

Lao PDR

Country Review February 2012

LAO PDR AT A GLANCE

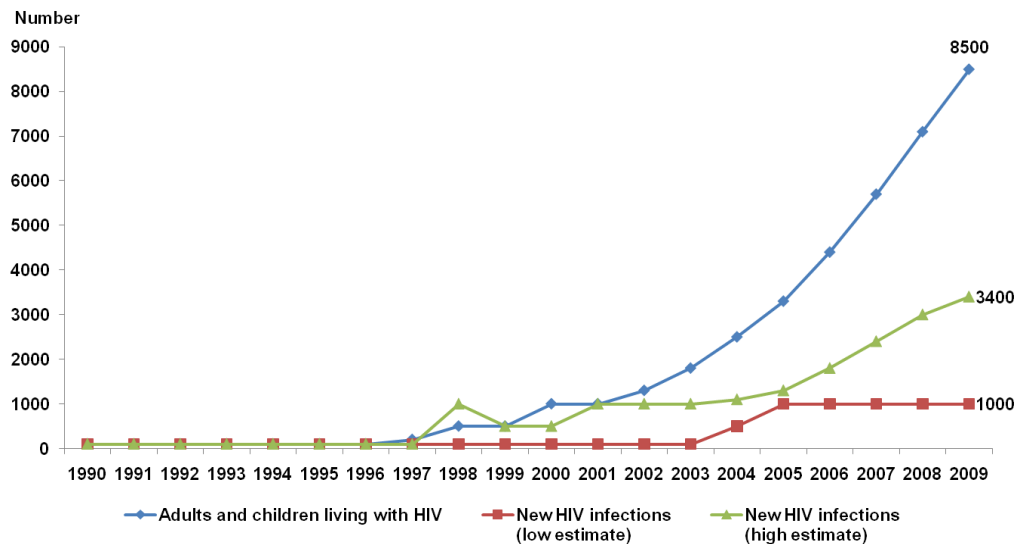
Total population (in thousands)	6,436 (2010) ¹
Annual population growth rate	1.8% (2010-2015) ¹
Population aged 15-49 (thousands)	3,318 (2010) ²
Percentage of population in urban areas	33% (2010) ³
Crude birth rate (births per 1,000 population)	27.3 (2008) ⁴
Under-5 mortality rate (per 1,000 live births)	61 (2008) ⁵
Human development index (HDI) - Rank/Value	122/0.497 (2010) ⁶
Life expectancy at birth (years)	65.9 (2010) ⁶
Adult literacy rate	72.7% (2005-2008) ⁶
Ratio of girls to boys in primary and secondary education (%)	87 (2008) ⁴
GDP per capita (PPP, \$US)	2,255 (2009) ⁴
Per capita total health expenditure (Int.\$)	84 (2007) ⁵



HIV EPIDEMIOLOGY AND TRENDS

The first HIV-positive case was reported in the country in 1990 and the first AIDS case in 1992. Since then, the number of HIV and AIDS cases has grown and – by the end of 2009 – 8,500 people were estimated to be living with HIV, up from less than 1,000 in 2001 (Fig. 1).⁷ The estimated number of women infected with HIV increased from <500 in 2001 to 3,500 in 2009.⁷ In 2009, HIV prevalence was estimated to be 0.2% among adults (aged 15-49), 0.1% among young men (aged 15-24) and 0.2% among young women (aged 15-24).⁷

Figure 1: Estimated number of adults and children living with HIV vs estimated new HIV infections, 1990-2009



Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

In 2010, Lao PDR reported 612 HIV cases, 366 AIDS cases and 132 deaths due to AIDS-related illness. Cumulatively since 1992, there have been 2736 AIDS cases and 1170 AIDS-related deaths.⁸ Among the reported HIV cases, women made up 45% of the total.⁸

Surveillance Systems

Lao PDR has strengthened its monitoring and evaluation system in recent years, including:

- Development of a National Monitoring and Evaluation (M&E) Plan.
- Monthly reports from 17 provinces and 6 central hospitals sent to the Center for HIV/AIDS/STIs (CHAS) on routine program data, STIs, VCT, HIV, and co-management of HIV/TB.⁹

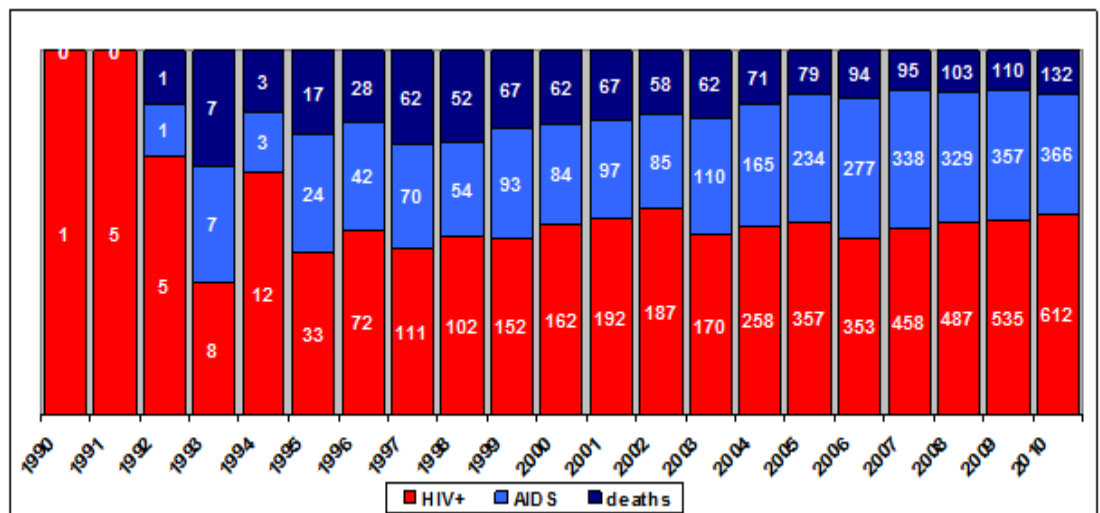
Studies have been conducted among:

- IDUs (Rapid Assessments, preliminary data available for most recent in 2010)
- Migrants (KAPB survey; Integrated Biological and Behavioral Surveillance (IBBS) Surveys)
- FSWs (Second Generation Surveillance, SGS 2004 and 2008 in 6 provinces, 4 provinces in 2001; BSS 2009 in 5 provinces) and
- MSM (IBBS 2007 in Vientiane; IBBS 2009 in Luang Prabang)

