

# Lao PDR

## Snapshot (2021-2030)

### Executive Summary

#### Overview

The goal of the national strategic plan is to end the transmission and impact of HIV/AIDS and STI in Lao PDR by 2030.

The strategy is underpinned by the following approaches: combination prevention including biomedical (e.g. condom use; Pre Exposure prophylaxis), behavioural (e.g. reduction of risk behaviours and health seeking behaviour), structural/social (e.g. reduction of stigma and discrimination) and different testing methods to maximise reach (e.g. clinic based, self-testing) while strengthening linkage to services and coordination with laboratories. The strategy will reinforce differentiated treatment – aligning treatment delivery with individual needs (e.g. more intensive support where required to maximise retention and adherence, flexible dispensing of ART where appropriate); Treatment as Prevention (TasP) recognising that undetectable viral load effectively eliminates risk of transmission (Undetectable = Untransmissible).

The strategy supports the provision of harm reduction services for People who inject drugs (PWID) including the supply of injecting equipment.

#### Key Populations

Key populations are female sex workers, Men who have sex (MSM) with Men and transgenders, People who inject Drugs and People Living with HIV (PLHIV). Existing programs for MSM are primarily aimed at those classified as reachable. The national strategy notes that “there is a larger group of MSM, for example those who are married to women, or in socially-prominent occupations, who cannot be reached through traditional outreach and peer education”.

#### HIV Epidemic and Behavioural Data

Lao PDR is categorized as a low HIV prevalence country, with a concentrated epidemic in key populations. National prevalence is estimated at 0.3 percent of the adult population (ages 15 to 49). Prevalence is significantly higher among key populations: 2.8 percent among men who have sex with men and 1 percent among female sex workers.

#### Program Coverage

It is reported that 85% of PLHIV are aware of their status and that 64% of those are retained on ART. While 85% of PLHIV who are diagnosed commence ART, there is a significant rate of drop out.

Given low rates of testing among MSM and TG women and relatively high HIV positive results (14.1% positive results among those tested in 2017 and only 12% of “reachable” MSM were HIV tested), it is likely among these populations that the proportion who know their HIV status and are on treatment is lower.

#### National Strategy Funding

It is likely that there will be a gap of at least 40% in funds required to implement the national strategy.

#### Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Drug use and sex work are criminalised in Lao PDR. Stigma and discrimination are acknowledged as a key issue in the national strategy.

#### Meaningful involvement of the Community

Community organisations including those representing key populations are included in key governance structures of the national strategic plan. Mechanisms are being developed to sub-contract local community-based organizations to reach and serve key populations.



## Overview of the National Strategic Plan <sup>1</sup>

The goal of the national strategic plan is to end the transmission and impact of HIV/AIDS and STI in Lao PDR by 2030.

### Impact-level targets for 2025:

- HIV prevalence below 0.15% in the general population aged 15-49 years
- HIV prevalence among female sex workers below 1% and HIV prevalence among men who have sex with men below 2%
- Annual new HIV infections below 500

### The strategic objectives are <sup>2</sup>:

1. Strengthen an enabling environment for an effective HIV/AIDS and STI response
2. Improve access to quality prevention and testing services
3. Increase access to quality testing, treatment and care services

### The key challenges addressed in the strategy are <sup>3</sup>:

- continuing high STI prevalence and access to services for key populations;
- mobility and migration;
- stigma and discrimination; and
- decreasing external assistance.

The NSAP promotes integration of HIV/AIDS and STI into the broader work of the health sector, in particular tuberculosis, sexual and reproductive health, maternal and child health, communicable disease control and health promotion.

