

HIV/AIDS ASSESSMENT

LAO PEOPLE'S DEMOCRATIC REPUBLIC

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The Synergy Project
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CONTENTS

Acronyms -----	4
Executive Summary -----	6
I. Introduction -----	9
II. Background -----	9
III. Magnitude of the HIV/AIDS Problem -----	10
A. The HIV/AIDS Situation	
B. Sexually Transmitted Infections	
C. Prevalence of Sexual Risk Behaviors	
D. Prevalence of Drug-Related Risk Behaviors	
E. Commercial Sex Industry	
F. Mobility and HIV Vulnerability	
G. Trafficking	
IV. Situation Analysis -----	25
V. The Response -----	25
A. Partners in the Response	
B. Priority Areas in the National Response	
C. Current Responses to HIV/AIDS Prevention, Care, and Support	
D. Gaps, Challenges, and Opportunities in the Current Response	
VI. Framework for a USAID Response -----	32
A. Comparative Strengths	
B. Options for USAID Programming in the Lao PDR	
VII. Annexes -----	35
A. Persons Contacted	
B. Bibliography	
C. International Response	
D. Summary of HIV AIDS STI Surveillance Work Plan in Lao PDR	
E. Summary of Qualitative Assessments for Lao HIV/AIDS/STI Surveillance System Recommended in 2002	
F. Vientiane Youth Center for Health and Development Peer Education Program	
G. HIV/AIDS Prevention in the Cross-Border Sister Cities of Savannakhet (Lao PDR) and Mukdaharn (Thailand)	

Acronyms and Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARC	Australian Red Cross
AusAID	Australian Agency for International Development
BAHAP	Border Area HIV/AIDS Prevention project
BSS	Behavioral Surveillance Survey
CHASPPAR	Control of HIV/AIDS/STD Partnership Project in the Asia Region
EC	European Commission
EU	European Union
FHI	Family Health International
GTZ	German Technical Cooperation Service Enterprise (Deutschen Gesellschaft für Technische Zusammenarbeit)
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Survey
IEC	Information, Education, and Communication
NCCA	National Committee for the Control of AIDS
NCCAB	National Committee for the Control of AIDS Bureau
NCA	Norwegian Church Aid
NORAD	Norwegian Agency for Development Cooperation
PDR	People's Democratic Republic
PCCA	Provincial Committee for the Control of AIDS
PSI	Population Services International
SEAHIV	UNDP South East Asia HIV and Development Project
SC	Save the Children
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Program on AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The U.S. Agency for International Development (USAID) is undertaking the development of a regional strategy for the Mekong region, which includes Burma, Cambodia, the Lao People's Democratic Republic (PDR), Thailand, and Vietnam. The regional strategy will incorporate key HIV/AIDS interventions being developed in each country, including mobile populations and cross-border issues. This report is an assessment of the HIV/AIDS situation in the Lao PDR, which shares borders with five countries that have significant and growing HIV/AIDS epidemics: Burma, Cambodia, Thailand, Vietnam, and the Yunnan Province of China.

The Lao PDR continues to qualify as having a low prevalence of HIV based on available data. The dominant mode of transmission is heterosexual contact, with only 2% of cases reported among injecting drug users and no cases among men who have sex with men. The first round of a second-generation surveillance system, which was conducted in Vientiane, Luang Prabang, Savannakhet, and Champassak, found no evidence of HIV among women who work in garment factories or long-distance truck drivers, and a low prevalence of infection among service women (0.9%). However, a high prevalence of sexually transmitted infections (STIs) suggests that the potential for a widespread HIV epidemic exists. A laboratory-based STI survey linked to the sentinel HIV survey revealed that 32% of service women had a chlamydial infection and 13.9% had a gonococcal infection. The prevalence of these two infections among truck drivers was 9.3% and 1.3%, respectively.

The classic brothel script of direct payment for sex is not evident in the Lao PDR. The majority of known sex establishments are considered to be "indirect." Furthermore, not all women working at these establishments are reported to sell sex. Results of the behavioral component of the HIV serologic survey indicate that condom use is limited outside of the commercial sex context. Whereas 86.3% of service women engaged in commercial sex reported using a condom with their last client, only 40.4% reported using a condom with their last nonregular partner. The corresponding figures for condom use among truck drivers were 59% with a commercial partner and 40.9% with a nonregular partner, for police officers the figures were 75.5% and 18.2%, and for military officers the figures were 75% and 31.9%. There is a concern that the current surveillance system (and therefore intervention programs) may be overlooking or inadequately reaching a number of at-risk populations such as low-end (i.e., low cost, high volume) sex workers, men who have sex with men, long-term migrant workers, and businessmen and government workers who are frequent clients of sex workers.

There is a paucity of research on the scope and patterns of illicit drug use among different population subgroups in the Lao PDR. Opium smoking remains the most common form of drug abuse in the country, particularly in the northern regions where an estimated 5% of the population is addicted. Although heroin seizures have increased over the past decade, reports of heroin injection are sporadic and experts believe that the number of heroin addicts in the Lao PDR is small. The use of amphetamine-type stimulants (ATS; locally known as *yaa baa*), which was virtually unknown in the Lao PDR in 1997, has skyrocketed. A 1999 survey found that 14.1% of 17-year-old male students in Vientiane had tried ATS and that 12% (19 of 169) of current *yaa baa* users reported injecting the drug. In this way, Lao youth appear to be following the trend set by their peers in Thailand, who are moving from inhaling to injecting ATS.

HIV vulnerability in the Lao PDR is also associated with increasing population mobility, both within as well as across borders into countries with more advanced HIV epidemics. This mobility is spurred by greater economic integration, heterogeneity in economic opportunities, and improvements in transportation and communications. Population mobility between the Lao PDR and Thailand occurs on a large scale. Lao people living along the Mekong River border cross readily into Thailand for work or trade, to visit friends or relatives, or to attend religious or seasonal festivals, and police have little control over such crossings. According to estimates, more than 100,000 Lao people work in Thailand, more than 30,000 from Savannakhet Province alone. The overwhelming majority of Lao cross into Thailand illegally, and are thus susceptible to bribery, imprisonment, deportation, or threats to that effect. Women migrants are particularly vulnerable. Thailand announced a policy in

1996 that requires the registration of all irregular migrant workers. Registered workers are given a work permit and a health card that allows them to access Thai public health services. However, much controversy remains on how the policy is implemented—in particular, how HIV, TB, and pregnancy screening tests are used. As of June 1997, only about 12,000 Lao nationals had been registered.

Under the leadership of the National Committee for the Control of AIDS Bureau, multiple international donors are supporting a wide range of HIV/AIDS initiatives and interventions in the subregion. These are summarized in Annex C. Lao PDR has a well-functioning and active United Nations Theme Group. In addition to the Joint United Nations Commission on AIDS and its cosponsors, the major donors include the Asian Development Bank, the Australian Agency for International Development, the Canadian International Development Agency, German Technical Cooperation Service Enterprise, the European Union/European Commission (EU/EC), the Norwegian Agency for Development Cooperation, and USAID.

Although indigenous nongovernmental and community-based organizations are not officially recognized in the Lao PDR, a number of international NGOs have been active in HIV/AIDS programming, including the Australian Red Cross (which works with the Lao Red Cross), CARE International, Norwegian Church Aid, Save the Children—UK and Save the Children—Australia, Family Health International (FHI), Population Services International (PSI), and others (Annex C). Many have integrated prevention education for HIV/AIDS and sexually transmitted diseases (STDs) into their multisectoral projects. Several other international NGOs, such as World Vision, plan to become involved in HIV/AIDS work in the near future. Community-based education work is undertaken mainly by the Lao Red Cross, the Lao Women's Union, the Lao Youth Union, the Federation of Trade Unions, and the Lao Front for National Construction.

The national strategic plan for HIV/AIDS and sexually transmitted infections for 2002–2005 calls for the continuation or expansion of initiatives to support behavior change among priority target populations (youth, service women and their clients, mobile populations, ethnic minority groups, and people with HIV/AIDS). People who are not adequately reached in the current response include out-of-school and unemployed youth; subgroups of sex workers who may be at higher risk for HIV than their counterparts who work in bars, restaurants, and nightclubs; clients of sex workers identified in surveys of service women, in particular government workers and businessmen; Lao migrant workers; men who have sex with men; injecting drug users; and prisoners.

Current interventions are being implemented at a scale that is too small to have a meaningful impact on the epidemic and the gap between the scope of the problem and the response can be expected to widen over time. The response needs to be expanded not only in coverage but also in quality and scope. Prevention efforts need to go beyond awareness-raising, and it is necessary to ensure that members of each group have access to condoms, STD care, and HIV care and support.

Factors USAID should consider in prioritizing its programmatic objectives in the Lao PDR include the impact the objective is likely to have on the epidemic, the degree to which the objective builds the capacity of Lao PDR to respond to the epidemic, the feasibility of attaining the objective considering that USAID is not present in Lao PDR, the degree to which the objective fits into USAID's broader Mekong subregional project, the degree to which the objective builds on the comparative strengths and experiences of USAID and its implementation partners in the subregion, and the degree to which USAID's involvement can leverage additional donations.

Four options for USAID programming in the Lao PDR are presented according to the level of effort and time that will be required to implement each program.