Internationally supported studies and surveys have been carried out, including:

- Reproductive Health Survey with HIV and STI knowledge components (2005)
- Multiple Indicator Cluster Surveys (MICS, 2000 and 2006)

Figure 2: Trends in the number of reported HIV cases, AIDS cases and AIDS-related deaths, 1990-2010

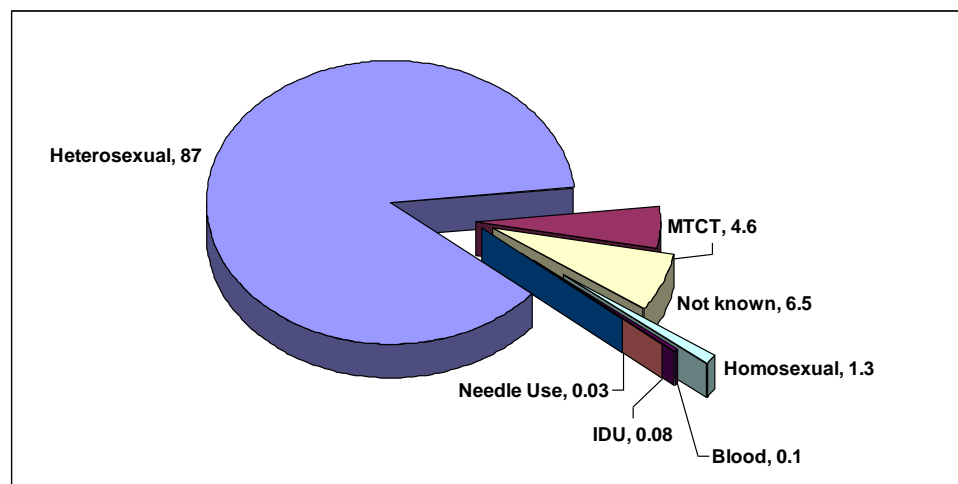


Source: Center for HIV/AIDS/STIs, 2010

Who is at risk of HIV infection in Lao PDR?

The most common mode of HIV transmission in Lao PDR between 1990 and the end of 2009 was heterosexual contact, which accounted for 87% of cumulative HIV infections (Figure 3). Homosexual transmission accounted for 1.3%. The proportion of reported cumulative HIV cases due to mother-to-child transmission (MTCT) has increased from 2% in 2003 to nearly 5% in 2010.^{8: 10: 11} In relation to this, HIV prevalence among ANC attendees in the three central hospitals of Lao PDR was 0.3% in 2008.

Figure 3: Percentage of reported HIV cases by mode of transmission, 1990-2009

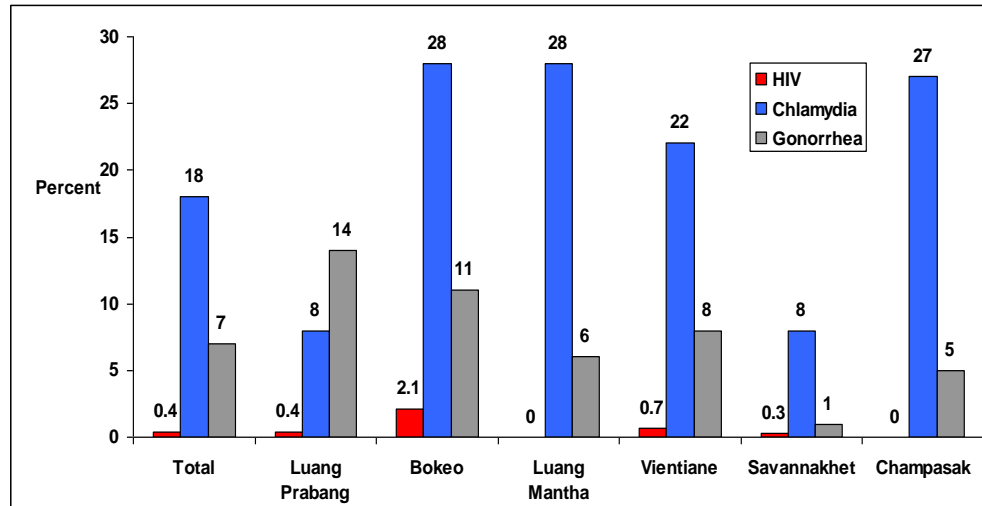


Source: Center for HIV/AIDS/STIs, 2010

Female Sex Workers (service women in the entertainment industry) & their clients

In cooperation with partners, the Center for HIV/AIDS and STIs (CHAS) has carried out three rounds of Integrated Biological-Behavioural Surveillance Surveys (IBBS). The first round (2000-2001) of the IBBS showed that HIV prevalence among service women (women who work in small drink shops, beer gardens, karaoke bars, or other entertainment establishments attended by men who seek commercial sex) was 0.9% overall and 1.1% in Vientiane.¹² In the second round of the IBBS (2003-2004), HIV prevalence among female sex workers (FSWs) had increased to 2%. The prevalence remained the same in Vientiane, but increased in Savannakhet (from 1.1 % to 3.3 %).¹³ More recently as of 2008, the third round of the IBBS among FSWs in 6 provinces (Vientiane, Champasak, Savannakhet, Luang Namtha, Bokeo, Luang Prabang) – found an overall HIV prevalence of 0.4% (Fig. 4).¹⁴