### The strategy is underpinned by the following approaches <sup>4</sup>:

- combination prevention including biomedical (e.g. condom use and Pre Exposure prophylaxis), behavioral (e.g. reduction of risk behaviours and health seeking behaviour), and structural/social (e.g. reduction of stigma and discrimination) methods
- differentiated testing: different testing methods to maximise reach (e.g. clinic based, self-testing) while strengthening linkage to services and coordination with laboratories.
- Differentiated treatment – aligning treatment delivery with individual needs (e.g. more intensive support where required to maximise retention and adherence, flexible dispensing of ART where appropriate)
- Treatment and Prevention (TasP) recognising that an undetectable viral load effectively eliminates risk of transmission.  
(Undetectable = Untransmissible)

The strategy supports the provision of harm reduction services for PWID including the supply of injecting equipment.



## Key Populations

In the context of Lao PDR, key populations are female sex workers, men who have sex with men and transgenders, and people who inject drugs. People Living with HIV (PLHIV) are often included because of their critical role in prevention and epidemic control.<sup>6</sup>

The strategy identifies the need to increase reach and service coverage of key populations. The strategic approaches of combination prevention, differentiated testing and differentiated treatment will be prioritised among key populations to achieve this outcome. The prioritisation of measures to reduce stigma and discrimination are also identified as essential to achieve this outcome.

## HIV Epidemic and Behavioural Data

Lao PDR is categorized as a low HIV prevalence country, with a concentrated epidemic in key populations. National prevalence is estimated at 0.3 percent of the adult population (ages 15 to 49). Prevalence is significantly higher among key populations: 2.8 percent among men who have sex with men and 1 percent among female sex workers. There is limited information on people who inject drugs, prisoners, and mobile populations (i.e., Lao people returning home from external migration, internal migrants to large-scale infrastructure projects and urban areas for employment; and foreigners migrating into Lao PDR).<sup>7</sup>

Of all cumulative reported people with HIV, 78% have been in border provinces with large towns along the Mekong River, such as Vientiane Capital, Savannakhet, Champasak, and Khammouane. In addition, in Vientiane Capital, there is an ongoing sharp increase in HIV prevalence among MSM, from 2.8% in 2014 to 7.0% in 2017. In the same period, HIV prevalence rates for FSWs have remained steady at about 1% in all locations surveyed. The latest-available AEM modelling projects an increasing trend of new HIV infections among MSM, clients of sex workers and former sex workers<sup>8</sup>.

MSM are the largest key population and are the group among whom HIV is increasing most quickly. Those classed as low risk are males living in rural areas and/or within subgroups that are more difficult to reach. However, the strategy recognises the need to use innovative forms of outreach and integrated HIV service delivery<sup>9</sup>.

There has been no recent surveillance among TG, and this group is included among MSM in prevention and testing efforts. To track and respond appropriately to the epidemic in this group the strategy aims to classify them separately from MSM across surveillance, prevention, and testing<sup>10</sup>.

There is a high turnover among FSWs and therefore there is a need for systematic outreach as new cohorts join, and former FSWs re-enter the general population<sup>11</sup>.

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Lao People's Democratic Republic National Strategic Plan (2021-2030) and Action Plan (2021-2025) on HIV/AIDS and STI Key Populations Snapshot



The strategy identifies low data capture and understanding of PWID and therefore an urgent need to capture clear data to shape programming and to reach this population <sup>12</sup>.

KP Population	Estimated Size of Pop	KP prevalence
MSM and TG	55,665 (2019) Of which, reachable: 16,693; low-risk: 38,972. No separate TG estimate	2.5% (2017) of reachable
FSW	13,967 (2019)	1% (2017)
PWID	1,630 (2019)	17.4% (2010)
People who inject drugs	42k (2015)	N/A

