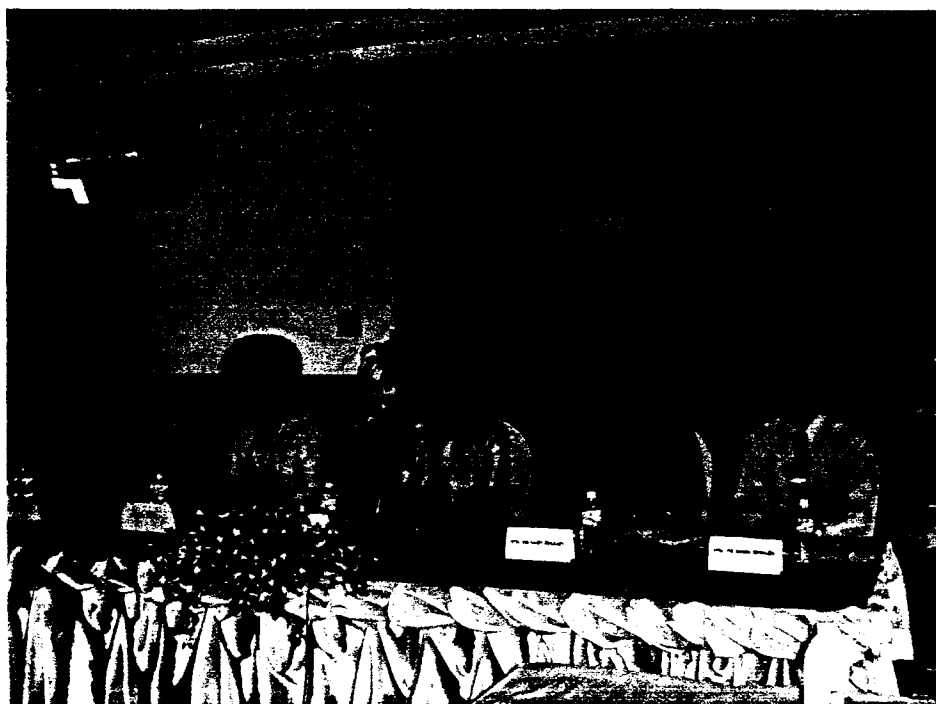


MINISTRY OF HEALTH
NATIONAL COMMITTEE
FOR THE CONTROL OF AIDS BUREAU

REPORT ON MID TERM REVIEW
IN THE IMPLEMENTATION OF HIV/AIDS/STI
FOR 2002-2005



Vientiane, August 2004
Supported for the printing by
TRUST/WHO

Introduction

The former National Committee for the Control of AIDS Bureau (NCCAB) has organized a second National AIDS Conference in Thalat, Vientiane province on 2-4 August 2004. The Conference was to review the implementation of HIV/AIDS/STI for the year 2002-2005. It was chaired and opened officially by Dr. Pone Meck Dalalay, the Minister of Health, Chair of the National Committee for the Control of AIDS (NCCA). On the second and third day, chairmanship was delegated to the Vice Minister of Health, Mr. KhamHung Huang Vongsy.

The National Committee for the Control of AIDS Bureau has presented a progress report and strategic plan for 2005. Lessons learned on pilot projects of 100% Condom Use Programme (100% CUP) in Savannakhet and Periodic Presumptive Treatment (PPT) in Luang Prabang have been presented by the Provincial Committees for the Control of AIDS Secretariats (PCCA Secretariats). Presentations on Global Fund to fight AIDS, TB and Malaria (GFATM), and Lao HIV/AIDS Trust, were made to let every one know how much money Lao PDR has received funding for the fight against HIV/AIDS/STI.

A pilot project on ARV treatment supported by Medecins Sans Frontieres (MSF) was presented and up till now, there were 114 HIV positive people were included in the free treatment.

Representatives of People Living with HIV/AIDS (PLWA) have attended the conference and one person was given opportunities to express his feelings. He appreciated to be present in the Conference and was pleased to hear that there is in the plan a strategy to reduce stigmatization and discrimination for HIV infected and affected people.

It was a very fruitful Conference, there were open discussions and many provinces and line ministries raised many issues for the lessons learned. Challenges in various areas have been observed and raised up by many partners.

In the fight against HIV/AIDS/STI in the past, we had very good collaboration between partners, Government, International Organizations, NGOS, and Civil Societies. On behalf of the former NCCAB, I am very grateful and appreciate all the support from every one, and do hope for further support and cooperation to maintain HIV low prevalence in Lao PDR.

August 2004

The NCCAB

Dr. Chansy Phimpachanh

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I. Background:

In Lao PDR, the first HIV case was identified in 1990, and the first AIDS case was identified in 1992. From cases report from 14 out of 18 provinces and from 98,063 blood samples tested, cumulative number from 1990 to 31 December 2003, there were 1,212 HIV positive, 670 AIDS cases and 482 persons died of AIDS.

The most affected ages are between 20-35 years old, and the main route of transmission is heterosexual between women and men.

Lao PDR has responded quite early in the fight against HIV epidemic by establishing National Committee for the Control of AIDS (NCCA) in 1988 with a multisectoral bodies, chaired by Minister of Health. The NCCA assigned its secretariat to be coordinator with partners in the country and abroad. The secretariat has made short and long term plan for HIV interventions throughout the country. Provincial Committees for the Control of AIDS (PCCA) have been established and chaired by Provincial Governors or Vice Governors.

For the increased of political commitment, in January 2003, the NCCA has been restructured and approved by the Prime Minister, with expanded members to 14 from 11 ministries and mass organizations.

The Government has considered HIV/AIDS as one of the priorities for poverty reduction in the country.