1. Renew USAID funding in support of:
 - The national condom social marketing program implemented through PSI; and

- The national second-generation surveillance program implemented through FHI.
2. Provide bridge funding to support key, ongoing programs for which external funding is ending such as:
 - The peer education and counseling training program at the Vientiane Youth Centre for Health and Development, which was previously supported through the EC/UNFPA Reproductive Health Initiative for Asia; and
 - The national STD training program, which was previously supported through the Lao–EU STD Project.
 3. Provide funding for research to fill important gaps in our understanding of the groups with potential risk behaviors, their risk behaviors, and networking patterns. These groups include:
 - Men who have sex with men;
 - Drug users;
 - Long-term Lao migrant workers; and
 - Workers in the commercial sex industry.
 4. Provide funding for the development and implementation of large-scale, multiyear behavior change interventions such as a comprehensive HIV/AIDS behavior change intervention in the cross-border sister cities of Savannakhet (Lao PDR) and Mukdaharn (Thailand).

I. INTRODUCTION

Based on available data, the Lao People's Democratic Republic (PDR) continues to experience a low prevalence of HIV even among populations considered to be at high risk of acquiring the virus. However, the Lao PDR shares its borders with five neighboring countries that are facing serious HIV epidemics; namely, Burma, Cambodia, Thailand, Vietnam, and the Yunnan Province of China. As trade and new land routes open up into neighboring countries, the prospect of HIV being introduced through migrating and mobile populations in the Lao PDR is increasing. Communities previously isolated to both the virus and HIV intervention efforts would be vulnerable to its spread. The National Committee for the Control of AIDS Bureau (NCCAB) in the Lao PDR and its partnering governmental and international organizations recognize this susceptibility and have taken steps to increase both surveillance and intervention programs in an attempt to avert an HIV/AIDS epidemic.

The U.S. Agency for International Development (USAID), which does not have a Mission in the Lao PDR, has provided support to the Lao national HIV/AIDS program through its Mekong Regional HIV/AIDS Program, which is being implemented by the Family Health International (FHI) regional office in Bangkok. The program, which has been active in Cambodia, Thailand, and Vietnam, has focused on limiting cross-border transmission through the now-completed Border Areas HIV/AIDS Project (BAHAP) implemented by CARE International, the Lao condom promotion and social marketing program implemented by Population Services International (PSI) in collaboration with the Lao NCCAB, and the national second-generation surveillance program implemented by NCCAB with technical support from FHI.

USAID is currently undertaking the development of a regional strategy for the Mekong region, including Burma, Cambodia, Lao PDR, Thailand, and Vietnam. The regional strategy will incorporate key HIV/AIDS interventions being developed in each country, including a focus on mobile populations and cross-border issues. TvT Associates was requested to assist in the gathering and synthesis of information on the HIV/AIDS situation in the Lao PDR and on migrant Lao populations in northern Thailand. The anticipated level of funding for HIV/AIDS activities in the Lao PDR is expected to be US\$0.5–1 million over an as yet unspecified period of time.

This report is an assessment of the HIV/AIDS situation in the Lao PDR. It includes a review of the national and international response to the HIV/AIDS epidemic and identifies opportunities for USAID assistance in an expanded response. The assessment is based on a series of consultations with relevant individuals and organizations in Bangkok January 23–25, 2002, Vientiane January 26–February 1, and in northern Thailand (Chiang Mai and Chiang Rai Provinces, including a visit to the Thai-Lao border at Chiang Khong) February 2–7. The consultant who conducted the assessment was accompanied by Dr. Carol Jenkins, regional HIV/infectious disease advisor in the USAID Asia–Near East Bureau, during the last segment of the assessment, which included a review of the Burmese migrant populations in northern Thailand, and which is not part of this report. A list of persons contacted and documents reviewed during the assessment appear in Annexes A and B, respectively.

II. BACKGROUND

The Lao PDR is a landlocked country strategically placed on a crossroads linking some of the fastest growing economies in the world, which include Burma (Myanmar) and Yunnan Province in China to the north, Vietnam to the east, Cambodia to the south, and Thailand to the west (Figure 1). The Mekong River runs more than 1,000 km along the border with Thailand. The Mekong plains support the majority of the Lao PDR population of 5 million. The most populated of the 18 provinces are Vientiane in the central region, Savannakhet and Champassak in the south, and Luang Prabang in the north (highlighted in Figure 1). Close to half the population is ethnic Lao, whereas the remainder consist of 45 different ethnic minorities, the five largest being the Hmong, Katang, Khmu, Leu, and Phutai, who constitute 1.5 million people. Just over 50% of the population is younger

than age 20, and 26% is between 20 and 40 years. An estimated 20% of the population is urbanized. According to 2000 national statistics, the literacy rate is 70% for people older than age 15; 82% for men and 59% for women. The primary school enrolment rate is 73% for boys and 68% for girls. About 30% of the population has access to television, 52% to radio. Half the population lives below the poverty line of US\$16 per capita per month, and real incomes have fallen since 1997 when the Asian economic crisis occurred and the Lao kip was devalued from 700 to 8,000 kip to the US dollar in 2000. About 80% of the population works in subsistence agriculture.

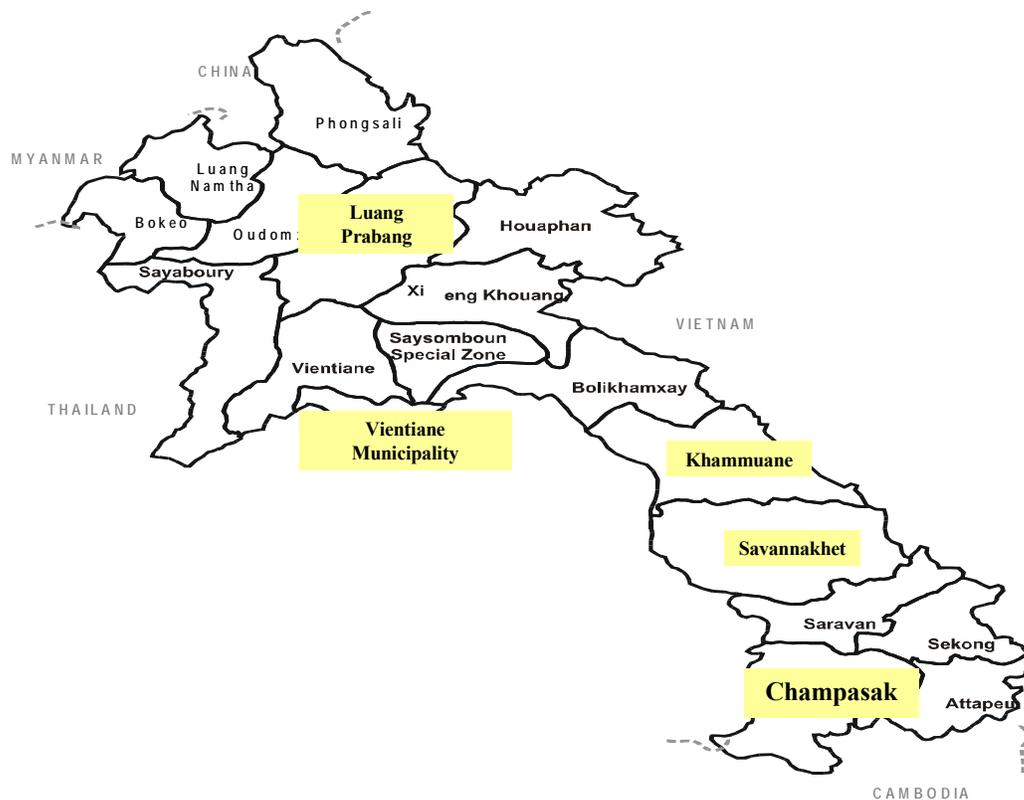


Figure 1.

As in most countries in the greater Mekong subregion,¹ the Lao PDR is in transition from a rigid Communist economy to an open market economy. In the past, severe restrictions curtailed the movement of Laotians within and across national borders. Today it is extremely difficult to stem the tide of workers who move from rural to urban areas or across national borders in search of work and to trade goods. An estimated 100,000 mostly undocumented Lao workers find their way across a porous border into Thailand where they can earn higher wages, whereas tens of thousands of Chinese and Vietnamese workers are recruited as laborers at construction sites and mines in the Lao PDR. Population mobility has been identified as one of the key factors in the spread of HIV in the subregion.

¹ The greater Mekong subregion includes Burma, Cambodia, Lao PDR, Thailand, and the Yunnan Province of China

III. MAGNITUDE OF THE HIV/AIDS PROBLEM

Although countries with significant and growing HIV/AIDS epidemics surround the Lao PDR, the available data suggest that HIV has not yet gained a foothold in subpopulations whose behavior carries a high risk of contracting or passing on HIV, and that the Lao PDR continues to have a low prevalence of HIV. Low recorded levels of HIV, however, do not imply that the Lao PDR does not have the potential for a widespread epidemic. The prevalence of risk markers such as sexually transmitted infections (STIs) suggests that the potential for a widespread epidemic is real. This section includes an analysis of the available HIV/AIDS, STI, and behavioral data, and discusses the main determinants in the spread of HIV/AIDS in the Lao PDR.