Figure 4: HIV and STI prevalence among service workers by province, 2008



Source: Integrated Biological and Behavioral Survey (IBBS), 2008

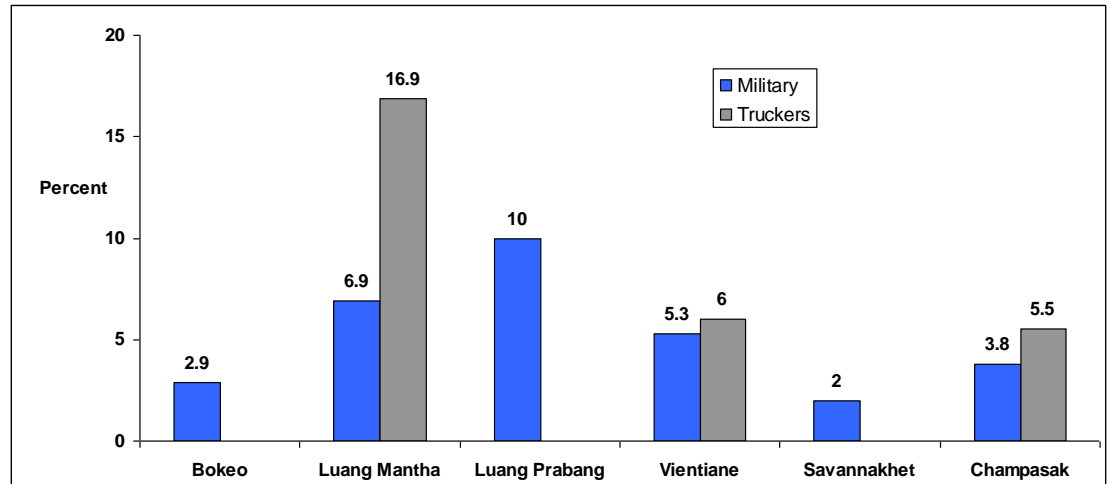
Prevalence rates of other STIs are high among FSWs in the regions surveyed by the IBBS (Figure 4), although overall rates declined as of 2008. In 2008, chlamydia prevalence among service women was 18%, down from 38% in 2004 and 30% in 2001. Gonorrhea prevalence fell to 7%, down from 18.3% in 2004 and 14% in 2001. Similarly, chlamydia and gonorrhea co-infection was detected in 22% of the women, down from 39% in 2004 and 37.6% in 2001.^{12; 13}

A 2004 study carried out in Vientiane concerning the sexual behaviour of men aged 18-35 (n=800) obtained the following results:¹⁵

- 41% had ever paid for sex with a woman
- In the first half of 2004, 32% paid for sex at least once -26% of single men and 50% of married men

The IBBS surveys have used electricity workers as a proxy for clients of sex workers. HIV prevalence among this group seems to be stable at 0.2% in 2004 and 0.3% in 2008.¹⁴ The 2004 IBBS also used military officers and truck drivers as a proxy for clients of sex workers. Prevalence rates of other STIs among these groups were relatively high. For instance, prevalence of either gonorrhea or chlamydia was particularly high in both study groups in Luang Mantha and Vientiane (Figure 5).

Figure 5: Prevalence of either gonorrhoea or chlamydia among electricity workers and truck drivers in selected sites, 2004



Source: Center for HIV/AIDS/STI, Ministry of Health - FHI, ADB, WHO, GTZ, Global Fund, UNODC and UNDP. *Second Generation Surveillance 2nd round on HIV, STI and Behaviour, 2004*

Men who have sex with men

In 2007, the first ever assessment of HIV prevalence and risk behaviors among MSM in Vientiane was undertaken (using venue, daytime location sampling) and found 30 of 540 men – 5.6% – testing positive for HIV.¹⁶ More recently, a 2009 study among MSM in the major urban area of Luang Prabang (using respondent driven sampling or RDS) found contrasting results as none of the respondents were HIV positive.¹⁷ However, the prevalence of rectal gonorrhoea and/or chlamydia was relatively high at 9%.

MSM at a Glance

HIV prevalence ^{16; 17}	<ul style="list-style-type: none"> 5.6% in Vientiane in 2007, 0% in Luang Prabang in 2009
Selected behaviors ^{16; 17}	<ul style="list-style-type: none"> 6.4% of 540 MSM in Vientiane reported having had an HIV test in 2007 14% in Luang Prabang in 2009 14% used a condom with last casual male partner in Vientiane 33% used a condom with last commercial male partner in Vientiane 39.4% reported sex with a woman in the last 3 months in Vientiane.
National response ¹⁸	<ul style="list-style-type: none"> Three major NGOs are working on MSM issues in Lao PDR The National Strategic Plan for 2011-2015 had a specific intervention program and for MSM.

Migrants

Lao PDR is both a source and destination country for migrant workers (with large numbers migrating to Malaysia and Thailand and from Vietnam and China.¹⁹ These high levels of poverty and cross-border migration are contributing to the spread of HIV within the country.²⁰

The majority of reported cases of HIV have been identified in three provinces bordering with Thailand, Vietnam and Cambodia – each of which experiences cross-border migration.⁹ In particular, most cases are reported in Savannakhet (40%), the greater capital Vientiane area (33%) and Champasak (9.8%).⁹

The National Committee for the Control of AIDS recently reported that more than half of registered people living with HIV/AIDS in Lao PDR were migrant workers, especially those who migrate to Thailand, and their partners.¹⁹ Most of them acquired the virus through unprotected sex.¹⁹ No recent prevalence data exist for migrants, but a BSS/HSS among returning labour migrants in 2006 (in 8 provinces) revealed a sero-prevalence of 0.37% within the migrant population.⁹ In particular, prevalence was 0.8% among female migrants and 0% among male migrants; in addition, cumulative migrant cases of HIV are predominantly female, specifically in the younger age groups.⁹

Based on the cases reported, it has been presumed that the first wave of epidemic, which started in the 1990s and is currently fading out, was from international labor migrants.

Migrants at a Glance

Estimated no. of Lao migrants ¹⁹	180,000
Estimated no. of undocumented migrants ¹⁹	20,000
Net migration rate, per 1,000 population (2010-2015) ²¹	-2.2 migrants/1000 population
Primary destination countries ¹⁹	Thailand, Malaysia
Percentage of women among migrants ²²	55%
Involvement in human trafficking ²³	Yes, source country
Estimated number of displaced people ²⁴	0

Injecting drug users

The epidemiological situation among injecting drug users (IDUs) has only recently been explored. Preliminary findings from a rapid assessment and response carried out in 2010 show that overall HIV prevalence among IDUs in the two provinces of Huaphanh and Phongsaly was 17.4%. This was based on a study population among which more than three-fourths (75.7%) were current drug users and nearly two-thirds (62.3%) injected 2-3 times daily.²⁵

Based on previous behavioural studies, injecting drug use has been prevalent among young people and MSM; in addition, it has been reported in both service women and a subset of female migrants.⁹ Both the 2008 IBBS and 2009 BSS among service women found that 1% had ever injected drugs.^{14; 17} In addition, twelve percent of MSM in Luang Prabang reported having injected in the past year (IBBS, 2009).⁹ In 2007, of the 21% of MSM in Vientiane had used drugs in the previous 3 months, 0.7% had injected and almost all were less than 24 years of age.⁹ Among those having ever used injecting drugs, 22% did not know that HIV could be transmitted through stained needles.