II. Implementation of HIV/AIDS/STI for 2002-2005:

Looking at the implementation from 2002 to 2004, there were strengths and weaknesses as the following:

1. Institutional arrangement:

- The National Committee for the Control of AIDS (NCCA) has been restructured in January 2003, with broader multisectoral response of 14 members from 11 sectors, ministries and mass organizations, and chaired by the Minister of Health.
- Provincial Committees for the Control of AIDS (PCCA) have covered nation wide, 18 provinces and chaired by Governors or Vice Governors.
- District Committees for the Control of AIDS (DCCA) have covered nation wide and chaired by Governors or Vice Governors.
- The National Committee for the Control of AIDS Bureau (former NCCAB) is the coordinating body for HIV/AIDS/STI.



- Sectors involved in the fight against HIV infection have appointed their focal points on HIV/AIDS.

2. Specific interventions:

HIV/AIDS interventions have been assessed through the National Strategic Plan for 2002-2005 of the NCCAB with the following priorities:

2.1. Multisectoral response:

a) **Objective:** To involve actively and creatively all sectors in the fight against HIV infection

b) **Strengths:** In the past it has been involvement of various sectors from central to grass root levels, and it has demonstrated that the Committees for the Control of AIDS at different levels are composed of members from various sectors and mass organizations. Apart from this,



International Organizations and NGOs in the country put efforts to combat HIV infection as well. There is a network of PLWA in some provinces and their representatives were members of the Asia Pacific of PLWA Network (APN+) and they have participated in AIDS interventions and Educations in the country and abroad.

There is a working group meeting every 3 months chaired by the NCCAB Director and UNAIDS as the secretary for lessons learned and problems solving among Government, International Organizations, and NGOs on HIV/AIDS/STI issues and raise any emerging issues. Each country in the region has the same structure for working group meeting. Apart from this, there is a Theme Group Meeting, for Heads of UN Agencies and certain Lao participants, every 3 months to discuss on HIV infection and measures for HIV prevention in Lao PDR to support national responses.

In the year 2002, Laos has hosted the 10th ASEAN Task Force on AIDS (ATFOA) in Vientiane. In the year 2003-2004, we have received Dr. Nafis Sadix, Special Envoy for UN Secretary, and Vice Director of UNAIDS Head Quarter coming to visit Vientiane to study on HIV situation in Laos. We hosted a workshop for WHO WPRO with 9 participatory countries on 100% CUP in 2003. In collaboration with National Commission for the Advancement of Women-Lao (NCAW-Lao), the NCCAB has organized a National Workshop on HIV/AIDS and Women for the International Women's Day (March 8 2003). More main partners were mobilized to fight against HIV epidemic like, Ministry of Transport- Communication -Post, Ministry of Labour and Social Welfare, and National Tourism.

c) Constraints:

- In the past, private sectors didn't involve actively yet in the fight against HIV infection,
- Coordination at all levels was not as strong yet.

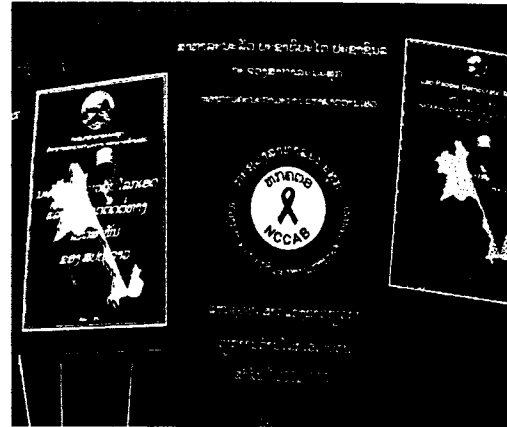
2.2. Policy development and Advocacy:

a) Objective:

The national HIV/AIDS/STI policy and strategy understood and applied with strong leadership support and guidance at all levels, and with policies and strategies being applied in many different sectors.

b) Strengths:

The NCCAB and its partners have developed National policy on HIV/AIDS/STI in 2001. Then, national Strategic Plan was developed for 2002-2005. The policy and strategic plan have been disseminated broadly within the country and has been distributed world wide for political support from decision makers at all levels



and donors support technically and financially. Some sectors have mainstreamed HIV/AIDS into their sectoral development plan. The NCCAB, in collaboration with Ministry of Labour and Social Welfare; and Ministry of Justice have developed a draft policy for mobile population to study on HIV impact. The NCCAB, PCCA secretariats and their partners have made monthly, quarterly, every 6 months and yearly reports to update information for their policy makers.

b) Constraints:

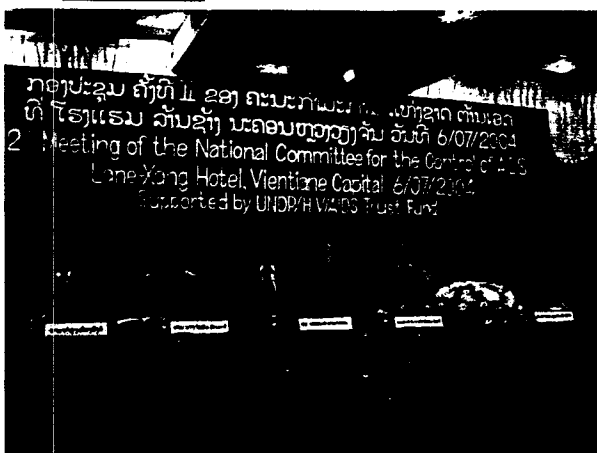
In the past, the NCCAB has not mobilized enough resources for the strategic plan for 2002-2005. Some provinces with existing projects use project resources to educate and advocate people, but other provinces with no projects can hardly implement HIV/AIDS interventions. Apart from this, some sectors consider that fighting against HIV/AIDS is an extra work for them.

2.3. Strengthening institutional arrangements:

a) Objective:

To have a strong and effective institutional framework in place to plan and manage all aspects of the national response to the HIV epidemic, at central, provincial and district levels, intra and inter sectoral.

b) Strengths:



The NCCA has been restructured and approved by the Prime Minister. Eighteen provinces have Provincial Committees for the Control of AIDS (PCCA), and districts in the country have District Committees for the Control of AIDS. Some provinces even organized Village Committees for the Control of AIDS (VCCA). Concerned ministries and Mass Organizations have appointed their focal points for HIV/AIDS for the coordination. The NCCAB has developed its roles and functions together

with roles and functions of each partner in the NCCA and submitted to the chair of NCCA for approval.

