already existing CSO organizations that have been registered such as Buddhist association, Lao Youth Union, Women Union. What should be noted is that these two new organizations working on AIDS programme that registered in the last two years are organizations that founded by and for PLHIV. The LNP+ just officially been registered as association early 2012.

- 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?:**

3

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

3

**Comments and examples:**

- Government budget is not sufficient - Insufficient technical staff required - Finding sustainable sources of financial support is difficult and as mentioned above LNP+ receives no direct funding from the government. - LNP+ receives technical support from a variety of stakeholders, including but not limited to Centre for HIV/AIDS Statistics (CHAS), UN Agencies, Lao Red Cross, French Red Cross, INGOs working in Lao PDR and international networks of PLHIV. Technical support from the government is limited to CHAS - So far, the Government and its international partners (including UN and INGOs) have provided both financial and technical supports to strengthen capacity and effectiveness of CSO. Progress has been made. However, capacity of CSO to spot opportunity and to fund raise was still the issue of discussion during the process to complete this form. This leads to insufficient reporting of the actual AIDS situation in Lao PDR. Consequently, donors do not feel strongly committed to strengthen their support to the Lao National AIDS programme. - There's a shift on the

view of how technical assistance should be delivered. Technical assistance agencies still the main driver in this area and in this case. It should be that technical support needed should be identified and indicated by CSO and technical assistance to be available if there's a request. What is expected more from CSO is if they would be more self-motivated to identify and indicate what technical assistance they. The scenario is changing, there have been more organizations seeking for Technical assistance and have received it.

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

**People living with HIV:**

25-50%

**Men who have sex with men:**

>75%

**People who inject drugs:**

<25%

**Sex workers:**

>75%

**Transgendered people:**

>75%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

25-50%

**Home-based care:**

51-75%

**Programmes for OVC\*\*:**

>75%

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 2011?:

7

**Since 2009, what have been key achievements in this area:**

- The government has given opportunities to any organization to register in the ministry of public security. There have been more than 200 organizations registered. - Many organization boost up to support HIV/AIDS project plans. - All intended targets have been achieved :The Decree on Associations in 2009 allows civil society organizations to be registered as Non-Profit Associations and recognized as legitimate actors in the HIV and AIDS response. - 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 recognized and accepted - All existing CS has been encouraged to be part of the national AIDS programme. Civil society organizations 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 intervention for Sex Workers with participation from Lao PHA and CHAS. SELNA also supports the implementation of the newly approved Lao on HIV/AIDS through the development of a framework for reducing Stigma and increase access to service.

**What challenges remain in this area:**

- Funding to engage civil society in programme and funding to build capacity of civil society - Budget limited to HIV/AIDS work plan only - Condoms and STI drugs were not timely available for civil society to support their programme activities. - Participation is often tokenistic. Language barriers and limited skills inhibit civil society organizations from participating in a more meaningful way. Additionally neither civil society organizations or government bodies are particularly accustomed to collaboration in this way and therefore communication amongst these bodies is limited at best - 2 NGOs and one network (Lao PHA and LNP+) co-existed. There's the need to involve and establish more networks (e.g. SW, MSM networks....) diversify and boost organizational 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:**

- In every process of getting advocacy, planning and implementation of programme, PLHIV, FSW and MSM are included in important meeting - The people who living with HIV/AIDSs can be the representative and participated in the government and international conference to comments on the laws on HIV/AIDSs control and prevention in the national assembly. - Due to political support from 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. - However financial support is limited. Also only one person living with HIV is ever invited to participate in these meetings, and to the best of LNP+'s knowledge vulnerable populations are not involved - Representatives of PLHIV are member of the CCS for GFATM. There's plan to include PLHIV in membership of Committee for AIDS Control at National and Provincial level – a TOR is being developed. - 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.

**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

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**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:**

• Lao has adopted the World AIDS Day in December 1st to be the National AIDS Day in order to encourage and mobilise efforts on AIDS control and prevention through various activities • Law regarding the rights of PLHIV was signed in 2010. • Law on the Development and Protection of Women was signed in 2004 • 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. 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. 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. 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 have equal rights in all aspects

pertaining to family relations. Article 5. Protection of interest of mothers and children - The state and society protect the interest of mothers and children in family life and when a married couple may not lead further common life. Article 35. Parental obligation in child care - Parents have the obligation to care for their children still under age or having reached maturity but unable to provide for themselves. ([http://www.apwld.org/pdf/lao\\_familylaw1990.pdf](http://www.apwld.org/pdf/lao_familylaw1990.pdf), downloaded 21h, 7 Mar 2012) • Penal Law. Article 160 : Mistreatment and torture of accused or prisoners - Any individual mistreating, torturing, using measures or other acts not conform to tile laws against accused or prisoners during their arrest, the procedures of judgment or the execution of penalties, is punishable of three months to three years of imprisonment or of correctional penalties without privation of liberty.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

• Lao citizen, foreigners and people with no 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 organization (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:**

• At present, not at all. This is likely to change due to the incoming monitoring system outlined above and LNP+'s work to inform PLHIV in Lao PDR on their rights as protected in the law. • The laws have not reached to all population due to the lack of efforts to disseminate and help communities understand the laws and their rights • Capacity of responsible line ministries to carry out their duty in law enforcement and implementation • Lack of a strong supportive legal structure for penalties for law disobedient

**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?:**

Yes

2.1. IF YES, for which sub-populations?

**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:**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

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

Penal Law: Article 122 : Prostitution - Any individual making a living by selling their bodies for sexual use is punishable of three months to one year of imprisonment or of correctional penalties without privation of liberty. Any individuals providing assistance or facilities to acts of prostitution, is punishable of threemonths to one year of imprisonment or of correctional penalties without privation of liberty Law on Illicit Drugs (unofficial translation): Article 52: Criminal Measure - Any person who produce, mixture, trades, distribute, possession, transport, import, export or causes the transit through the Lao PDR for drugs type I: heroin, tetrahydro cannabinol and others will received different sentences from fine of 2million to 5 million LAK to maximun death penanty depending on the amount of drugs confiscated.