VULNERABILITY & KNOWLEDGE

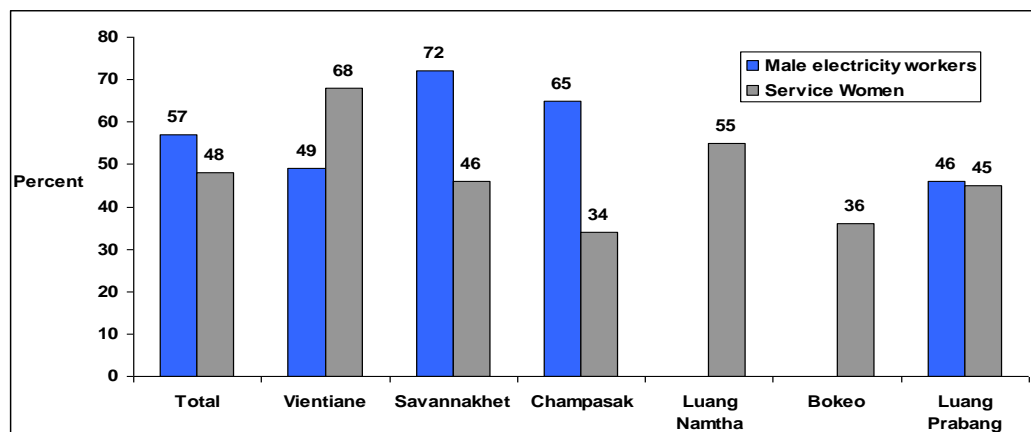
Vulnerability Factors

- Many men who have sex with men also report having sex with women. Women whose husbands have multiple sex partners and are clients of female sex workers are particularly vulnerable to infection, with 18% of reported cases from housewives (the second highest reported occupation among PLHIV)⁹
- Women have comparatively lower literacy than men,²⁶ and have low access to antenatal care in general²⁷
- High STI prevalence (gonorrhoea and/or chlamydia) across different vulnerable groups⁹
- In 2008, 22% of service women reported having been forced into sex in the past year and about half (52%) had been forced by clients not to use condoms in the past 3 months¹⁴
- Certain high-risk populations have yet to benefit fully from the scaling up of prevention efforts, including but not limited migrants and injecting drug users⁹
- Lao PDR is a source country for trafficked men, women and children to Thailand and is a destination country for women and girls trafficked from China, Myanmar and Vietnam.¹⁹

Knowledge of HIV and AIDS

Misconceptions regarding HIV transmission persist among groups at risk. Comprehensive HIV knowledge – that is, the percent of individuals who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission – among service women and male electricity workers is shown in Figure 6. These results, from the 2008 IBBS, reveal that 48% of service women and 57% of electricity workers across all sites had comprehensive knowledge.¹⁴ The 2009 surveys among service women and MSM found that comprehensive knowledge among them was 45% and 25%, respectively.¹⁷

Figure 6: Comprehensive HIV knowledge among male electricity workers and service women, 2008



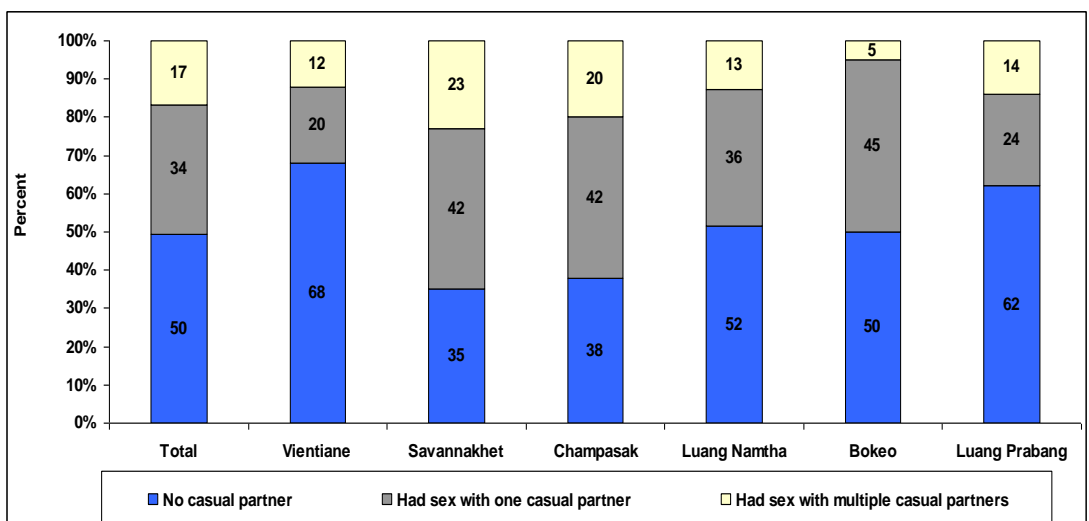
Source: Integrated Biological and Behavioral Surveys (IBBS), 2008

Risk behaviors

According to the 2009 BSS among service women (n=300 in Vientiane and 150 each in Bokeo, Luang Namtha, Sarravane, and Attapeu) – service women have a mean of 2.5 clients per week (ranging from 2.3 in Vientiane and Attapeu to 3.4 in Luang Namtha). The 2008 IBBS had similar results with a mean of 2.6 clients per week.¹⁴

In addition to clients, it is important to note that service women are having sex with one or multiple other partners on a casual basis. On average, over the five sentinel sites, 14% also had casual partners in the past 3 months (BSS, 2009).¹⁷ The 2008 IBBS revealed even higher numbers in its sentinel sites – with 34% of service women having had sex with one casual partner and another 17% having had sex with multiple casual partners in the last 3 months (Fig. 7).¹⁴ These figures highlight the possibility for service women to transmit HIV to intimate partners of their clientele. This is especially the case given range in condom usage among service women and their various types of clients.