The NCCAB has developed roles and functions of NCCA secretariat and roles and functions of PCCA to submit to NCCA for approval. Most provinces have organized meeting to improve PCCA and DCCA for better coordination and implementation of HIV/AIDS and to report regularly.

The NCCA had its first meeting in Vientiane, on May 5, 2003 to announce on the new structure of NCCA, its roles and functions. Study tours have been organized for the NCCA and PCCA in the country and abroad for lessons learned and good practices.

c) Constraints:

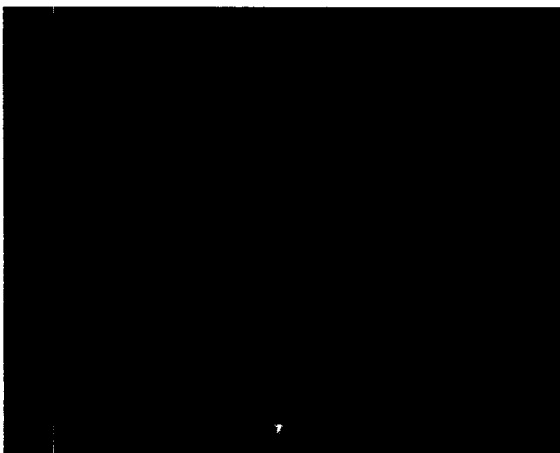
Some PCCA have not been active, lack of coordination between sectors, and lack of funding. There is a shortage of staff in certain provinces, especially at district level. At district, one person has many jobs. Roles and functions of the NCCAB has not been approved. There has been slow reporting, and some times there is no reports at all from certain provinces.

2.4. Capacity Building in managerial, technical and research areas for nation wide:

a) Objectives:

To ensure there is basic capacity to design, manage, implement, and evaluate all activities relating to the overall objectives of this national strategy.

b) Strengths:



The NCCAB has organized many training workshops for partners at central and provincial levels: training on knowledge on HIV/AIDS, STI case management and symptomatic treatment, pre and post test counseling for HIV infection, training on IEC development, peer education for various target groups, training on management, planning, research methodologies. The PCCA and their partners have organized similar trainings. Apart from this, staff at various sectors, central, and peripheral levels have attended training for short and long

term, seminars and conferences in abroad.

c) Constraints:

There is a lack of skilled personnel at all levels due to frequent turn over of staff after they have been trained. There is workload for staff like one person is doing many jobs in some provinces and districts. There is no continuous training and no refreshing course. Some provinces rely on central staff for resource persons when organized trainings.

2.5. Strengthening surveillance and other research:

a) Objectives:

To provide update and accurate information on HIV/AIDS/STI to policy makers at all levels, all sectors, and communities, so that they understand and support on national response on HIV/AIDS/STI effectively.

b) Strengths:

The NCCAB has carried out many surveys on Knowledge, Attitude, Perception and Behaviour among different target groups, for example among service women, truck drivers, and ethnic minorities. Second Generation Surveillance has been carried out with service women, long distance truck drivers, and female factory workers for HIV and STI

prevalence rates; army, police, male and female seasonal migrant workers were included in Behaviour Surveillance survey. In collaboration with Family health International (FHI), and Institute for Asian Migration, Chualarlongkone University, in 2003 a qualitative survey on Lao Migrant Workers has been carried out in 8 provinces bordered with Thailand.

A need Assessment has been carried for all provinces with Programme Accelerated Funding (PAF) support from UNAIDS. The NCCAB has organized a workshop on case report management for 14 provinces and went to monitor and on job training for the improved of passive surveillance. PCCAs and other organizations have also carried out some surveys as well.



c) **Constraints:**

Up till now, the HIV testing has covered only 14 provinces. Result from the qualitative study on migrant workers has been delayed in finalizing, and that made us not being to include the Migrant workers for active surveillance for HIV and STI prevalence rates. They were only included for Behavioural Surveillance Survey in the first round of Second Generation Surveillance.

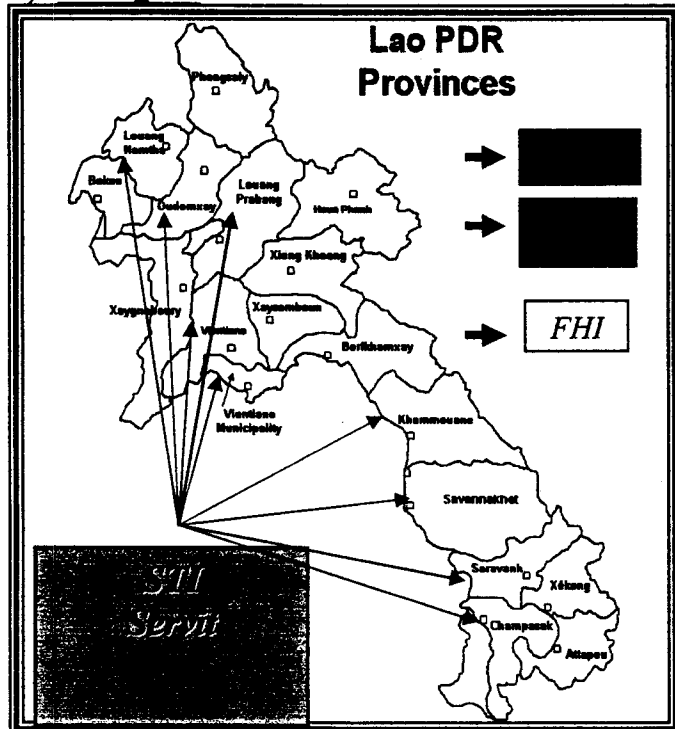
Surveys have been carried out by different partners were not coordinated and information was not in the coordination office yet (NCCAB).