**Briefly comment on how they pose barriers:**

This law makes it hard to reach to sex workers and PWID. Moreover, peer educators can be considered as illegal sexworkers or PWID and be arrested by the police. For peer-led preventive interventions, additional work needed to sensitised local

authorities and police to enable peer educators to reach to their KAP.

**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:**

The Government provides counseling, economic supports 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

**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:**

- Rewards 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 enconced 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.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

In regards to the above answers: - Antiretroviral treatment – this is provided free of charge to all PLHIV through the Global Fund. - HIV prevention services – testing is free to all, but other prevention services such as condoms are not. Much prevention services are provided by civil society organizations. - HIV-related care and support interventions – some of these costs are not covered (for example transportation); much of this is provided by civil society organizations. - 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 prioritized 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. Therefore, 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 hinder the efforts to reach these populations. - The Antiretroviral treatment policy has been funded 100% from external sources, it has been provided all free-of-charge to all people eligible to treatment in the country. - HIV-related care and support interventions: i) community-based care to PLHIV and affected by HIV receive supports through CSO by building capacity and resources, as well as reduce barriers to access to social welfare, health services and education to these populations; ii) positive health – provide technical, organizational and financial support to self-help groups and network of PLHIV (LNP+) in all provinces (but not all PLHIV is member of a group or network)

**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:**

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

**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:**

For FSW- Drop in Centre is the place to access services. MSMS also access drop in centre 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 including 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 activities without stigmatization and discrimination In article 52.7: Individual and other organisations 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.)

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:**

No

**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 enforcement 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:**

Yes

**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]:**

-

**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 2011?:**

7

**Since 2009, 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. This strategy was developed through a participatory and

inclusive process with participation from all stakeholders with an evidence-based approach.

**What challenges remain in this area:**

- Dissemination the new law to key stakeholders has not been done intensively. - Lack of monitoring mechanism to regulate the implementation of this law - The implementation and enforcement of the laws is weak. - Contents of the laws have not reached to all 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 2011?:**

5

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

Despite the availability of HIV testing, people who 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?:**

- Scaling up for prevention and control - 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 assessment of the implementation of the National AIDS Strategy 2006 – 2010; the UNGASS Country Progress Report 2010; 100% Condom Use Programme Assessment and GFATM monitoring indicators; National AIDS Routine Reporting system and other ad hoc studies.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Disagree

**Condom promotion:**

Strongly Disagree

**Harm reduction for people who inject drugs:**

Disagree

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

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Disagree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

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

Strongly Disagree

**Prevention for people living with HIV:**

Disagree

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

Disagree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

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 2011?:**

8

**Since 2009, what have been key achievements in this area:**

- The programme has reached high overage of target population - 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:**

- Funding to continue and replicate good practice has been the challenge - Condoms and STI drugs were not timely available for implementors - Given the rising statistics of people infected with HIV, challenges remain across the board. - The statistics used are narrow and out of date so do not inform HIV prevention programmes effectively. - Prevention programmes are mainly run by civil society organizations with limited financial resources. - There is no national testing campaign and the appropriate populations are not tested. - It is only recently that injecting drug users have been acknowledged as populations that are at risk - Low ANC coverage - Low school attendance - Coordination among different stakeholders; between different sectors. - 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 and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

Universal access Counselling, economic and social supports

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

- The treatment for people living with HIV/AIDS that also have opportunity infections should follow instructions from the medical personal and receive ARV (Antiretroviral) drug according to the national guidance - 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: implement cross screening and cross treatment has been recognized and initiated at central level (CHAS and TB Centre) 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: the pilot project on community based nutrition counseling for PLHIV is to close, lessons learnt from this project should be disseminated nationwide. There's a plan to include PLHIV to the target populations of the National Nutrition Programme as coverage extension and for sustainability.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

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):**

Agree

**HIV testing and counselling for people with TB:**

Agree

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

Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Strongly Disagree

**Post-delivery ART provision to women:**

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 Disagree

**Other [write in]:**

Referral 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 2011?:**

6

**Since 2009, what have been key achievements in this area:**

- Basic VCT training manual (Printed) - National ARV guideline (pre-printed) - National OI guideline (pre-printed) - Standard operational procedure (SOP) for voluntary counselling and testing (pre-printed) - Practical manual for linked response for PMTCT (CHAS, UNICE – pre-print) - Minimum package for comprehensive treatment and care/continuum of care (COC) is being drafted - HIV – TB linkage has been initially implemented and scaled up nationally - PMTCT has been implemented to some extent - HIV – Nutrition has been implemented to some extent

**What challenges remain in this area:**

- 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 - ARV shortage and stock out - Procurement of ARV and HIV testing kits normally delayed - 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 - Efforts to set up the coordination mechanism for linkage programme – HIV/ TB; PMTCT; HIV Nutrition. - Funding relies only on GFATM

**2. Does the country have a policy or strategy to address the additional HIV-related 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

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

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

10%

**3. 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 2011?:**

7

**Since 2009, what have been key achievements in this area:**

same as in question 1.2

**What challenges remain in this area:**

same as in question 1.2

**Source URL:** <http://aidsreportingtool.unaids.org/112/lao-peoples-democratic-republic-report-ncpi>