Figure 7: Proportion of service women having sex with casual partners in the past three months, 2008

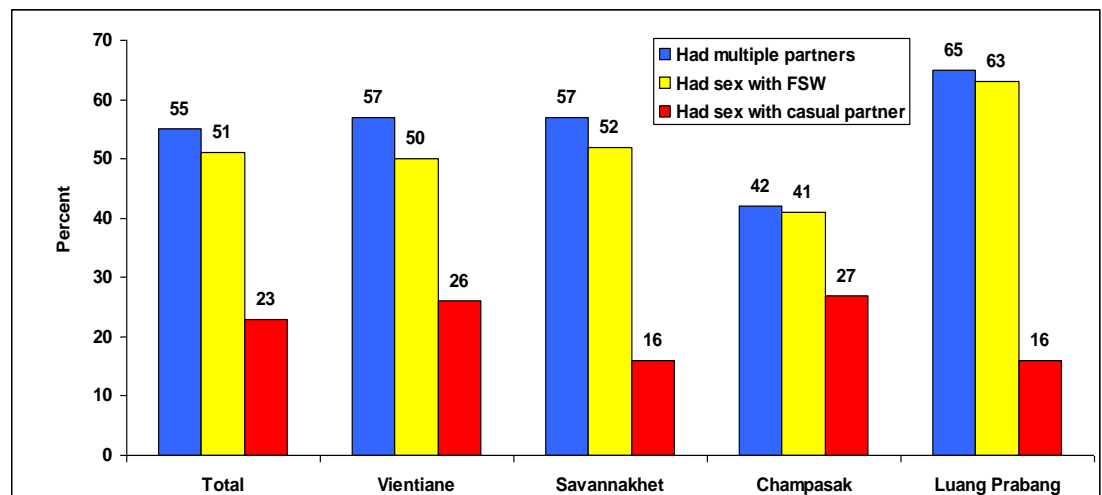


Indeed, in 2009, condom use among service women was high with clients, but the percentage of condom use at last sex among service women with regular partners, casual partners and clients ranged from 49% to 81% to 97%, respectively, over all sites.¹⁷ Trends in condom use among service women are only discernable in Vientiane, given that it is the only site that has been consistently included in surveillance. Condom use at last sex with clients has remained around 90% during all rounds of surveillance, while consistent use of condoms with client in the past 3 months remained unchanged over the course of the years it was surveyed (2008 to 2009).¹⁷

Similarly, men surveyed are not simply buying sex; an additional risk factor at play is that they are also engaging in casual sex with multiple partners. The 2008 IBBS results showed that a high proportion of electricity workers reported having sex with multiple partners as well as female sex workers and, to a lesser extent, other casual partners (Fig. 8).¹⁴

Among a sample of electricity workers in 2008, condom use at last sex with casual partners was low, particularly in comparison to usage with FSWs. With casual partners, condom use was 50% in 2008 while with FSW was 91%.¹⁴

Figure 8: Selected sexual behavior among male electricity workers in the last year, 2008



Source: Integrated Biological and Behavioral Surveys (IBBS), 2008

Among MSM, key behavioral findings among those surveyed in Vientiane in 2007 included:¹⁶

- 58% had ever had sex with women, of whom 5% were HIV positive
- 39% had had sex with women in the previous three months, of whom 6% were HIV positive
- 42% had more than one male partner in the previous 3 months, of whom 7% were HIV positive
- 22% received money (or other types of compensation) for sex in the previous 3 months, of whom 8% were HIV positive
- 28% paid money (or other types of compensation) for sex in the previous 3 months, of whom 3% were HIV positive
- 29% had been previously coerced into having sex, of whom 6% were HIV positive
- 6% had previously had an HIV test, of whom 3% were HIV positive
- 14% consistently used a condom with a regular partner (in the past 3 months), of whom 4% were HIV positive
- 24% consistently used a condom with a non-regular partner (in the past 3 months), of whom 6% were HIV positive.

Similar behavioural patterns were noted among MSM in the 2009 Luang Prabang study. Forty-four percent of those surveyed had multiple partners, 28% and 33% had casual sex with men and women, respectively, in the previous three months.¹⁷ Twenty-three percent of MSM had purchased sexual services in the past 3 months: 16% from women, 12% from men, and 8% from transgenders. On the other hand, 23% of the MSM surveyed had also received money for sex in the past 3 months, including 15% who received money from males, another 15% who received money from transgenders, and 14% who received money from females. Consistent use of condoms in the past 3 months was 56% with foreign male partners, 51% with male sex workers, 40% with male clients, 37% with casual male partners and 30% with FSWs.

In 2004, a study of 281 transgender men (TG - men who do not accept their gender and identify as women) and 401 of their male partners showed that about three quarters (76%) of TG and 43% of partners had anal sex with more than one male in the past 6 months. Furthermore, 55% of the male partners had one or more girlfriend partners. Fifty nine percent of TG and 52% of their male partners reported using a condom last time they had anal sex with a casual male. Meanwhile, 29% of the partners had unprotected sex with a FSW in the past 6 months.²⁸

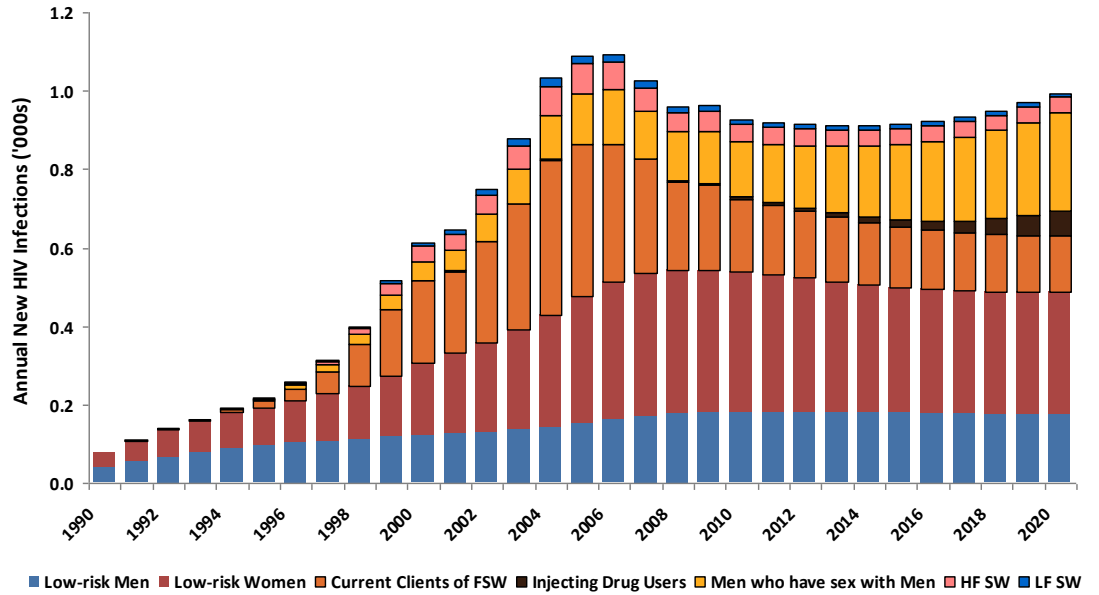
A separate study, sampling 800 men from Vientiane,¹⁵ found similarly high levels of risk taking and sexual networking with both men and women. In fact, 19% of men reported having sex at least once with another man, of whom 55% reported having had anal sex. Moreover, in the first half of 2004, 8% of men had sex with at least one man and one woman. Condom use was 74% during last anal sex and 73% at last sex with a non-regular female partner.