2.6. Prevention and treatment of STI:

a) **Objective:**

To reduce STI prevalence rate and to expand STI services in the country.

b) **Strengths:**



With EU support, STI services have been initiated in 1998 in 2 provinces: Vientiane Capital and Savannakhet province and the project ended in 2002. Care International has implemented in 3 provinces: Bokeo, Oudomxay and Luang-Prabang, on STI interventions.

Asian Development Bank (ADB) has financed a Community Action for HIV/AIDS prevention aiming to prevent HIV/AIDS/STI among mobile population in 3 provinces: Oudomxay, Khammouane and Savannakhet.

Due to high STI prevalence rate in the country, Lao PDR has been approved the proposal from Global Fund fighting AIDS, TB and

Malaria. The Global Fund project intends to improve STI services, counseling, Presumptive Treatment for STI among Service Women, and strengthen laboratory in 5

provinces: LuangNamtha, Vientiane province, Vientiane Capital, Champassack, and Saravane provinces.

In collaboration with FHI, a pilot project on Periodic Presumptive Treatment (PPT) has been implemented first in Luang Prabang and later to the 5 provinces of the Global Fund and the 3 ADB provinces. The NCCAB has organized training workshops on STI Case Management and STI symptomatic treatment for medical personnel and pharmacists. The NCCAB and its partners have reviewed manuals on case management and treatment according to symptoms for facilities with no access to laboratory testing. The NCCAB has supplied posters and leaflets on HIV/AIDS/STI. In collaboration with Population Service International (PSI), the NCCAB has distributed condoms for PCCAs, and with Social Marketing, for safer sex practices. For ADB support project, a pilot project on 100% Condom Use Programme (100% CUP) has been initiated in Savannakhet in collaboration with WHO and other NGOs working in the province on HIV/AIDS/STI. The 100% CUP is to expand to Oudomxay and Khammouane provinces.

c) **Constraints:**

Even though health facilities have been improved, patients still prefer to go to pharmacies for the treatment of STI. Information on HIV/STI has not reached risk groups or not continuing education, especially clients of Service Women. Condom has not reached the real target population. Information, Education, and Communication (IEC) materials have been limited, and were not focused on specific target audiences.

2.7. **HIV prevention:**

a) **Objective:**

To maintain low HIV prevalence rate in the country

b) **Strengths:**

The NCCAB and its partners have advocated, educated HIV knowledge to general population, and for target groups for HIV/STI vulnerabilities, by various methodologies, such as training, advocacy, debates, in training at work places, talks, speeches. Mobile teams educate in buses in different routes. Outreach teams go to villages to educate people. Mass media in different forms, such as TV, Radio, News Papers, Drama, Puppets shows are also used for HIV/AIDS/STI awareness. HIV/AIDS/STI has been integrated into primary and secondary school curricula.

IEC have been produced of various kinds, like manuals, posters, leaflets, flip charts, stickers, bill boards, VDO, cassettes in 3 ethnic languages.

Condoms have been distributed in some night clubs, restaurants, hotels, and guest houses for the promotion of safer sex. Apart from this, social marketing of condoms has been

covered nation wide.

Peer educators were formed among out of school youth, service women, truck drivers construction workers, etc....

Funded by ADB, an Information Communication and Technology (ICT) for cross border schools HIV preventive education has been implemented between Phongsaly and China, Saravane (Lao PDR) and Oubone (Thailand), Lak Sao (Bolikkamxay, Lao PDR) and Vinh



(vietNam), and Luang Namtha and Yunnan (China).

c) Constraints:

Awareness on HIV/STI has not covered certain groups like, Men having Sex with Men (MSM), Drug users, and Migrant Workers.

2.8. Care, Support and Treatment for People Living with HIV/AIDS:

a) Objective:

To reduce discrimination and stigmatization of HIV infected and affected people, and that they can live normally with improved health expectancy.

b) Strengths:

With the support of WHO, treatment of Opportunistic Infection has been implemented in Mahosot, Setthathirat, and Savannakhet Provincial Hospitals. In collaboration with MSF, a pilot project for ARV treatment is implemented in Savannakhet with 99 persons with HIV/AIDS now involved, of whom 77 persons are from Savannakhet and the rest are from other provinces, like: Vientiane Province, Vientiane Capital, Khammouane, Saravane, and Champassack. The treatment is for free and people from other provinces



can have access to the treatment as long as they follow criteria as to come for regular check up for CD4 and side effects. The project is aimed to expand to Vientiane Capital by 2005. Home Based Care programmes have been implemented in some provinces by PCCAs in collaboration with Norwegian Church Aid (NCA), Unicef, Red Cross to reduce stigmatization and discrimination for the infected and affected people in communities and societies. Due to broad education and advocacy on HIV/AIDS and recognized the usefulness of programmes, PWA in provinces of Bokeo, Vientiane Capital, Khammouane, and Champassack have formed Net Work of PWA in their provinces. To strengthen capacity of people living with HIV/AIDS (PWA) in the training and advocating communities and societies, representatives of PWA became members of Asia Pacific Network of PWA (APN+). Some of PWA had participated in training, workshops, seminars and conferences in the country as well as abroad.

There is a programme for the Prevention of Parents to Child Transmission, implemented by Mother and Child Center and so far accomplished the following:

- Establishment of PMCT Advisory Group,
- Establishment of Technical Working Group,
- Need assessment survey in 6 target provinces (Bokeo, Oudomxay, Khammouane, savannakhet, Champassack, and.....)
- Training for technical staff on PMCT for central and 6 provincial health staff,
- Production of manuals and other media materials, like radio broadcast
- Organized consultative meeting and meeting to draft strategic plan
- Study tour in Cambodia.

c) Constraints:

People living with HIV/AIDS have opened themselves up too late and it does not allow them much time for the treatment, meaning to say for some of them after diagnosed of HIV positive, they died soon afterward. There is not enough support for infected and affected people. Up till now, number of orphans due to AIDS is not so accurate.

The ARV treatment programme is not so large yet and PMCT project doesn't do routine HIV testing for pregnant mothers.