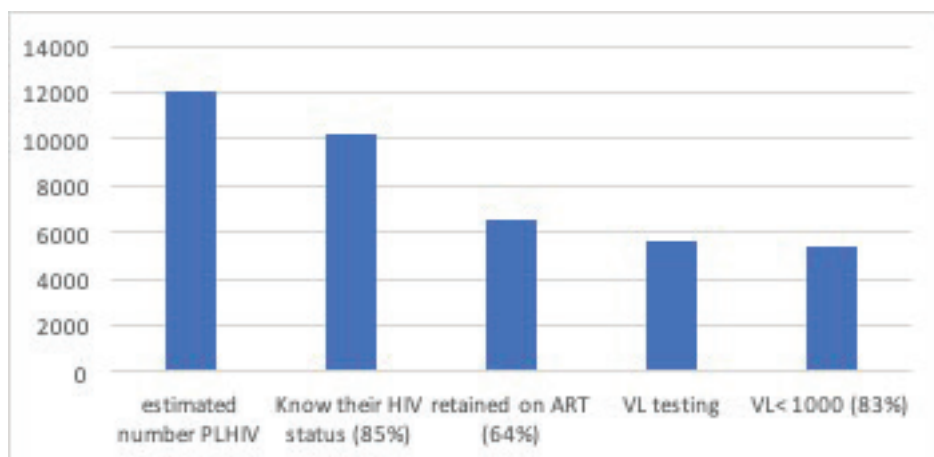
The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations. Data was not reported for transgender people (included with MSM) or PWID <sup>13</sup>.

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	25.7%		No data	10.2%
Female Sex workers	91.8% (2017)			95.4%

## Program Coverage

It is reported that 85% of PLHIV are aware of their status and that 64% of those are retained on ART (54% of all estimated PLHIV). While most (85%) of PLHIV who are diagnosed commence ART, there is a significant rate of drop out <sup>14</sup>.

HIV Patient Cascade in Lao PDR as of end of 2018 <sup>15</sup>



Given low rates of testing among MSM and TG women and relatively high HIV positive results (14.1% positive results among those tested in 2017 and only 12% of “reachable” MSM were HIV tested), it is likely the proportion who know their HIV status and are on treatment is lower among these populations.



The table below identifies current service coverage, coverage targets and projected gaps in service coverage, taking account of domestic budget allocations and other funding sources.

<b>Service Coverage of key populations</b>					
<b>Population Group</b>	<b>Population size</b>	<b>Baseline (current service coverage)</b>	<b>Number</b>	<b>Target within anticipated funding</b>	<b>Coverage Gap</b>
men who have sex with men (figures are for reachable MSM)	2019 (baseline): 17007 2021: 17774 2022: 18218 2023: 18674	30%	11,927	64%	36%
Female sex workers	2019 (baseline): 14198 2021: 14802 2022: 15172 2023: 15552	65%	11,465	74%	16%

The majority of community outreach and prevention services, especially for key populations (KAPs), are conducted by non-governmental and civil society organizations (NGOs/CSOs). In recent years, prevention programs focused on 5 provinces – Vientiane Capital, Vientiane Province, Savannakhet, Champassak and Khammouane.<sup>17</sup>

Existing programs for MSM are primarily aimed at those classified as reachable. The national strategy notes that “there is a larger group of MSM, for example those who are married to women, or in socially-prominent occupations, who cannot be reached through traditional outreach and peer education”<sup>18</sup>

The national strategy targets to reach 75% of key populations across all provinces. However, in regard to MSM and TG this does not include those classified as unreachable.



## National Strategy Funding

Total funding required to implement the strategy over the years 2021 to 2023 is USD 29 million. Global Fund (GF) allocation and domestic financing will cover the budget for the human resources, essential commodities for screening, diagnosis and treatment, and main activities. <sup>19</sup>

The estimated funding gap is USD 17.8 m for 2021-2023.

Lao PDR has requested a Global Fund Prioritized Above Allocation Request (PAAR) of USD 7.7 million across TB and HIV interventions which, if granted, will be used for prioritised activities including an Integrated Biological and Behavioural Surveillance (IBBS) study among key populations and a stigma/discrimination survey. The national program will explore additional domestic funding, and external funding resources such as international donors. <sup>20</sup> In 2020 USD 846,912 was provided by non-Global Fund external sources.