A. The HIV/AIDS Situation

Until the first round of second-generation HIV surveillance was implemented in 2001, the collection of HIV/AIDS data in the Lao PDR was conducted in a highly unsystematic fashion and collected data were therefore not adequate to interpret the real HIV situation. As described below, the data emanated primarily from passive HIV and AIDS case reporting; from provinces that had HIV testing capability; and from a small number of ad hoc, cross-sectional surveys on special subpopulations.

Data from case reporting

The first HIV case in the Lao PDR was detected in 1990. By the end of 2000, a cumulative total of 717 cases of HIV had been detected among 61,130 blood samples, 190 AIDS cases had been reported, and 72 people had died of AIDS. Based on these data, it was estimated that around 0.04% of the population was infected with HIV at the end of 2000.

HIV testing is conducted on a wide range of population subgroups in provinces that have HIV testing capability.² These include blood donors, symptomatic patients, people seeking voluntary testing, students, service women,³ prisoners, Lao repatriates, pregnant women, and employees.

Among the reported cases of HIV, 61% were detected among men and 32% among women, with the remainder unspecified. The primary recorded mode of transmission is heterosexual contact (92% of cases), mother-to-child transmission (5%), and injecting drug use (2%, up from 0.05% in 1997). To date, no male-to-male transmission has been recorded.

Of the new HIV cases reported in 2000, most were detected in Vientiane Municipality, followed by Savannakhet, Khammouane, and Champassak Provinces in the south. It is no surprise that these are also the provinces where most of the testing was conducted. More than half the cases reported in Savannakhet were among men who had worked as migrant laborers in Thailand. The second largest group testing positive in Savannakhet were service women who exchanged sex for money.

² The 10 provinces that currently have HIV testing facilities are Bokeo, Oudomxay, and Luang Prabang in the northern region; Vientiane Municipality and Bolikhamxay in the central region; and Khammouane, Savannakhet, Saravan, Champassak, and Sekong in the southern region.

³ Service woman is the preferred official term for sex worker in the Lao PDR. Other terms include bar girl or bar worker. The majority of service women in the Lao PDR are indirect sex workers and identifying them can be challenging. According to current understanding, commercial sex is sold in restaurants, beer gardens, small roadside drink shops, nightclubs, and hotels. For women working in these establishments, "service" may include serving food or beer, having a conversation with customers, having sex with customers at a location away from the establishment, or a combination of these.

Data from ad hoc, cross-sectional surveys

A number of cross-sectional studies were included in the cumulative data cited above. One percent of service women screened in Vientiane between January 1990 and April 1993 tested positive (U.S. Bureau of the Census, June 2000). HIV prevalence is reported to have increased from 0 to 0.4% between 1993 and 1996 among women attending an antenatal clinic in Vientiane Municipality (U.S. Bureau of the Census, June 2000). In June 1999, the Provincial Committee for the Control of AIDS (PCCA) in Savannakhet screened 213 service women and reported a 2.8% prevalence (BAHAP external review, 2000).

In August 2001, 1.4% and 1% of 208 men and 192 women villagers, respectively, who had worked in Thailand and who had agreed to participate in a survey in Champorn District, Savannakhet Province, tested positive for HIV (Dr. Sisavath Manivong, personal communication). Other survey findings are discussed later in this report in the section on population mobility between the Lao PDR and Thailand.

Second-generation surveillance

In 2001, the first round of a second-generation HIV surveillance system was implemented in the Lao PDR by the National Committee for the Control of AIDS (NCCA) with assistance from USAID (through FHI), the Lao PDR HIV/AIDS Trust, World Health Organization (WHO), German Technical Cooperation (GTZ, through the HIV/AIDS/STD Partnership Project in the Asia Region; CHASPPAR), and the European Union/European Commission (through the Ministry of Health/EU-STD Project). The new surveillance system has three components: the behavioral surveillance survey (BSS), the HIV sentinel surveillance (HSS), and the STI periodic prevalence survey (SPPS). It is hoped that the biological markers studied in the HSS-SPPS, in combination with the behavioral data collected in the BSS, will provide important information on the risk behaviors that might lead to an HIV epidemic in the Lao PDR and the subpopulations in which those behaviors are concentrated.

The first round of surveillance was preceded by a mapping exercise in the pilot provinces to estimate the size of the target subpopulations and to guide sampling methodology.⁴ The first HSS was conducted in four pilot provinces, including Vientiane Municipality in the central region, Luang Prabang in the northern region, and Savannakhet and Champassak in the southern region. The provinces were selected on the basis of their high population density, high number of reported HIV cases, and the presence of the desired target populations. Target populations for the first HSS included service women, women who work in garment factories⁵ and who live in dormitories in Vientiane Municipality, and long-distance truck drivers in Vientiane Municipality and Champassak (Table 1). The BSS, which was conducted six months before the HSS-SPPS in Khammouane, in addition to the other four provinces, also included military officers, police officers, and male and female migrant workers.⁶ Of note, men who have sex with men are not included among subpopulations with

⁴ Sample sizes were calculated based on the number required to detect a 10% change in prevalence over time with a confidence of 95%. A mapping exercise was conducted to determine the size of the target populations. Where the total population was found to be close to or below this number (e.g., truck drivers), the entire population was included ("take all") as it was with truck drivers, for example. Where the population exceeded the sample size required (e.g., service women and women factory workers), two-stage cluster sampling was used, and selection of clusters was based on probability proportionate to size, and the selection of participants within each cluster was made by simple random sampling.

⁵ Female factory workers are considered to be a vulnerable group in the Lao PDR because they are young and they live far away from their rural home communities.

⁶ Military and police officers were not included in the HSS-SPPS because their superiors would not agree to anonymous, unlinked testing (i.e., they wanted to know who was positive).

greater vulnerability to HIV/AIDS and it appears that no research has been conducted on this population in the Lao PDR and no information is available regarding their numbers or their vulnerability to HIV/AIDS.

Table 1. Subpopulation groups, sites, and sample sizes included in the HSS and the SPPS

Group	Vientiane	Luang Prabang	Savannakhet	Champassak
Service women	HSS-SPPS (n = 301)	HSS-SPPS (n = 210)	HSS-SPPS (n = 300)	
FFWs	HSS-SPPS (n = 300)			
Drivers	HSS-SPPS (n = 150)			HSS-SPPS (n = 150)

(FFW, female factory workers; Drivers, long-distance truck drivers)

Results of the HSS showed low prevalence among the three subpopulations sampled. Among service women, 3 of 301 (1.1%) tested positive in Vientiane, 3 of 300 (1%) tested positive in Savannakhet, and none tested positive in Luang Prabang, which yields an overall HIV prevalence of 0.9% among this population. HIV was not found among female factory workers or truck drivers.

B. Sexually Transmitted Infections

STI prevalence among subpopulations considered at risk

Until recently, very little if any data were available on STIs in the Lao PDR. STIs were “abolished” along with all other so-called “social evils” in 1975 and were not monitored or reported by health authorities. In May/June 2001 a laboratory-based STI survey (the SPPS) was undertaken together with the HSS. First-void urine specimens and blood samples were collected from 811 service women in Luang Prabang, Vientiane, and Savannakhet; 300 women who work in garment factories in Vientiane; and 300 long-distance truck drivers in Vientiane and Champassak. The urine samples were tested for gonorrhea and chlamydial infection using polymerase chain reaction, and the blood samples were tested for HIV and syphilis (screened with rapid plasma reagin and confirmed with *Treponema pallidum* hemagglutination assay). Results are summarized in Table 2.

Table 2. Prevalence of HIV and other STI among sentinel surveillance groups (Source: FHI)

Group	HIV (%)	Syphilis (%)	Chlamydial infection (%)	Gonorrhea (%)
FFWs	0	0	6.6	0.4
Service women	0.9	0.2	32.0	13.9
Drivers	0	1.3	9.3	1.3

(FFWs, female factory workers; Drivers, long-distance truck drivers)

A second survey conducted as part of the Ministry of Health/EU-STI Project among 108 randomly selected service women in Vientiane in 2001 corroborated the findings of the first study: 25% had a chlamydial infection and 22.2%–25% had a gonococcal infection (22.2% by DNA hybridization and 25% by culture).

STI prevalence among the general population

A survey conducted from November 1996 to March 1997 among 100 pregnant women at the Mother and Child Hospital in Vientiane found that 12% of the women had a chlamydial infection (using an antigen immunofluorescent detection method). Another survey among pregnant women found that 6.5% had a

chlamydial infection and 0.9% had a gonococcal infection (Dr. John Gallwey, EU-STI Project). Among 371 women attending the gynecology clinic at Sethathirat Hospital in Vientiane with genitourinary complaints, 4.3% were found to have a chlamydial infection and 4% had a gonococcal infection (Dr. Amphoy Sivahong, 2000).

STD health-seeking behaviors

Among service women who experienced genitourinary symptoms in the last year, 78.9% sought treatment; 48% from a pharmacist, 20% from a government gynecology clinic, and 18% from a private practitioner. Similarly, among the 11% of truck drivers who experienced genitourinary symptoms in the last year, 97.3% sought treatment; 41% from a pharmacist, 17% from a private practitioner, and 17% treated themselves.