2.9. Impact on Socio-Economic development :

a) Objective:

To improve understanding of how development affects HIV transmission and how HIV is likely to affect socio-economic development.

b) Strengths:



In Lao PDR, there has been a rapid growth of economic development and many constructions are on the way like highway from Chiang Rai to Kunming passing through LuangNamtha and Bokeo, bridge between Mukdahane, Thailand and Savannakhet, Theune II dam and buildings. All these constructions would mean that there would be a lot of people's movements. Thousands of construction workers locally and internationally would come to areas of constructions, and that means young people from rural to urban for jobs

opportunities and international migrants to the country and these people are vulnerable for HIV infection as they live away from their communities and families.

For highway construction, ADB has allocated budget for the prevention of HIV infection, trafficking and drugs abuse.

For the bridge construction between Savannakhet and Mukdahane, JICA has allocated some funds for the PCCA to implement AIDS awareness among construction areas and construction workers, for HIV resilience.

d) Constraints:

Sectors concerned are not aware of resource mobilization for the fight against HIV/STI infections.

2.10. Mobility and HIV vulnerabilities:

a) Objective:

To reduce HIV vulnerabilities in mobile populations

b) Strengths:

For people's movements and HIV vulnerabilities, MOU has been signed by Ministers of Health of GMS countries for positive environment in the cooperation between countries and for cross border activities. With the support of SEA/HIV and Development project in Regional UNDP, the NCCAB has organized advocacy workshops for the Ministry of Transport which later



became active partner for National response in the fight of HIV epidemic. NCCAB and partners have attended Regional Task Force on Mobility many times to discuss about mobility issues and the risk of HIV infection. In collaboration with Reproductive Health association of Thailand, funded by AusAid, Ministry of Transport and NCCAB have carried out training on peer education and trained peer educators for long distance truck drivers.

With ADB project, AIDS awareness has been organized for mobile people like construction workers for roads, bridges, dams and service women. Regional Task Force on Mobility, HIV/AIDS Technical personnel from Yunnan, Chnian and NCCAB have together gone for field visit in Lunag Namtha for feasibility study on cross border

cooperation and to study about HIV vulnerability among Chinese communities in Luang Namtha.

Funded by FHI, the NCCAB in collaboration with Institute for Migration in Asia of Chularongkone University, have carried out a qualitative study on Lao migrants for their risky condition in their sources of communities in 8 border provinces with Thailand. The survey was conducted in 8 border provinces of Lao PDR and also sources of destinations in Thailand.

c) Constraints:

There have been no specific interventions of each target mobile people, including foreign workers.

IEC have not been focused for different target populations

2.11. Emerging issues:

a) Objective:

To respond to new issues immediately

b) Strengths:



Net works of PWA have been expanded to Champassack, Bokeo, Khammouane and Vientiane Capital, and representatives of PWA have become members of Asia PACIFIC Positive Network (APN+).

Life Skills Programme have been incorporated into in and out of school youths for awareness on dangers of drugs and HIV related to drugs. The NCCAB has coordinated with National Commission for the Control and Supervision of Drugs to discuss on joint action plan for HIV and Drugs, especially Intravenous Drug Users (IDU), BECAUSE IDU is a major problem in our neighbouring countries. The NCCAB has

involved in the policy drafting organized by Lao Women Union (LWU) on HIV and Women.

The NCCAB, in collaboration with Lao- National Commission for the Advancement of Women (Lao- NCAW) has launched HIV/AIDS and Women for Women's Day 2004 in National Cultural Hall on 12th March 2004.

c) Constraints:

There have been limit interventions on HIV and drugs and also limit strategies on HIV and women.

2.12. Monitoring, evaluation, and ongoing review of the National Response:

a) Objective:

To maintain, evaluate and improve the implementation.

b) Strengths:

The NCCAB has monitored the implementation of PCCA and DCCA secretariats according to the availability of resources. We have organized Monitoring and Evaluation training workshop for NCCAB staff and our partners at central level, and this training will continue for PCCA secretariats and their partners nation wide. Apart from this, National and Provincial AIDS Conferences have been organized for lessons learned among partners to improve the HIV/AIDS/STI responses, and plan for future actions.



d) Constraints:

The monitoring has not been carried out regularly, only provinces with project can monitor their activities regularly, but the provinces with no project could hardly implement their monitoring. Monitoring and evaluation system is not in place. In the past, reports from provinces have been slow which made slow processes for other activities as well.

3. External Technical and Financial Support from within the country and abroad:

In Lao PDR, we had external support, technically and financially for the fight against HIV/AIDS/STI as in the following table:

Order	Donors/Organizations	Responsible institutions	Provinces
1	ADB/JFPR	NCCAB/PCCAs/ DCCAs	Oudomxay, Khammuane, Savannakhet
2	BI/AusAid	LYU, Police, Army	Xayabouly, VT province, VT Capital, Bolikhamxay
3	Care/JICA/ AusAid	PCCAs/DCCAs	Bokeo, Oudomxay, Luang Prabang
4	CHASPAR	NCCAB, MOE, LYU	Luang Namtha, VT Capital, Bolikhamxay, Saravane
5	FHI	NCCAB/PCCAs	Luang Prabang, VT Capital, Savannakhet, Champassack, Saravane
6	GTZ	NCCAB/PCCAs/ DCCAs	Luang Namtha, Bokeo
7	GFATM	NCCAB/PCCAs	Luang Namtha, VT prov, VT Capital, Champassack, Saravane
8	MSF	PCCAs/DCCAs	Savannakhet
9	NCA	PCCAs/DCCAs	Luang Namtha, Bokeo, Savannakhet, Champassack, Sekong
10	UNDP/UNAIDS/ Trust	NCCAB/PCCAs	Nation Wide
11	UNICEF	NCCAB/LYU/LTU/ VT Capital	Nation Wide
12	UNODC	Youth Center	Luang Prabang, Savannakhet, Champassack
13	UNFPA	MOE/LYU/PCCAs/L WU/VT Capital	Savannakhet, Champassack, Saravane, Sekong, Attapeu
14	UNESCO	MOE/LWU/LYU/ Care	VT Capital, Bolikhamxay, Khammuane, Savannakhet
15	ILO/IPEC	MLSW	Khammuane, Savannakhet, Champassack
16	PSI/ADB/ GFATM	NCCAB/PCCAs/ DCCAs	Nation Wide
17	WHO	NCCAB/Hospitals	Central level
18	SIDA	PCCA/DCCA	Bolikhamxay
19	LRC/AusAid/ Opec/NRC	PCCAs/DCCAs	Bokeo, Luang Namtha, Oudomxay, Xayabouly, Luang Prabang, VT Prov, Bolikhamxay, Khammuane, Savannakhet, Saravane, Champassack