How might HIV affect Lao PDR in the future?

Figure 9 shows the Asian Epidemic Model (AEM)^a projection of new HIV infections among 7 key populations over the next 10 years, assuming continuation of the national response at current levels. The number of new cases may stabilize in sex workers in the baseline scenario, but will rise in new emerging high-risk groups such as hard to reach migrants, IDUs and MSM. Although it would be ideal to direct attention to all vulnerable groups, the allocation of limited resources should be focused on the 'early start and effective targeting of prevention interventions'.¹⁸

^a depends on assumptions of changes in risk behavior (e.g. significant increase in risk behaviour on the part of a key affected population such as sex workers and clients), changes in the response towards key affected and vulnerable populations (e.g. intensifies, decelerates or continues at present levels) or other broader contextual challenges such as migration patterns

Figure 9: Projected number of annual new HIV infections from 1990 to 2020



Source: National Committee for the Control of AIDS

National Response

Governance

The Government of Lao PDR's responses to HIV and AIDS are briefly summarized below:^{9: 29}

- Established (1988) and later re-established (2003) the National Committee for the Control of AIDS (NCCA), composed of representatives from different institutions whose main task is to coordinate the national response to HIV/AIDS. Also established provincial and district committees for the control of AIDS in some provinces. The Committee is composed of 14 members from 12 government ministries and mass organizations;
- Developed (2001) and revised (2005) the first comprehensive National HIV/AIDS/STI Policy that served as a guide to the development of the National Strategy on HIV/AIDS/STI;
- Developed a series of national plans to combat HIV/AIDS/STI: Short-Term Plan (1989-1990); Medium-Term Plan (1991-1996); Lao PDR National HIV/AIDS/STD Plan (1997-2001); Lao PDR National HIV/AIDS/STD Strategic Plan (2002-2005); Lao PDR National Plan of Action on HIV/AIDS/STD (2002-2005); National HIV/AIDS/STD Strategic Plans (2006-2010, 2011-2015)
- The Center for HIV/AIDS/STDs (CHAS) coordinates the implementation of the National Strategic Action Plan and reports to the NCCA on progress made. CHAS also serves as the National AIDS program, implementing most of the health sector activities in the national response.
- Established a taskforce on "HIV and Drug Use" (2007) to address the emerging issue of injecting drug use; Prepared National Drug Control Master Plan, 2009-2013
- Formulated a national policy on non-discrimination which specifies protection for vulnerable groups;
- Expanded prevention services to more provinces and various settings, including the 100% condom use programme, voluntary counselling and testing (VCT), life skills-based HIV education and behavioural change interventions targeting mobile groups.
- Technical working groups on service women; men who have sex with men; treatment; care and support and M&E.

The National Strategy and Action Plan (NSAP) 2011-2015 was developed through review of the NSAP 2006-2010 and guided by the National AIDS Policy and National HIV/AIDS Law. The NSAP 2011-2015 is in line with overall development (i.e. 7th National Socio Economic Development Plan) and sectoral (i.e. 7th Health Sector Plan) policies and recognizes international agreements signed by Lao PDR, such as the Millennium Development Goals (2000), the UNGASS Declaration of Commitment (2001), and the Paris Declaration for Aid Effectiveness (2005). The NSAP 2011-2015 strategies will focus on increasing coverage and quality of HIV prevention services, increasing coverage and quality of HIV treatment, care and support services, and improving national programme management to support service delivery.¹⁸

Law and policy related issues

In 2009, the *Prime Minister's Decree on Association* passed, allowing civil society organizations to obtain legal status for the first time. A national policy on non-discrimination is in place that calls for the protection of vulnerable groups (e.g. women, young people, drug users, MSM, FSWs, and mobile/migrant populations).⁹

Lao PDR does not have laws that criminalize homosexual behaviour, however sex work is illegal. Specifically, Article 122 of the Lao PDR *Penal Code* states that "Anyone making a living from prostitution will be sentenced to imprisonment for three months to one year or to reform without imprisonment." Law on the prevention and control of HIV and AIDS has been approved at the end of 2010. Dissemination of the law is in process.

In addition, despite the fact that the *National Response to HIV/AIDS/STI* aims to have 60% of estimated numbers of IDU reached through harm reduction interventions by the end of 2015³⁰, Lao PDR retains the death penalty for drug offences.³¹ Guidelines from the World Health Organization (WHO) confirm that substitution therapies, such as methadone and/or buprenorphine maintenance, are still the most promising method of reducing drug dependence.³² Moreover, both methadone and buprenorphine have been added to the WHO List of Essential Drugs.³³ However, the status of methadone and buprenorphine for OST in Lao PDR is unclear.³⁴ A pilot project for harm reduction is starting in two provinces in the north with funding support from AusAID under HIV/AIDS in Asia Review Program (HAARP).

HIV Prevention Programs

As of 2009, the following services have been provided:⁹

- 100% Condom use programs – expanded to cover 15 provinces
- VCT is now available in all provinces and 86 districts
- VCT sites rose from 37 in 2007 to 110 in 2009
- 7 drop-in centers for FSW and 2 for MSM have been established and are providing testing
- 74% of schools provide life skills-based HIV education in 2009, up from 32 in 2007.

In 2009, the percentage of sex workers reached with HIV prevention programs was 70%⁷ up from 45% in 2008.³⁵ In 2008, the percentage of service women and male electricity workers ever had an HIV test and knew the result were 17% and 13%, respectively.¹⁴ In 2009, this number rose to 23% among service women, albeit the average was taken over different sites.¹⁷ The 2009 survey also revealed that 16% of MSM (in Luang Prabang) had been tested in the past year and 14% had received their test results.