If Lao PDR is successful in getting PAAR funding and maintain existing levels of other external funding it is still likely that there will be a gap of at least 40% in funds required to implement the national strategy.

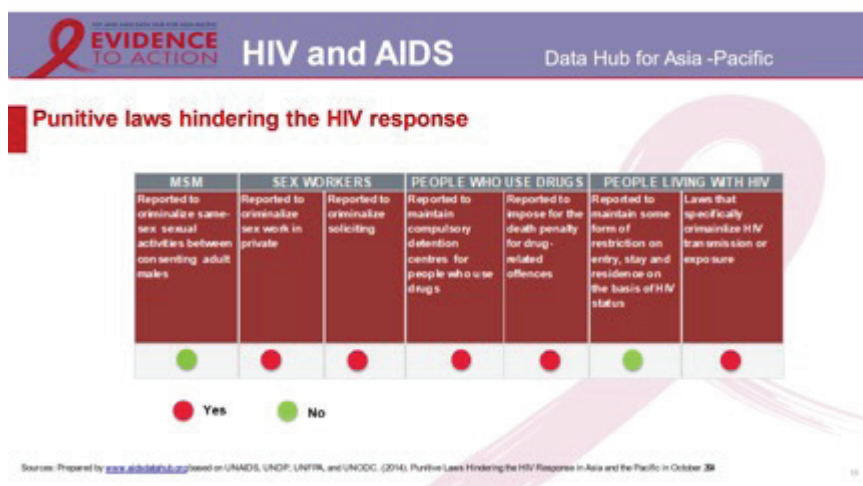
### Funding required and anticipated funding and sources <sup>21</sup>

	2021		2023	
Total Funding needs for the National Strategic Plan	8,811,125		10,115,124	
Domestic source: Government revenues	1,390,804	15.8	1,410,804	13.9
Total previous, current and anticipated Global Fund resources from existing grants (excluding amounts included in the funding request)	2,310,179	26.2	2,310,179	22.8
Total anticipated resources (annual amounts)	3,700,983	42	3,720,983	36.8
Annual anticipated funding gap	5,110,143	58	6,394,142	63.2



## Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Drug use and sex work are criminalised in Lao PDR. Detailed information on the enforcement of laws is not readily available. However, restriction, fear of enforcement of such laws can be a barrier to services access.



Stigma and discrimination are acknowledged as key issues in the national strategy. Therefore, Strategic Objective 1 of the national strategy is to “Strengthen an enabling environment for an effective HIV/AIDS and STI response strategic intervention”. Strategic Intervention 1.6 is to “reduce HIV/AIDS and STI-related stigma and discrimination in the community, in healthcare and in other sectors”.<sup>22</sup>

## Meaningful involvement of the Community

Community organisations, including those representing key populations, are included in key governance structures of the national strategic plan. Mechanisms are being developed to sub-contract local community-based organizations to reach and serve key populations.<sup>23</sup>

- Lao People's Democratic Republic Ministry of Health Department of Communicable Disease Control Center for HIV/AIDS and STI. National Strategic Plan (2021-2030) and Action Plan (2021-2025) on HIV/AIDS and STI. August 2020
- Ibid p9
- Ibid p9
- Ibid p6
- Lao People's Democratic Republic Ministry of Health Department of Communicable Disease Control Center for HIV/AIDS and STI. National Strategic Plan (2021-2030) and Action Plan (2021-2025) on HIV/AIDS and STI. August 2020 p34
- Lao People's Democratic Republic Ministry of Health Department of Communicable Disease Control Center for HIV/AIDS and STI. National Strategic Plan (2021-2030) and Action Plan (2021-2025) on HIV/AIDS and STI. August 2020 p5
- Ibid p16
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- UNAIDS/AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed June 2021)
- Lao People's Democratic Republic. CCM. Funding Request Form Allocation Period 2020-2022p4
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- Lao People's Democratic Republic. CCM. Funding Request Form Allocation Period 2020-2022p36

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Key Populations Snapshot