C. Prevalence of Sexual Risk Behaviors

The HSS-SPPS included a behavioral component that incorporated lessons learned from the BSS that was used six months earlier. Behavioral data on service women and truck drivers presented below are drawn from the HSS-SPPS rather than from the BSS because of difficulties encountered during the BSS in identifying representative samples of these populations. The behavioral data for police officers, military officers, and Lao migrant workers are drawn from the BSS. Behavioral data for migrant workers were supplemented by preliminary findings from a cross-sectional survey conducted in August 2001 in Champorn District in Savannakhet (Dr. Manivong, personal communication, Chiang Mai University). Women who work in factories and migrant workers reported very little sexual activity and are not discussed further in this section. Suffice it to say that women factory workers and migrant workers as a whole have the least exposure to HIV/AIDS information.⁷ As mentioned previously, behavioral data are not available for men who have sex with men.

Service women

The classic brothel concept of direct payment for sex is not evident in the Lao PDR. The majority of known sex establishments are considered “indirect” establishments where sex can be negotiated, but it is not performed on the premises; rather, it occurs at another agreed location. Furthermore, not all women who work at these establishments sell sex. To develop a better understanding of the behavioral risks of service women, the study did not screen participants to determine whether they were commercial sex workers. Instead, all women who worked in these establishments and who had direct contact with patrons were included. The proportion of service women who reported selling sex in the past year varied considerably among the provinces; 78% in Savannakhet, 70.5% in Luang Prabang, and only 60.2% in Vientiane ($P < 0.05$).

More than 94% of service women in Savannakhet reported using a condom the last time they had sex with a commercial partner; in Vientiane and Luang Prabang these figures were 90.3% and 58.8%, respectively. Condom use during last act of sexual intercourse by type of partner is summarized in Table 3.

⁷ Based on findings from the BSS, among seasonal migrant workers, only 21.9% of men and 14.5% of women had been exposed to some type of HIV/AIDS education in the past six months, even though they spent long periods of time in Thailand. Fewer than one-third of women who work in factories and half the service women had received HIV information in the past six months from any source. The police and military fared somewhat better than other groups; 55% of police and 64.8% of military people had received information on HIV prevention and control over the past six months.

Table 3. Reported condom use by service women the last time they had sex with different types of sexual partners.

Type of sexual partner	Vientiane (%)	Luang Prabang (%)	Savannakhet (%)
Regular partner	21.0	17.7	3.0
Nonregular partner	42.4	36.3	38.9
Commercial partner	90.3	58.8	94.4

Those who reported selling sex in the past year had an average of 19.5 clients in the year but statistically significant differences existed between the three provinces. Service women in Luang Prabang reported 3.1 clients per year, in Vientiane it was 12.8, and in Savannakhet it was 45.4 ($P < 0.05$).

Government workers and businessmen (i.e., the Lao middle class) make up 43.1% and 34.5%, respectively, of the last three clients reported by service women. Other groups included military or police officers (5.9%) and truck or taxi drivers (1.4%). The nationality of clients was not identified. The median price charged for sex was 200,000 Kip, which is about US\$22. The range of prices was not given, however, because a median rather than an average was used, and the range was likely quite extreme.

The low number of reported commercial sex partners, the relatively high median price per client, and the client profile suggest that the sex establishments included in the surveillance do not represent low-end, low-cost, high-volume sex establishments if these types of establishments exist in the Lao PDR. This is discussed further in the report in the Commercial Sex Industry section.

Truck drivers

Seventy five percent of truck drivers had been away from home overnight in the past three months. Among these, truck drivers reported an average of 9.4 days away from home each month. Sixty percent of drivers reported driving across borders into a neighboring country, 42% at least once a week. Among those interviewed in Vientiane, 50.8% usually overnight in Nong Khai Province in Thailand, 31.3% in Yunnan Province in China, and 29.9% in Vietnam. Among those interviewed in Champassak, 97.4% usually overnight in Ubon Ratchathani Province in Thailand.

Overall, 23% of truck drivers reported having a nonregular partner in the past year (16.7% in Vientiane and 29.3% in Champassak), and 40.7% of drivers reported having paid for sex in the past year (50% in Vientiane and 31.3% in Champassak). Of those who reported having paid for sex in the past year, 54.9% (22.3% of all drivers) reported having done it three or more times in the year (66.7% in Vientiane and 36.2% in Champassak).

In Vientiane, 33.3% of truck drivers reported using a condom consistently during every act of sexual intercourse with a commercial partner in the past year. In Champassak, the figure was 61.7%, in Vientiane the figure was 50.7%, and in Champassak the figure was 72.3%. Condom use during the last act of sexual intercourse by type of partner is summarized in Table 4.

Table 4. Condom use reported by truck drivers the last time they had sex with different types of partners.

Type of Sexual Partner	Vientiane (%)	Champassak (%)
Regular partner	5.0	5.6
Nonregular partner	32.0	45.5
Commercial partner	50.7	72.3

Among truck drivers, the median price for their last commercial sex transaction was 50,000 kip, which is equivalent to approximately US\$5.50. While this may be in the range of prices charged by service women, it

is certainly far from the median price. This is consistent with the finding that truck (and taxi) drivers constitute less than 1.4% of the last three clients of service women.

Almost 60% of drivers reported that they found their last commercial sex partner at a small drink shop, 13.1% at a nightclub, 9.8% on the street, and 8.2% at a guesthouse. Truck drivers were not asked in which country this took place. Truck drivers were also not asked where or in which country they had found their last nonregular sex partner. It is also not clear whether guesthouses were included in determining where service women work. Of note, to date no research has been done on street-based sex workers.

Military and police officers

The following behavioral data for military and police officers were collected during the BSS in Vientiane Municipality, and in the provinces of Luang Prabang, Savannakhet, Champassak, and Khammouane, six months prior to the HSS-SPPS. A total of 244 military officers and 242 police officers were selected for the survey using double-cluster sampling.⁸

Among military officers, 71.3% reported having had sex with a regular partner in the last year; 18.0% with at least one nonregular partner, and 11.5% with at least one commercial sex partner (5.7% reported one partner, 2.1% reported two, and 3.7% reported three or more). Among military officers who had sex with a sex worker in the past year, 75% reported using a condom the last time and 64.3% every time. Among military officers who had sex with a nonregular partner in the past year, 31.8% reported using a condom the last time and 18.2% said they used a condom every time.

Among police officers, 59.9% reported having had sex with a regular partner in the last year, 28.5% with at least one nonregular partner, and 24.0% with at least one commercial partner (13% reported three or more). Among police who had sex with a sex worker in the past year, 75.7% reported using a condom the last time, and 63.8% said they used a condom every time (these figures are similar to those reported by military officers). Of the police who had a nonregular partner in the past year, 46.4% reported using a condom the last time and 31.9% said they used a condom every time.

It is more likely that among police officers, sex is exchanged for favors rather than for money. This may explain why the proportion of these men who report having at least one nonregular sex partner in the last year is the highest among all subpopulations of men.

Male migrant workers

The following behavioral data were collected from Lao migrant workers in Khammouane, Savannakhet, and Champassak during the BSS. A total of 392 male Lao migrant workers were included in the survey using double-cluster sampling.⁹ It is particularly challenging to sample seasonal migrant workers because they move so frequently across borders.

⁸ Sampling consisted of double-cluster sampling using representative probability to size (PPS) in the first stage followed by random sampling in the second stage. Sample sizes were calculated to allow for the detection of 10%–15% changes in risk behaviors over time with a confidence interval of 95%.

⁹ Sampling consisted of double-cluster sampling using representative probability to size (PPS) in the first stage followed by 'take all' in the second stage because the size of the sample obtained in the first phase was smaller than the sample size required to allow for the detection of 10%–15% changes in risk behaviors over time with a confidence interval of 95%.

Male seasonal migrant workers were the youngest among the male populations included in the BSS. Less than half reported having sex with a regular partner in the past year, 12% with a nonregular partner, and 5.9% with a sex partner (the majority with only one). Among those who had sex with a commercial sex worker in the past year, 60.5% reported using a condom. Among workers who had sex with a nonregular partner in the past year, 20% reported using a condom the last time and 13.3% said they used a condom every time. Male migrant workers reported the lowest levels of condom use among all subpopulations of men.

Preliminary findings from a survey of 208 male Lao migrant workers in Champorn District in Savannakhet are far less conservative.¹⁰ Approximately 53% of the men reported having sex with a nonregular partner while they were in Thailand over the past year, and 26% had sex with a commercial partner. Although 73% of men reported using a condom every time they had sex with a commercial sex worker, the majority used condoms only “sometimes” with nonregular partners. (Dr. Sisavath Manivong, personal communication).

D. Prevalence of Drug-Related Risk Behaviors

The BSS found that injecting drug use was absent in all subpopulations surveyed. It is unclear whether the first round of the second-generation surveillance inquired about drug use behaviors other than alcohol consumption and injecting drug use. There is a paucity of research on the scope and patterns of illicit drug use in the Lao PDR. Most of the existing research has focused on drug use patterns among youth in major urban centers. These data are summarized below along with information on drug trafficking, drug production, and government legislation.