Among the general population, the number of people tested has been on the rise from 21,696 in 2007, 28,878 in 2008 and more recently 40,962 in 2009. Importantly, the number of facilities with HIV testing and counseling has also recently increased, from 36 in 2007 to 91 in 2008 and further to 110 in 2009.^{35; 36}

Antiretroviral treatment, Prevention of Mother-to-Child Transmission

Prevention and treatment are still unbalanced and the continuum of care is limited. As of December 2008, only 3 out of 1594 health facilities were offering ARVs, expanding to 5 ARV sites and three satellite sites in 2010.³⁷ According to the Universal Access 2011 report, 1,573 adults and 117 children were receiving ART in 2009.³⁸ Furthermore, an estimated 51% of adults in need of ART (based on 2010 guidelines) were reported to be received treatment by the end of 2009.³⁸

However, the percentage of HIV positive pregnant women receiving ARVs to reduce the risk of mother-to-child transmission (most effective regimens as recommended by WHO) is low at a range of 7 to 15 percent in 2010.³⁸ Based on model estimates, 15% of infants born to HIV positive mothers in 2009 were also infected with HIV.⁹

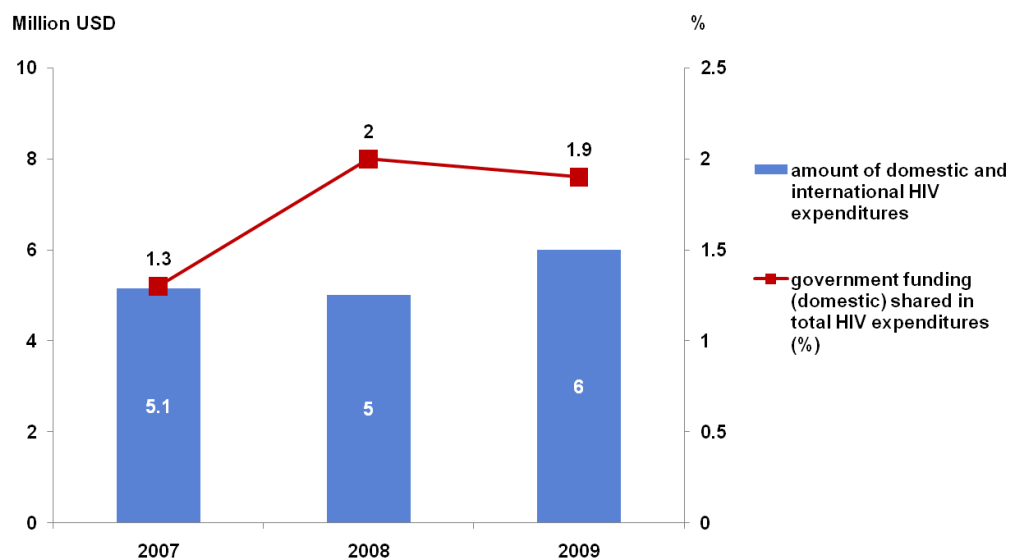
As of December 2008, 891 facilities were providing ANC services.³⁷ Meanwhile, only 5 facilities providing ANC services were also providing HIV testing and counselling for pregnant women. At the same time, only 4 out of 891 health facilities providing ANC services also offer both HIV testing and ARVs for the prevention of mother-to-child transmission on site. Three out of 1594 health facilities were offering pediatric ART. Furthermore, Multiple Indicator Cluster Survey (MICS) 2006 data showed that only 7.6% of women who gave birth in the two years preceding the survey (n=1532) were offered HIV counselling, and 1.5% were tested for HIV at ANC visits (1.1% received their results).¹⁰

HIV Financing & Expenditure

Lao PDR has been receiving funding and technical assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Asian Development Bank (ADB) and international NGOs including CARE International and Family Health International (FHI).⁹ UN agencies such as WHO, UNICEF, UNAIDS and UNDP have been supporting the Government with technical support and cooperative funding schemes. The recent reports from major donors such as GFATM and ADB showed that Lao PDR is receiving an increasing amount of funding for HIV and AIDS programmes. For example, GFATM committed US\$ 3.4 million in the first round and almost US\$ 9.0 million in Round 6.

Financing for the national response to HIV and AIDS in Lao PDR is extremely dependent on external assistance – GFATM (42%), the UN (22.2%), bilaterals (19.4%) – with domestic financing accounting for less than 2% of expenditures in 2008 and 2009 combined (US\$ 213,260). In 2009, US\$ 6 million was spent on HIV and AIDS, rising from US\$ 5.02 million in 2008 and US\$ 5.15 million in 2007 (Figure 11).⁷

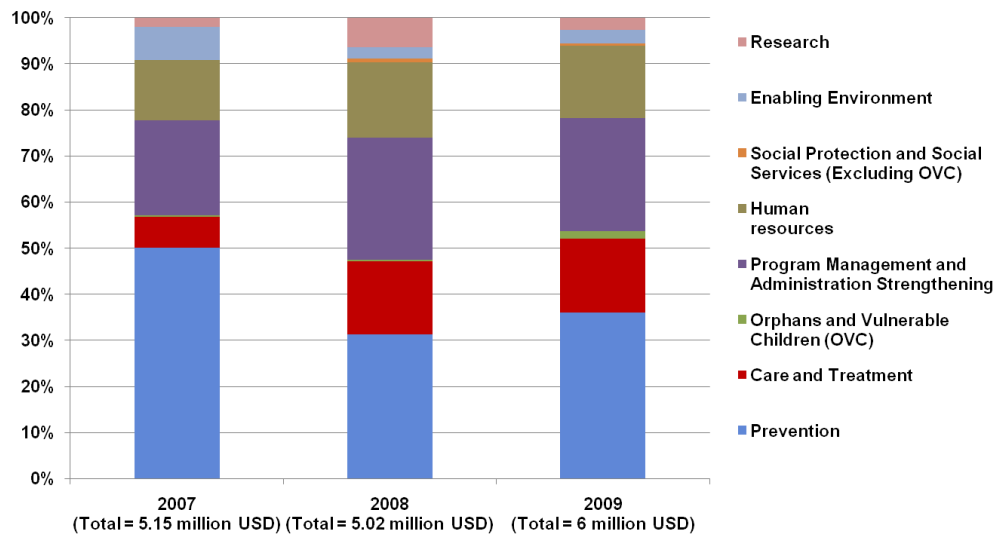
Figure 11: Amount of domestic and international HIV expenditures and % shared by government, 2007 – 2009



Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

Expenditure on AIDS prevention has fluctuated from year to year, yet it now accounts for the largest share of the budget compared to other programmatic components (although it dropped substantially from 50% in 2007 to 36% in 2009) (Fig. 12).⁷ The second largest spending category in 2009 was management and administration, at 24% of all expenditure – similar to levels from previous years. Treatment and care experienced a marked increase from 2007 to 2009, from US\$ 330,095 to US\$ 961,127, respectively.⁷ This increase is largely due to the US\$ 1 million provided by the GFATM Round 6 towards ARV treatment and care. The other spending category which rose significantly, at least in terms of proportion was orphans and vulnerable children (OVC), from 0.3% of all spending in 2007 to 1.7% of all spending in 2009.⁷