External Assistance on HIV/AIDS	ADB	GTZ	BI	NCA	FHI	CARE	CHAS PPAR	UNA IDS	WHO	UNI CEF	SIDA	MSF	UNDP/ TRUST	UNO DC	GF	UNF PA	UNE SCO	LRC	PSI	ILO	
0. NCCAB																					
1. Phongsaly																					
2. Huaphane																					
3. Bokeo																					
4. LuangNamtha																					
5. Oudomxay																					
6. Xayaboury																					
7. Xiengkouang																					
8. LuangPrabang																					
9. Xasomboune																					
10. VTE prov																					
11. VTE Cap																					
12. Bolikhamxay																					
13. Khammouane																					
14. Savannakhet																					
15. Saravane																					
16. Champasack																					
17. Xekong																					
18. Attapeu																					
total	3	4	4	5	2	3	1	18	1	18	1	1	18	3	5	5	5	15	18		3

Budget received from different Organizations

Organizations	2001	2002	2003	2004	total
Trust Fund	863,337,360	786,680,275		498,501,100	2,148,518,735
WHO	00	47,700,000	159,009,268	13,750,000	220,459,268
UNICEF	00	64,910,900	103,542,000 1,543 US\$	10,020,000	178,472,900 1,543 US\$
PSI	38,040,000 15,000 US\$	00	00	00	38,040,000 15,000 US\$
GTZ	9,651,310	00	80,562,000 5,254 US\$	25,527,000 120 US\$	115,740,310 5,374 US\$
Care International	2,187,900	00	00	00	2,178,900
World vision	7,909,500	00	00	00	7,909,500
Forgarty	00	30,888,000	00	00	30,888,000
ASEAN ROCKETFE LLER	00	00	00	1,485 US\$	1,485 US\$
CHASPPAR	00	13,785 US\$	00	00	13,785 US\$
ADB	00	00	823,949 US\$	576,050 US\$	1,399,999 US\$
GFATM	00	00	293,442 US\$	00	293,442 US\$
BI	00	52,409 US\$	53,948 US\$	10,000 US\$	116,357 US\$
Total :	921,126,070 15,000 US\$	930,179,175 66,189 US\$	343,113,268 1,178,136 US\$	547,798,100 587,535, US\$	2,742,216,613 1,846,860 US\$

From ADB. JFPR.REG : 9006

Received	Expenditure	%	Balance
1,400,000 US\$	823,940 US\$	59 %	576,050

Institutions	Balance to be spent
EA (PHC Unit)	20,765 US\$
NCCAB	210,973 US\$
Oudomxay	97,045 US\$
Khammouane	101,719 US\$
Savannakhet	145,546 US\$

(Global Fund): GFATM

- Received funding twice	93,442.00 US\$
- spent up to: 5/2004	5,318.22 US\$
- Balance in the account	123.78 US\$
- Transfer to 5 provinces	7,839.85 US\$
- Equipment and reagents for 5 prov	7,500.00 US\$
- Drugs for 5 provinces	3,000.00 US\$
- Central	96,978.37 US\$
 2 years budget =	 614,481.00 US\$
 - Plan for year 1	 349,003.00 US\$
- Plan for year 2	265,478.00 US\$
 ● Actual budget received 2 times	 293,442.00 US\$
● Total expenditure	245,318.22 US\$
● To be spent to 30/4/2005	369,162.78 US\$

III. Reasons for the success:

- Political Commitment at all levels
 - Networks in the fight against HIV/AIDS Nation wide
 - Good coordination among all partners nationally, regionally and globally
 - Multisectoral response including communities and PWA
 - NCCAB/MOH is a coordinating body
 - Early response to HIV epidemic
 - National Policy on HIV/AIDS/STI developed in 2001
 - National Strategic Plan for 2002-2005
 - National Action Plan for 2002-2005
 - Active participation from staff and partners
 - External Assistance, Financially and Technically
 - Good cooperation from International Organizations and NGOs
- UN Integrated Work plan to support National Response on HIV/AIDS

IV. Causes for not achieving:

- No clear roles and functions for the implementation at all levels
- HIV has not been mainstreamed in sectors appropriately
- Inadequate budget for HIV interventions at all levels
- Many sectors think that fighting against HIV infection is the roles of Health sector
- STI services have not covered throughout the country
- AIDS awareness has not reached people in rural and remote areas
- Perception on HIV prevention among general population is still not clear
- Frequent turn over of staff working with HIV/AIDS
- Lack of IEC materials
- Media still not focusing on specific target groups

V. Recommendations:

- Clear roles for NCCAB/PCCAs at all levels
- NCCA/NCCAB/PCCAs/DCCAs should carry out AIDS/STI activities regularly
- It should be AIDS Law
- It should be clear regulations on HIV testing
- There should be more IEC, budget and logistics for the implementation of HIV/AIDS for all levels
- There should be adequate staff working with HIV/AIDS/STI at all levels
- Mainstream HIV/AIDS into development programme
- Strengthen capacity for all staff working with HIV/AIDS/STI at all levels

VI. Plan of Action for 2004-2005:

1. Rational:

Based on this mid term review, there were still some activities have not been implemented and have not achieved according to the National Strategic and Action Plan for 2002-2005. Based on the poverty reduction plan of the Lao Government from now to the year 2020, and based on the policy and guidelines of the Ministry of Health on the transmission of infectious diseases in the country, the NCCAB has developed a plan for 2004-2005.