Drug trafficking

Illicit drug trafficking and use have become a major factor contributing to the rapid spread of HIV in Asia. With better transportation in Burma and the Lao PDR, the so-called “Mekong River route” has become a major drug trafficking route. Drugs from the Golden Triangle travel along the new Asia Highway (Route 13) to southern Lao PDR and from there via other road links to ports in Cambodia or Vietnam bound for Western markets. Traffickers can unload their cargo at any of the small villages on the Lao border along the Mekong River and take better roads through Luang Prabang, Savannakhet, Saravan, or Pakxe. A small portion of Laotian drugs, mostly amphetamines, are reported to be diverted into Thailand through the Thai border areas of Chiang Khong, Nong Khai, Nakhon Phanom, Mukdaharn, and Ubon Ratchathani for local consumption (*Bangkok Post*, Feb 10, 2002, Perspective section).

Drug production

The Lao PDR is one of the world’s largest producers of opium. Opium cultivation is found mostly in the northwestern part of the country, particularly in Pongsaly, Luang Namtha, Oudomxay, Houphan, and Xieng Khouang (UNDCP, 2000). Domestic production of heroin remains limited and laboratories are believed to be located in northwest Lao PDR, near Burma. In 1998, a major heroin laboratory was uncovered in Bokeo (UNDCP, 1999). While the bulk of amphetamine-type substances (ATS) transiting through the Lao PDR are from Burma, it is believed that small amounts of these are produced in the Lao PDR (UNDCP, 2000).

Drug consumption patterns

The most commonly consumed drug remains opium, particularly in the northern regions, where it is used for medicinal, ceremonial, and social purposes. In 2000, nearly 5% of the population was estimated to be addicted to opium in the northern regions, and this figure can be as high as 10% among ethnic minorities. Opium is usually smoked.

¹⁰ It is unclear whether samples are representative of the migrant subpopulation because the sampling methodology was not discussed.

Reports of heroin use in the Lao PDR are sporadic and anecdotal. Although heroin seizures in the Lao PDR have increased over the past decade, most are attributed to trafficking routes from Burma to Vietnam and China rather than for local markets (Lyttleton, 2002). In 1996 it was found that 1 of 16 patients treated for drug addiction in Vientiane had used heroin (UNDCP, 1999). Another survey in 1996 found heroin use among refugees who had settled in areas that border Thailand and Burma (UNDCP, 1999). Experts do not believe that a repeat of the Thai heroin epidemic is likely in the Lao PDR because availability of heroine is still low (Marc Morival, personal communication). By the end of 2000, 2% of cumulative HIV cases were attributed to injecting drug use. Information is not available on how the 12 HIV cases infected through injecting drug use were identified.

The use of ATS, which was virtually unknown in the Lao PDR in 1997, has skyrocketed in the last three years, and ATS are fast becoming the drug of choice in urban centers and the second drug of choice in many districts where opium is traditionally used (Marc Morival, personal communication).

In 1999, UNDCP conducted a survey of more than 2,000 students aged 12–21 in Vientiane (UNDCP, 2000). The study found that 4.5% of respondents used ATS, 5.4% used solvents, and 4.7% misused prescription drugs (UNDCP, 2000). The study showed that 14.1% of 17-year-old male students had tried ATS (locally known as *yaa baa*). While “chasing the dragon” (inhaling) was the preferred mode of ATS consumption, 12% of 164 current users of *yaa baa* reported they injected the drug. Experts believe that the Lao PDR will follow the trend in Thailand, where injecting use of ATS is rapidly increasing (Marc Morival, personal communication). The 1999 survey did not inquire about syringe and needle sharing or cleaning techniques. In 2001, UNDP conducted a survey among approximately 12,000 students in Luang Prabang and Savannakhet, and UNDP is currently conducting surveys among at-risk subpopulations such as service women, their clients, discotheque patrons, and unemployed youth. UNDCP is also concerned about ATS use in the workplace, and indications are that the practice is spreading rapidly. This phenomenon appears to be taking place in urban and rural settings alike, where employers are believed to provide ATS to their employees to increase labor productivity.

Government legislation

In 1996, the government of the Lao PDR officially prohibited the production of opium. The possession of up to 2 grams of heroin for personal use is punishable by 1–5 years in prison or a reeducation program. Possession of up to 3 grams of ATS for personal use is punishable by 3 months to 3 years in prison or a reeducation program. Penalties for illicit drug trafficking were increased to life imprisonment.

In 1997 the government endorsed harm reduction as an appropriate strategy for drug addiction, however, no harm reduction programs have been implemented to date.

E. Commercial Sex Industry

A growing but disguised industry

Sex work in the Lao PDR is more disguised than it is in Thailand. There is no equivalent to the brothel as it is known in Thailand (Lyttleton and Amarapibal, 2002). It is not always easy to identify sex workers in the Lao PDR given that the sex trade generally operates clandestinely and services are indirect (Chantavanich, 2000). Thus the term “service women” is used to denote those who work as hostesses in clubs or bars or who serve drinks and food in restaurants or drink shops, where the customer may negotiate to meet the woman afterward. Many of these women may not provide sexual services at all and, among those who do, some may not request monetary remuneration and may not consider it to be prostitution.

On the other hand, there appears to be a growing tolerance in the country for these services and the number of establishments where sex can be readily negotiated is growing. Sex workers can be found throughout the country, particularly in urban centers, border regions, and along the East-West corridor such as the well-established traditional “hotspot” at Xeno, which is known to cater to truck drivers plying between the Lao PDR and Vietnam and even Thailand (Chamberlain, 1999).

As mentioned earlier, the service women included in the first round of the second-generation surveillance cater primarily to the Lao middle class—white-collar government officials, clerks, and private businessmen who are willing and able to pay the rather steep median price of 200,000 kip (~USD\$22) charged by service women. The question is, which women cater to the far poorer majority of the male population—the blue-collar workers such as farm laborers, and construction and mine workers? Is such a category of sex workers being overlooked in the Lao PDR? It is unclear whether an organized “blue-collar” sex industry currently exists or is emerging in the Lao PDR as it did in Cambodia. Truck drivers interviewed in the HSS-SPPS reported hiring sex workers on the street and in small guesthouses. Thai truck drivers in Mukdaharn report the presence of small, rural roadside shelters on the Lao side of the border that are home to women who sell sex—known euphemistically as *saw tagiang noi*—the lady with the small lamp (Lyttleton and Amarapibal, 2002).

Suffice it to say that more research is needed to better understand the scope and nature of the sex industry in the Lao PDR, to identify the different types of sex workers, to estimate their numbers, and to understand the contexts in which they operate.

Mobility of service women in Lao PDR

Sex workers, the majority of whom are lowland Lao, are reported to travel between Vientiane and Luang Prabang Provinces. Women from these two provinces are reported to be source communities for the sex industry in Savannakhet and other areas of the southern region. Sex workers are also known to travel along the Mekong River between the cities of Pakxe in Champassak, Khantabouli in Savannakhet, and Khammouane in the province of the same name.

Lao service women in Thailand

Many Lao women have worked in the Thai sex industry. The provinces most often seen as areas with significant numbers of Lao service women are Nong Khai, Mukdaharn, Ubon Ratchathani, and Bangkok. Some Lao women fly as far as Phuket and Hat Yai in southern Thailand to seek work (Wille, 2000). The number of Lao women working in sex establishments in northern Thailand did not appear to be significant, according to staff interviewed at branches of Empower, a Thai NGO in Chiang Mai and Mai Sai.

An article in the *Bangkok Post* in 1997 reported a growing number of Lao women working as sex workers in Nong Khai and Mukdaharn. The article reported that women were typically 14 to 35 years of age, tended to work in the local sex industry for 8 to 20 months, earned between 100 and 1,000 Thai baht per customer, and served an average of 5–10 customers per day (Chompoo Trakullertsathien, *Crossing the Mekong*, *Bangkok Post*, May 1997).

A disproportionate percentage of women working in bars and restaurants in Mukdaharn are from the Lao PDR (Lyttleton and Amarapibal, 2002). As Thai women from Mukdaharn are drawn farther inland for better work and education, the trend is for Lao women to fill their vacated posts, including those in the sex industry.

According to in-depth interviews with a small group of Lao migrants working in Savannakhet and Mukdaharn in 2001, it was estimated that as many as 50% of Mukdaharn bar girls were Lao (Testa, 2002). In a nightclub where an interviewee worked, up to 30% of the clientele were reckoned to be mobile groups,

predominately government officials from outside provinces. While the owner provided condoms free of charge, their use was voluntary. Generally, Lao men preferred Thai women, with whom they would have to use condoms (“She will put it [a condom] on”). In contrast, Thai clients preferred Lao women, because during the encounter, condom use was entirely at the clients’ discretion. Rates of condom use were estimated to be 50% among Lao women. Reasons for clients’ condom objection were that they feel “unnatural.” Furthermore, clients desired to ejaculate into the mouth or vagina or anus as physical proof of “success” and “virility.”

Local authorities in Mukdaharn quietly acknowledge the existence of brokers who organize minivans to carry Lao workers farther inland (Lyttleton and Amarapibal, 2002). It is not uncommon for these minivan drivers to deliver women to Bangkok or to other large cities to work in the service and sex industries.

On a less organized level, itinerant groups of Lao women are known to cross the river into Thailand for one or two nights to sell sex along the river banks, especially during festivals or rice-harvesting season (Lyttleton and Amarapibal, 2002).