Figure 12: Percent distribution of total HIV expenditures by major spending category, 2007 – 2009



Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

References

- ¹UN Statistics Division. (2010). Demographic and Social Statistics. Retrieved 10 January 2011 from <http://unstats.un.org/unsd/demographic/products/socind/population.htm>
- ²UN Population Division. (2011). World Population Prospects, the 2010 Revision. Retrieved 10 January 2011 from <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>
- ³UNFPA. (2010). *State of World Population 2010*.
- ⁴World Bank. World Development Indicators & Global Development Finance. Retrieved 10 January 2011 from <http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>
- ⁵WHO. (2010). *World Health Statistics 2010*.
- ⁶UNDP. (2010). *Human Development Report 2010*.
- ⁷UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*.
- ⁸Center for HIV/AIDS and STI, Ministry of Health Lao PDR,. (2010).
- ⁹National Committee for the Control of AIDS, Lao People's Democratic Republic. (2010). *UNGASS Country Progress Report: Lao PDR*.
- ¹⁰Department of Statistics, & UNICEF. (2008). *Lao PDR Multiple Indicator Cluster Survey 2006, Final Report*. Vientiane, Lao PDR: Department of Statistics and UNICEF.
- ¹¹National Committee for the Control of AIDS Lao PDR. (2005). *National Strategic and Action Plan on HIV/AIDS/STI 2006-2010*.
- ¹²FHI, National Committee for the Control of AIDS Bureau, Lao PDR HIV/AIDS Trust, USAID, et al. (2003). *HIV Surveillance Survey and Sexually Transmitted Infection Periodic Prevalence Survey: Lao PDR, 2001*.
- ¹³Center for HIV/AIDS/STI Lao, USAID, FHI, The Global Fund, et al. (2004). *Second Generation Surveillance 2nd Round on HIV, STI and Behavior 2004*.
- ¹⁴Center for HIV/AIDS/STI Lao PDR, USAID, FHI, The Global Fund, et al. (2009). *Integrated Behavioral Biological Surveillance 2008*.
- ¹⁵Toole MJ, Coghlan B, Xeuatvongsa A, Holmes WR, et al. (2006). Understanding Male Sexual Behaviour in Planning HIV Prevention Programmes: Lessons from Laos, a Low Prevalence Country. *Sex Transm Infect.*, 82(2), 135-138.
- ¹⁶Sheridana, S., Phimpachanhb, C., Chanlivongsa, N., Manivongb, S., et al. (2009). HIV Prevalence and Risk Behaviour among Men who have Sex with Men in Vientiane Capital, Lao People's Democratic Republic, 2007. *AIDS*, 23(3), 409-414.
- ¹⁷Center for HIV/AIDS/STI Lao PDR. (2009). *Lao PDR 2009 Surveillance Surveys: Behavioral Survey among Service Women and Integrated Biological and Behavioral Surveillance Survey among Men who have Sex with Men in Luang Prabang*.
- ¹⁸National Committee for the Control of AIDS Lao PDR. (2010). *National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention 2011-2015*.
- ¹⁹United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China. (2008). *HIV/AIDS & Mobility in South-East Asia- Rapid Assessment*.
- ²⁰UNICEF. (2009). State of the World's Children 2009: Maternal and Newborn Care Available from http://www.unicef.org/publications/files/SOWC_2009_Main_Report_03112009.pdf
- ²¹IOM. Lao PDR: Facts and Figures. Retrieved 10 Jan 2011 from <http://www.iom.int/jahia/Jahia/activities/asia-and-oceania/lao-pdr>
- ²²Phetsiriseng, I. (2007). *Gender Concerns in Migration in Lao PDR-Migration Mapping Study: A Review of Trends, Policy and Programme Initiatives*: UNIFEM Regional Programme on Empowering Women Migrant Workers in Asia.
- ²³U.S. Department of State. (2011). Trafficking in Persons Report 2011. from <http://www.state.gov/j/tip/rls/tiprpt/2011/164232.htm>

²⁴UNHCR. ((2011)). Lao PDR: Country Operations Profile. from

<http://www.unhcr.org/pages/49e488346.html>

²⁵Center for HIV/AIDS/STI, Ministry of Health, Lao People's Democratic Republic. *Rapid Assessment and Response Drug Use and Injecting Drug Use in Huaphang and Phongsaly Provinces, 2010 (Preliminary Findings)*.

²⁶National Statistics Centre of the Lao PDR. (2007). Population Census 2005. from

http://www.nsc.gov.la/Products/Populationcensus2005/PopulationCensus2005_chapter4.htm

²⁷Committee for Planning and Investment, National Statistics Centre of the Lao PDR, & UNFPA. (2007). *Lao Reproductive Health Survey 2005*.

²⁸*Knowledge, Attitudes and Practices Related to HIV/ AIDS and STIs among Transgender and their Partners in the Lao PDR: Results of Baseline Survey cited in MOH & UNFPA (2008) Assessment of Condom Programming in Lao PDR.*

²⁹National Committee for the Control of AIDS, Lao People's Democratic Republic. (2008). *UNGASS Country Progress Report: Lao PDR*.

³⁰National Committee for the Control of AIDS Lao PDR. (2010). *National Strategy and Action Plan on HIV/AIDS/STI 2011-2015*.

³¹International Harm Reduction Association. (2011). *The Death Penalty for Drug Offences: Global Overview 2011 – Share Responsibility and Share Consequences*.

³²WHO. (2008). The Methadone Fix. *Bulletin of the World Health Organization*, pp. 164-167.

³³WHO. (2011). *WHO Model Lists of Essential Medicines ADULTS -- 17th edition (March 2011)*.

³⁴WHO, USAID, UNODC, GFATM, et al. (2010). *A Strategy to Halt and Reverse the HIV Epidemic among People who Inject Drugs in Asia and the Pacific 2010-2015*.

³⁵WHO, UNAIDS, & UNICEF. (2009). *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*.

³⁶WHO, UNAIDS, & UNICEF. (2010). *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*.

³⁷WHO. (2009). *Universal Access Questionnaire, National Report (Lao PDR), 2009*.

³⁸WHO, UNAIDS, & UNICEF. (2011). *Global HIV/AIDS Response: Epidemic Update and Health Sector Progress Towards Universal Access*.