2. Objective:

- To prevent the spread of HIV epidemic and to maintain HIV low prevalence in the Lao PDR
- To strengthen surveillance system
- To strengthen and expand counseling system
- To reduce negative impact of HIV infection on socio-economic development, on families, communities and the nation

3. Priority issues:

- Multisectoral programme approaches
- Policy development and advocacy
- Strengthening institutional arrangements
- Country-wide capacity building in managerial, technical and research areas
- Strengthening surveillance and other research
- Prevention and treatment of STI
- Prevention of HIV transmission:
 - Youth Programming-life skills, etc...
 - IEC for high risk groups and general population
 - Convenient and culturally appropriate access to condoms
 - Targeted intervention for specific risk behaviours- formal/informal service workers and clients, mobile populations, recreational drug use
- Care, support and treatment
- Socio-economic development and HIV vulnerability
- Mobility and HIV vulnerability
- Emerging issues of importance:
 - Capacity to respond to new issues as they arise
 - Drug use and HIV vulnerability
 - Gender aspects of the HIV epidemic
- Monitoring, evaluation and ongoing review of the national response

4. Challenges:

- Lao PDR has low HIV prevalence rate, but high STI prevalence rate
- There are many factors enhancing HIV epidemic in Lao PDR if measures are not taken adequately,
 - There are construction of High Way from Chiang Rai to Kunming passing through Luang Namtha and Bokeo
 - There will be improvement of airports of 6 provinces
 - There will be a construction for casino in Phongsaly
 - There will be a bridge construction between Savannakhet in Mukdahane (Thailand)
 - There will be a dam construction Theune II in Khammuane
 - Recreational drug abuse, especially Amphetamine Type Stimulant (ATS) is increasing among young people
 - There is increasing of mobility of Youth from rural to urban areas for jobs opportunities
 - Men having Sex with Men (MSM): if men sell sex and if they contract HIV infection, that would enhance the epidemic

5. Targets and Indicators:

Targets	indicator
AIDS awareness for general population	85%
Expansion of PCCAs	18 provinces
Expansion of DCCAs	71 districts
Case report coverage (passive surveillance)	18 provinces

6. Plan for 2004-2005:

1. Strengthen the PCCA/DCCA and Village Committee for the Control of AIDS in some provinces,
2. Improve the coordination with partners at country and regional levels, Especially for the exchange of information,
3. Improve STI services and STI case management in provincial and district hospitals for the accurate diagnosis and prompt treatment to avoid resistance on drugs and to save money, especially in districts where revolving drugs fund exist,
4. Expand ART treatment for PWA for their better quality of life to Vientiane Capital and other provinces, and to avoid stigmatization and discrimination in the societies. Expand the 100% Condom Use Programme to other provinces, already prepared to accept the programme.
5. Cover nation wide HIV blood testing, since now there are only 14 provinces can perform passive surveillance, reporting on cases,
6. Strengthen the counseling capacities for PCCA and DCCA,
7. Produce IEC materials, focusing on specific target populations like migrant workers, IDU, and Ethnic Minorities in the remote areas,
8. Increase AIDS/STI awareness among migrant workers, IDU, and in collaboration with ministries and organizations concerned policies on the issues should be developed,
9. Strengthen capacities for staff on managerial, counseling, peer education for specific groups, laboratory, monitoring and evaluation,
10. Disseminate result of Periodic Presumptive Treatment in LuangPrabang,
11. Carry out Second Generation Surveillance second round in 6 provinces: Bokeo, LuangNamtha, Luang Prabang, Vientiane Capital, Savannakhet, Champassack,
12. Disseminate result on qualitative survey on migrant workers at 8 cross border provinces with Thailand, and then identify activities to be implemented for this group,
13. Develop monitoring and evaluation system for the regular monitoring from central, provincial and district levels,
14. Improve the reporting system, monthly, quarterly, every six month and yearly.

Order	Activities	responsibilities	1 st Q	2 nd Q	3 rd Q	4 th Q	Budget	Sources
Objective 1: Strengthen institutional by improved coordination and regular meeting								
1.1	Improve the PCCA/DCCA institutions	NCCAB, PCCA, DCCA					10,000	Trust
1.2	Develop policy on mobile populations and those affected by mobility and response to HIV/STI	NCCAB, PCCA, MOLWF, Partners, MOS					22,250	CIDA GTZ BACK UP Initiative
1.3	Build capacities for staff at all levels for managerial and provision of necessary equipments	NCCAB, PCCA, DCCA					215,665	Trust, UNAIS, UNICEF
1.4	Organize meeting for NCCA 2 times per year	NCCAB/Partners					5,000	UNAIDS/UNDP
1.5	Mid Term Review on HIV/AIDS/STI	NCCAB/PCCA/DCCA					30,000	UNAIDS/UNDP
Objective 2: Expand and strengthen new partners nationally and regionally								
2.1	Organize Working Group Meeting	NCCAB/Partners					4,000	Trust, U NAIDS
2.2	Provide appropriate information to decision makers and donors regularly and produce IEC materials including Bulletins on HIV/AIDS/STI	NCCAB, Partners,					20,000	Trust, UNAIDS
2.3	UN Theme Group meeting	UN agencies						
2.4	Involvement of PWA in the policy development and planning process	NCCAB, PCCA, PWA					3,000	
2.5	Mobilize private sector to involve in the planning on	NCCAB/Partners						
Objective 3: Policy development and Advocate to policy makers for the responses on HIV/AIDS								
3.1	Advocacy Policy Makers on HIV/AIDS by organizing national workshop	NCCAB/Partners					2,000	Mobilize resources
3.2	Organize study tour for decision makers	NCCAB, Partners,					15,000	Mobilize resources