Thai men seeking service women in the Lao PDR

An increasing number of Thai men (i.e., businessmen, truck drivers, salesmen, and officials) pursue commercial sex across the border in Savannakhet where they seek “newer” and “fresher” experiences, and where they feel they have a material advantage compared with their Lao counterparts (Lyttleton and Amarapibal, 2002). While Thai men do not assume that sex in the Lao PDR is necessarily “safe,” cultural familiarity creates a false sense of intimacy, trust, and safety (Lyttleton and Amarapibal, 2002).

According to a Thai truck driver interviewed in Mukdaharn, a Thai man can buy companionship and sex in the growing number of nightclubs in Savannakhet, where up to 50 or more Lao (and Vietnamese) hostesses may be available (Lyttleton and Amarapibal, 2002). According to the same truck driver, a Thai man can also establish a relationship with a village girl by taking small gifts and “a world-wise demeanor.” And, as mentioned earlier, a Thai man can cross the river at many points and buy sex from Lao women at roadside shelters.

Foreign sex workers in the Lao PDR

A paucity of information was found regarding foreign sex workers in the Lao PDR. Vietnamese sex workers (usually from Danang) are present in Savannakhet Province, in Khantabouli, and in the border town of Dan Savann where Vietnamese communities have formed. They are also present in the town of Khammouane in the adjacent province. Chinese women can be found in some commercial sex venues in the northern region.

F. Mobility and HIV Vulnerability

Population mobility within the Lao PDR and its neighboring countries continues to increase in response to greater economic integration, heterogeneity in economic opportunities, and improvements in transportation and communication.

Population mobility within the Lao PDR

Migration from rural to urban centers is growing. Many young women are moving to Vientiane and Savannakhet to work in a growing number of garment factories. Some of the larger enterprises employ more than 1,000 workers. Many women in Vientiane live in dormitories close to the factories. Extensive road and dam construction projects are underway around the country; and gypsum, tin, coal, and gold mines in Savannakhet and Khammouane employ a large local and emigrant workforce of men for protracted periods of time, which

creates demand for sexual services. Many Lao truck drivers ply the roads, primarily along Route 13 (the new Asian Highway) and Route 9 (the new East-West corridor highway). Large populations must often be relocated for infrastructure projects such as the construction of dams for hydroelectric power, one of the country's most lucrative exports to Thailand. One such project in Khammouane Province will involve the displacement of 4,500 people, many of whom are ethnic minorities (Chantavanich, 2000).

Population mobility between the Lao PDR and Thailand

Population mobility between the Lao PDR and Thailand occurs on a large scale. Trade restrictions between the two countries were lifted in 1989 and the first Friendship Bridge connecting Vientiane in the Lao PDR to Nong Khai in northeastern Thailand was opened 1994 in order to meet the demand for cross-border mobility that would have been impossible to sustain with the former ferry crossings (Paul et al., 2000). A second bridge connecting Pakxe in Champassak Province in the Lao PDR to Ubon Ratchathani in northeastern Thailand was completed in 2000. A third bridge is under construction and will link the so-called East-West corridor¹¹ to Thailand, connecting the provincial capital cities of Savannakhet on the Lao side to Mukdaharn on the Thai side. In effect, the three bridges will link the three major urban centers of the Lao PDR; namely, Vientiane, Savannakhet, and Champassak, to northeastern Thailand. A fourth bridge is planned between Huay Xai in Bokeo Province in northern Lao PDR and the trading town of Chiang Khong in Chiang Rai Province in northern Thailand. These two cities were part of the BAHAP project implemented by CARE International between 1997 and 2000. While activities were discontinued in Chiang Khong,¹² CARE continues to work in Bokeo under the STD and HIV/AIDS Reduction Project (SHARP) with funding from the World AIDS Foundation.

Lao people living along the Mekong border cross readily into Thailand for work or trade, to visit friends or relatives, or for religious and seasonal festivals, and police have little control over their crossings. According to a study conducted by the Red Cross in 2001 for the purpose of assessing the mobility of 156 peer education workshop participants, more than a third of the respondents from Bokeo, Khammouane, and Savannakhet had been to Thailand, and a third made visits longer than a month (Tessa, 2002). Reasons stated for visits were predominately work-related, but recreational visits for shopping, sightseeing, and visiting relatives were also common. More than half the visits were made with peers.

According to estimates, more than 100,000 Lao people work in Thailand, more than 30,000 from Savannakhet Province alone. A study was recently conducted in Champorn, a district of Savannakhet on the Lao-Thai border, to learn more about the mobility patterns and behaviors of Lao villagers who cross into Thailand for work (Dr. Sisavath Manivong, personal communication). Champorn was selected because a large proportion of its population works in Thailand. The survey was conducted in August 2001 during the Boon Pajam Luang

¹¹ The East-West corridor is a highway under construction that will run across the southern region of the Lao PDR connecting Vietnam to Thailand. The highway runs along Route 9 and dissects Route 13 at Savannakhet.

¹²Chiang Khong appeared to be a rather quiet town with little nightlife during the consultant's visit. However, Chiang Khong is considered the most popular point of supply for long-distance traders throughout northern Lao PDR (Evans 2000). Large numbers of traders come upriver from Luang Prabang, other smaller-scale traders make the four-hour speedboat trip from the port of Pak Beng, returning with stock for the retail shops. Others come from Oudomxay, Luang Namtha, Muang Sing, Muang Houn, and Hongsa with their vinyl handbags stuffed with 1000 Thai Baht notes. Small-scale traders are often young unmarried women or older women who are divorced or separated from their husbands. They tend to work in informal trading groups of up to 8 to 10 friends, neighbors, and relatives. They share cargo boats for the downstream journey and assist each other in supervising the loading and unloading of cargo. Some of the women use their sexuality with customs officers, immigration police, boat operators, or even other male traders to help negotiate lower taxes, passage, and access in a trading system that is full of petty barriers and regulations.

Buddhist festival, when the villagers are home to help their families plant the rice fields. Among the 400 villagers interviewed (208 men and 192 women), the majority were 20 to 29 years old. Married villagers with children rarely go to Thailand together; rather, husbands and wives tend to take turns. The majority of those interviewed reported traveling to Thailand in groups of two to three, and 62 (15.5%) reported having relatives in Thailand, mostly in Mukdaharn on the opposite bank of the Mekong River.

The study found that roughly 30% of those interviewed work in Mukdaharn, and many commute there on a daily basis. Women usually find work as housemaids, shop assistants, or in restaurants, while men work as day laborers or traders selling Laotian crafts. Another 10% of those interviewed go farther into northeastern Thailand to Ubon Ratchathani (across from Champassak Province) to work in the agricultural sector. The remaining 60% migrate to Bangkok (or its suburbs) to work in shoe, plastic, or garment factories; at gas stations as pump attendants; at construction sites; or in the entertainment industry, possibly as sex workers. A small number of villagers migrate to Ratchasima, Ladburri, or Krabi in southern Thailand to work in the fishing industry. Not surprisingly, the farther away one worked from home, the less frequently one returned home. Those who work in Mukdaharn or Ubon Ratchathani returned home significantly more frequently than those who worked in Bangkok or beyond. Aside from major festivals, elections draw Lao workers back home because voting is compulsory in the Lao PDR and there is a fear of litigation directed at remaining family members if they do not return to vote.

Ninety-four (23%) of the men and women interviewed reported they had no sex while in Thailand, 139 (35%) reported they had sex only with a regular partner while in Thailand, and 167 (42%) reported they had sex with a nonregular or a commercial partner while in Thailand. As noted elsewhere in this report, among the 55 men (26%) who had sex with a commercial partner, 40 (73%) reported using a condom every time. Among the 110 men (53%) who had sex with a nonregular partner, few reported using a condom every time, and the majority reported using a condom some of the time. Among the 400 participants, 2 of 192 women (1%) and 3 of 208 men (1.4%) tested positive for HIV. All five worked in Bangkok. As it turns out, the two infected women were the respective spouse and girlfriend of two of the infected men.

Mukdaharn serves as a “temporary comfort zone” for young Lao workers who are unsure of their security in the faster and more modern Thai world farther inland (Lyttleton and Amarapibal, 2002). Typically, Lao workers will spend a year or so in the service industry in Mukdaharn where they are less susceptible to be picked up and deported by law enforcement authorities as long as they stay within the city zones. Following this, the bright lights and appeal of greater income in the bigger cities draw many farther inland. They have heard tales of money to be made from the thousands who return during major festivals or during election times in the Lao PDR when Mukdaharn becomes a massive border crossing for Lao citizens obliged to return home.

Some of the challenges faced by Lao migrants in Thailand were discussed during in-depth interviews in 2001 with a small group of Lao migrants in the cross-border sister cities of Savannakhet and Mukdaharn in 2001 (Testa, 2002). In addition to the standard pressures of moving from home, the overwhelming majority of Lao cross illegally, and are thus susceptible to bribery, imprisonment, deportation, or threats to that effect. Female migrants are particularly vulnerable. Interviewees spoke of women who were unable to pay bribes and who traded sex with police in lieu of cash. Typical payments to police were reportedly between 300 and 3,000 Thai baht for short-term migrants or those in transit. Long-term migrants were well known to police and made regular monthly payments of approximately 300 baht to secure the “right of abode.” In cases of imprisonment, Lao migrants are repeatedly threatened with deportation if they cannot pay for their release, and are subjected to acts of humiliation by the police.

Homesickness and fear of being caught by police were frequently cited as sources of stress and anxiety. Methods of relieving stress included a return visit to the Lao PDR, shopping, meeting up with other Lao, drinking alcohol, gambling, and taking *yaa baa*. Under these covert and stressful conditions, coupled with a lack of traditional family constraints, intimate bonds develop that often lead to sexual relationships among the

Lao in Mukdaharn. The majority of these couples do not use condoms because they associate their use with infidelity, commercial sex, and disease. Contraception is considered to be the woman's responsibility, and many choose to use oral contraceptives, which circumvents the man's consent, yet it offers no protection from STIs or HIV. Sexual contacts exist between Laos and Thais; indeed, four of the interviewees had Thai partners. All respondents reported not using condoms.

Accessing healthcare was not considered a problem among the interviewees. When Laos are asked for identification cards at hospitals or clinics, many say they have forgotten or lost them (a common response was, "As long as you can pay, they (doctors) pretend they don't know you're Lao"). One interviewee had a miscarriage and could not afford to go to hospital. A charitable organization took responsibility for her medical bills. Migrants to Thailand who become seriously ill will return home rather than stay in Thailand for treatment.

In 1996, Thailand announced a policy that requires the registration of all irregular migrant workers from Burma, Cambodia, and the Lao PDR. Registered workers receive a work permit and health insurance that allows them to access Thai public health services. Total registration costs exceed 3,000 Thai baht and few Thai employers are willing to absorb the expense. As of November 1996, nearly 300,000 workers among the more than 1 million estimated workers were registered. As of June 1997, nearly 11,600 Lao nationals had received a Thai work permit. There remains much controversy regarding how the policy is implemented. For instance, it is not clear how HIV, tuberculosis, and pregnancy screening will be used. Thailand is a signatory to the 1999 Bangkok Declaration on Irregular Migration (IMO, 1999).

Population mobility between Lao PDR and China

According to an assessment conducted in 1999, the official border crossing between Lao PDR and China is at Bo Ten between the Lao province of Oudomxay and the Chinese province of Yunnan. Overnight stopping by truckers was uncommon in the northern towns because local Lao truck owners transported goods back and forth from the border to Oudomxay, the central market for Chinese goods, in one day. There were no Thai or Vietnamese truck drivers at the time. Some believed the situation will change if the development projects to upgrade the road network in northern Lao materialize. Oudomxay may then emerge as a primary commercial center and transportation hub in the subregion, interlinking Burma, China, Thailand, Vietnam, and even Cambodia (Chamberlain, March 2000).

Population mobility between Lao PDR and Vietnam

The new East-West Corridor (Route 9) is the primary link between the Lao PDR and Vietnam, connecting Savannakhet and Vientiane (via Route 13 that intersects Route 9 at Savannakhet) to the port city of Danang in Vietnam. The main crossing point is at Dan Savann in the Lao province of Savannakhet, and Lao Bao in the Vietnamese province of Quang Tri. Xeno is a well-established "hot-spot" that caters to truck drivers plying between the Lao PDR and Vietnam, and even Thailand (Chamberlain, December 1999).

According to an external review of the BAHAP projects, in 1999, about 8–9 restaurants and entertainment places operated in Dan Savann, and a few karaoke bars were opening up. At the time, about 20 beer girls worked in the area, most of them Lao, with the exception of one big Vietnamese restaurant where several Vietnamese women were working. The clients were identified as traders, businessmen, government officials, and Vietnamese truck drivers. In addition, about 50–60 sex workers operated at a dozen drink shops around the town of Outhomphone, which is considered to have the highest number of sex workers in the area after Savannakhet. On the Vietnamese side of the border, commercial sex is available in Lao Bao and Khe Sanh.

Vietnamese businesspeople are reported to control the major businesses in Pakxe, the provincial capital of Champassak in the Lao PDR (Crissman and Stern, 1998). According to the same source, an estimated 3,000–

5,000 Vietnamese labor migrants work in the Lao PDR, mostly in the construction and transportation sectors, and they account for 90% of all foreign workers in the Lao PDR. In contrast, there are no reports of Lao going to work in Vietnam.

Population mobility between the Lao PDR and Cambodia

Population mobility between the Lao PDR and Cambodia exists on a small scale, mainly due to an underdeveloped transportation infrastructure. The main crossing point between the two countries is at the Muang Khong–Vuen Kham border crossing, which links Pakxe in Champassak Province in the Lao PDR to Stung Treng City in Cambodia. Once the roads in the border areas are upgraded, population mobility is expected to increase to exploit the fertile land and the natural resources in the forests.

G. Trafficking

The International Labor Organization conducted a situational assessment in four provinces of the Lao PDR under the organization’s Trafficking Project. Unfortunately, the document is undergoing internal clearance and was not available at the time this report was being written.

IV. SITUATION ANALYSIS

Dynamics of the HIV/AIDS Epidemic in the Lao PDR

It is important to stress that the determinants for a widespread epidemic are present in the Lao PDR. These include the following:

- After decades of isolation and restricted mobility, large increases in internal and cross-border population movements into and from countries with more advanced HIV epidemics;
- A young population in a context of rapid social and economic change;
- A rapid increase in illicit drug consumption, particularly among youth;
- A growing number of Lao women entering the sex trade both in the Lao PDR as well as in neighboring countries;
- Low condom use with nonregular partners (condom use with a nonregular partner was less than 50% among all subpopulations surveyed); and
- High levels of STIs.

Despite this vulnerable position, based on current surveillance data among subpopulations considered at high risk for contracting and transmitting HIV, the HIV/AIDS epidemic in the Lao PDR is best described as a low-level epidemic. Why is this? Factors that may have thus far helped to stem the epidemic in Lao PDR include the following:

- An apparent absence of a low-cost, high-volume “blue-collar” commercial sex industry;
- Relatively high levels of reported condom use in commercial sex transactions;
- Relatively low-risk behavior among Lao migrant workers in Thailand who do not want to get into trouble with local law enforcement authorities and who are not likely to have much disposable income; and
- The absence so far of injecting drug use on a significant scale.

Many information gaps still exist. For instance, we know very little about:

- The existence of other vulnerable groups such as men who have sex with men and categories of sex workers such as male sex workers or street-based sex workers;
- The existence of a more informal, less-organized commercial sex industry that caters to blue-collar workers by village girls or widows who may sell sex to supplement their incomes;

- Illicit drug-taking behaviors by various subpopulations such as sex workers, laborers, or other subgroups of the general population; and
- The sexual networking patterns of Lao people who work in neighboring countries or their networking patterns when they return to their home communities.

V. THE RESPONSE

A. Partners in the Response

NCCA, PCCAs and DCCAs

The government of Lao PDR established the National Committee for the Control of AIDS (NCCA) in 1988 by a decree of the Council of Ministers. NCCA currently operates through the Ministry of Health but it has been proposed that it be placed directly under the authority of the prime minister. The minister of health chairs the multisectoral NCCA. All relevant ministries, mass organizations, and other government bodies are represented. The NCCA Bureau is responsible for developing and implementing a multisectoral response; tracking the course of the epidemic; and instituting programs for prevention, care, and support. Multisectoral provincial committees for the control of AIDS (PCCAs), and district committees for the control of AIDS (DCCAs) were established beginning in 1993 to coordinate the response at provincial, district, and village levels. All provinces now have a PCCA chaired by the governor or vice governor.

Participation in the UN General Assembly Special Session (UNGASS) on HIV/AIDS

A six-member delegation headed by the minister of health participated in the UNGASS on HIV/AIDS in June 2001 in New York. A special task group on policy development was formed to develop the Lao PDR HIV/AIDS policy statement that was distributed at the meeting.

The Lao PDR HIV/AIDS Trust

The Lao PDR HIV/AIDS Trust was established in 1998 by the government of the Lao PDR with assistance from UNDP and UNAIDS to mobilize and coordinate funding sources for the implementation of the national HIV/AIDS/STI plan. Among other benefits, the Trust provides donors with a straightforward and transparent accounting system, and allows for flexible funding options that include joint funding for key projects.

National strategic plan on HIV/AIDS/STIs

NCCAB recently drafted a new national strategic plan on HIV/AIDS/STIs for 2002–2005 that is going through an approval process. The plan was developed on the basis of the HIV/AIDS policy country paper for the ASEAN summit, the UNGASS Declaration, and consultation workshops with provincial representatives in the north, south, and central regions, and with international organizations in Vientiane. The government is committed to maintaining a low prevalence of HIV/AIDS. The national strategic plan for HIV/AIDS/STIs for 2002–2005 calls for the continuation or expansion of initiatives to support behavior change among priority target populations, which include youth, service women and their clients, mobile populations, ethnic minority groups, and people with HIV/AIDS. The highest priority is to strengthen how activities are implemented, coordinated, and managed at the provincial level.