Objective 4: Monitoring and evaluation							
4.1	Workshops on monitoring and evaluation at central and provincial levels	NCCAB, Partners	■			11,000	Mobilize resources
4.2	Review on the Implementation of HIV/AIDS annually	NCCAB/Partners		■		12,000	Mobilize resources
4.3	Monitoring HIV/AIDS prevention, Care and treatment of PWA	NCCAB, PCCA, Partners		■		8,000	Unicef
Objective 5: Ensure accurate and update information on surveillance on HIV/AIDS/STI							
5.1	Advocacy partners on Surveillance second round	NCCAB, PCCA, Partners	■			5,000	Mobilize resources
5.2	Carry out active surveillance with migrant workers	NCCAB, PCCA, Partners,	■			100,000	Mobilize resources
5.3	Disseminate result on surveillance on migrant workers	NCCAB, PCCA, Partners		■		6,000	Mobilize resources
5.4	Attend workshops on surveillance internationally	NCCAB/PCCA/Partners			■	10,000	Mobilize resources
5.5	Ensure accurate data from surveillance and have update information on surveillance on HIV/STI	NCCAB/PCCA/Partners		■		100,000	Mobilize resources
5.6	Improve case reports on HIV/AIDS/STI	NCCAB, PCCA, Partners			■	105,000	JICA, WHO
5.7	Provide HIV test kits and reagents for provincial and certain district laboratories	NCCAB, CLE, PCCA,		■		50,000	Mobilize resources
5.8	Refreshing course for lab staff at provincial level as needed	NCCAB, CLE, PCCA,		■		6,000	Mobilize resources

Objective 6: Ensure STI services for at least 50% of Health Care System						
6.1	Provide training for health personnel in STI Case management for public and private sectors.	NCCAB,CLE,Blood Bank, PCCA,PSI,BI, CARE				378,000 JICA,ADB,GFATM,WA F, UNFPA,AusAID
6.2	Ensure for STI drugs treatment accordingly.	NCCAB, CARE, FDD				69,750 FHI,WAF,GFATM
6.3	Integrate STI services into PHC	NCCAB,MOH,PCCA				66,000 GFATM
6.4	Strengthen STI case detection in ANC clinics.	NCCAB,PCCA				2,350 GFATM
6.5	Promote correct health seeking behaviour on STI diagnosis and treatment.	NCCAB				833 Mobilize resources
6.6	Promote safer sex including condom use.	PCCA				2,750 JICA,WAF
6.7	Reduce STI prevalence rate through presumptive treatment of STI.	NCCAB,PCCA,BI, FHI				115,000 JICA,WAF,FHI,British Embassy in Bangkok
Objective 7: Reduce HIV vulnerability among mobile population						
7.1	AIDS awareness for specific target groups in 18 provinces	NCCAB,PCCA,BI,LTU,ADB				2,500 Mobilize resources
7.2	Produce IEC for HIV prevention	MOIC,NCCAB,LTU,PSI				AusAID
7.2	Provide STI services and distribute condoms to mobile population.	CARE,NCCAB,MCTP, LTU				17,800 AusAID, GFATM

Objective 8: Prevention of HIV/STI and drugs among youth in and out of schools						
8.1	Reduce HIV/STI/drugs vulnerability among in and out of school youth.	CARE,PCCA,MCTP,NCCAB,MOE,LYU,PED,NRIES	█		154,500	UNFPA, JICA,CARE
Objective 9: Increase rate of condom use and availability of condoms adequately						
9.1	Promote condom use according to cultural values.	NCCAB,MOIC,PSI,PHD	█		202,500	Mobilize resources
9.2	Ensure adequate of condoms availability	NCCAB,PSI,FHI	█		200,750	Mobilize resources
Objective 10: Ensure 100% safe blood transfusion in the health services						
10.1	Expand the network for safe blood supported by UNAIDS through HIV/AIDS Trust	CLE,NCCAB,Blood Bank,PCCA,WHO	█		66,340	Trust, UNAIDS
10.2	Avoid blood transfusion unnecessary	CLE, BloodBank	█		2,500	Mobilize resources
10.3	Promote Universal Precautions	MOH,NCCAB	█		15,000	WHO
Objective 11: Care and support for people living with HIV/AIDS						
11.1	Expand networks for people living with HIV/AIDS.	LCR,PCCA,NCCAB,MSF,LYU,NCA	█		17,850	UNICEF, MSF,WHO,NCA
11.2	Expand the ARV treatment to Central level and certain provinces which are ready for it	NCCAB, PCCA, LCR, MSF, UNICEF	█			

Objective 12: Reduce HIV from mother to child transmission (PMCT)						
12.1	Implement PMCT project in Mother and Child Health Center (MCHC)	NCCAB, MCHC, PCCA			29,000	Trust, UNAIDS, UNICEF, WHO
Objective 13: Prevention of HIV among general population and ethnic groups						
13.1	Reduce HIV vulnerability among general population and ethnic groups	NCCAB, NCA, LNR, LTU, MCTP, MI C			149,890	UNICEF, NCA, NORAD
13.2	Celebrate WAD for 2004 in collaboration with partners.	NCCAB			10,000	ADB
13.3	Attend the XII ATFOA meeting in Malaysia.	NCCAB				Mobilize resources
13.4	Attend the 16 ICAAP meeting in KOBE, JAPAN	NCCAB			3,000	Mobilize resources
13.5	Training VCT for clinicians at public and private hospitals at central and provincial levels	NCCAB			3,000	Mobilize resources
13.6	Organize Peer education for people living with HIV/AIDS	NCCAB			2,000	WHO
13.7	Produce modules for OI treatment	NCCAB			3,500	ADB
13.8	Disseminate about OI treatment modules	NCCAB			6,000	WHO
13.9	Procure OI drugs for Sethathirat hospital	NCCAB			1,700	WHO
13.10	Monitoring and evaluation	NCCAB			51,000	UNAIDS, ADB
Total					2,308,928	