Donors

Under the leadership of NCCAB, multiple international donors are supporting a wide range HIV/AIDS initiatives and interventions in the subregion. These are summarized in Annex C. Lao PDR has a well-functioning and active United Nations Theme Group that is currently chaired by the World Health Organization. The Theme

Group has established working groups in the following four areas: policy development, second-generation surveillance, behavior development and communication change, and rapid assessment methodology. In addition to UNAIDS and its cosponsors, the major donors include the Asian Development Bank, the Australian Agency for International Development, the Canadian International Development Agency, German Technical Cooperation Service Enterprise, the European Union and European Commission, Norwegian Agency for Development Cooperation, and the U.S. Agency for International Development.

Nongovernmental organizations and community-based organizations

While indigenous NGOs and CBOs are not officially recognized in the Lao PDR, a number of international NGOs have been active in HIV/AIDS programming, including the Australian Red Cross (which works with the Lao Red Cross), CARE International, Norwegian Church Aid, Save the Children–UK and Save the Children–Australia, Family Health International, Population Services International, and others (Annex C). Many have integrated HIV/AIDS/STD prevention education into their multisectoral projects. Several other international NGOs, such as World Vision, are planning to become involved in HIV/AIDS work in the near future. Community-based education work is undertaken mainly by the Lao Red Cross, the Lao Women’s Union, the Lao Youth Union, the Federation of Trade Unions, and the Lao Front for National Construction.

B. Priority Areas in the National Response

The Lao PDR National Strategic Plan on HIV/AIDS/STDs for 2002–2005 lists the following universal guiding principles:

- Nondiscrimination;
- A multisectoral, integrated approach;
- Voluntary approaches with informed consent for HIV testing;
- Confidentiality and privacy in counseling, testing, and care;
- Empowerment of individuals to take personal responsibility;
- Gender equity;
- Accessibility to affordable and acceptable health services;
- Reduction of risk for vulnerable individuals and community groups; and
- Involvement in decision-making by those with and affected by HIV.

The plan delineates the following priorities in the future response:

- Policy development and advocacy;
- Multisectoral capacity building;
- Stronger surveillance and research;
- STI prevention and treatment;
- Prevention of HIV transmission;
- Care, support, and treatment;
- Mobility and HIV vulnerability;
- Emerging issues, including a more effective multisectoral response to HIV/AIDS/STIs;
- Issues related to people with HIV/AIDS, gender, drug use, and HIV; and
- Monitoring, evaluation, and ongoing review.

The plan will focus on the following priority vulnerable groups:

- Youth;
- Service women and their clients;
- Mobile populations;
- Ethnic minority groups;
- People in work places; and
- People living with HIV/AIDS.

In HIV prevention efforts, the plan delineates the following overall strategy:

- Widespread awareness of how HIV is transmitted and how it can be prevented;
- Community-based analysis of factors that make people vulnerable to HIV transmission and development of strategies to address those factors;
- Support for behavior change among people involved in HIV transmission;
- Widespread access to resources needed for prevention of HIV transmission (condoms and clean drug-injecting equipment);
- Widespread availability of voluntary counseling and HIV testing services; and
- More participation by people with HIV/AIDS in prevention and other programs.

More specifically, the plan recommends the following actions:

- Continue and expand existing information, education, and communications programs for the general population using more participatory approaches;
- Continue and expand existing HIV education programs for in-school and out-of-school youth using life skills and peer education approaches;
- Continue and expand existing initiatives to ensure that condoms are demanded and available through the country;
- Continue and expand existing initiatives to support behavior change among vulnerable groups and involve them in program design, implementation, and evaluation;
- Continue to participate and further develop joint actions between the Lao PDR and other countries in the subregion with an emphasis on mobile populations;
- Develop a strategy to ensure access to affordable, accessible, and nonjudgmental HIV counseling and testing services; and
- Ensure support for behavior change among people who inject drugs.

C. Current Responses to HIV/AIDS Prevention, Care, and Support

This section contains an overview of donor-supported activities in the following programmatic focus areas: public awareness campaigns, prevention among vulnerable groups, condom programming, reproductive health and STD care, HIV care and support, and surveillance and research. A summary of donor-supported programs and activities can found in Annex C.

Public awareness campaigns

General awareness-raising campaigns constitute the core of communication efforts in the Lao PDR and include a range of activities such as:

- The national condom promotion campaign, which includes television spots, radio, printed materials, puppet shows, a mobile video unit, and promotional and educational materials;
- National and local radio programs that are broadcast in Lao and some ethnic minority languages; and
- Community-based HIV/AIDS awareness activities as part of broader primary health care and community development projects.

Some of these campaigns have been loosely targeted at youth, service women, truck drivers, garment factory workers, construction workers, and military and police officers. Few of these campaigns have been sustained over time.

Prevention among vulnerable groups

Youth have been the primary target of HIV/AIDS prevention efforts. Activities for youth include:

- School-based HIV/AIDS education programs that use the life-skills curriculum;

- Workplace HIV/AIDS education programs for young women who work in garment factories;
- Community-based peer educator HIV/AIDS workshops targeting youth in villages with high employment-related mobility to Thailand; and
- A wide range of education, counseling, and peer educator training activities at the Vientiane Youth Center.

A limited number of projects have targeted other vulnerable groups such as service women, truck drivers, construction workers, and police and military officers. Two new subregional projects, the Community Action for Preventing HIV/AIDS project sponsored by the Asian Development Bank and the Canada Southeast Asia Regional HIV/AIDS Program (CSEARHAP) sponsored by the Canadian International Development Agency, will focus on mobile populations, including migrant workers, seafarers, and truckers, as well as sex workers and other vulnerable groups. To date, interventions, including BAHAP, have focused primarily on HIV/AIDS prevention education, and the dissemination of condoms and educational materials. There is a growing interest today among partners to move interventions beyond awareness-raising to one of changing unsafe behaviors.

While primary drug abuse prevention is a component of most youth education programs, other than a few drug detoxification programs in a few northern provinces, there are currently no harm reduction interventions in the Lao PDR. The vulnerabilities of men who have sex with men and prisoners have not been assessed, and currently, there are no interventions to address their needs.

Condom programming

Current policy supports the wide promotion and distribution of condoms through both traditional and nontraditional outlets such as nightclubs, bars, hotels, guesthouses, and drink shops. PSI is working with the HIV/AIDS Trust and NCCA to implement a national condom social marketing campaign. The HIV/AIDS social marketing project was launched in April 1999 with support from the Lao PDR HIV/AIDS Trust and USAID through Family Health International. Condoms are sold under the "Number One" brand name as they are in neighboring Cambodia, but they use different packaging. Condoms for the social marketing program are procured by UNFPA for the Ministry of Health and NCCA. To date, UNFPA has provided \$250,000 worth of condoms in support of the program. The Number One brand is promoted through television, radio, printed materials, puppet shows, a mobile video unit, and promotional and educational materials. Number One is sold nationwide through both traditional and nontraditional outlets such as beer gardens, guesthouses, bars, and nightclubs. Condom distribution rose from 1.2 million units in 1999, to 2.4 million units in 2000, and to 3.1 million units in 2001. In 2002, PSI will expand to more rural areas where it will introduce a special, less-expensive package that contains 12 condoms. PSI also plans to introduce lubricated condoms.

Reproductive health and STD care

A number of projects are addressing the need to improve access to effective STD case management.

The Lao-EU STD Project has been institutionalized as the National STD Program under NCCAB. The project established STD services at district hospitals in Vientiane and Savannakhet. STD services have been integrated into obstetric/gynecologic, maternal and child health, and family planning clinics. Other achievements of the project include the development and dissemination of national STD case management guidelines that use the syndromic approach; the development of a national STD training curriculum and a core of STD trainers; establishment of a central STD reference laboratory; and the development of an STD case reporting and surveillance system that will also monitor antibiotic resistance patterns. Funding for the project ends in April 2002. Of note, government STD services are not systematically linked to the national condom distribution infrastructure.

Other projects include the following:

- The Vientiane Youth Center Project, which recently opened a confidential adolescent health clinic staffed by volunteers from Mahosot Hospital in Vientiane.
- The STD Training, Education and Management (STEM) project was started in 1998 to train pharmacists and government healthcare workers in STD prevention, education, and management. The project was implemented in the provinces of Luang Prabang and Oudomxai with funding from AusAID through early 2001. The project was discontinued in Oudomxai but it continues to operate in Luang Prabang as the HIV/AIDS and STD Prevention and Management (HASPM) project with funding from Japan through 2004.
- The STD Training and Education for Prevention (STEP) project, which was implemented in two districts each in Vientiane and in Savannakhet Provinces. The project, which just ended, was aimed at raising STI awareness and improving STD care-seeking behavior among truck drivers, service women, housewives, married men, and youth using the peer education approach. Funding for the project has just ended and will not be renewed.

HIV care and support

Limited testing and counseling services are available only at NCCAB. Voluntary testing, generally without counseling, is available in seven provinces (Vientiane, Luang Prabang, Champassak, Bokeo, Bolikhamxay, Khammouane, and Savannakhet), but complete counseling and testing services are not generally available in the Lao PDR. The Lao Women’s Union plans to pilot a voluntary counseling and testing program in five provinces.

Efforts to provide care and support to people with HIV/AIDS are multiplying. The Lao Red Cross plans to introduce home-based care and support for people with HIV/AIDS during the next phase of its community-based youth project. UNICEF supports community-based care and support initiatives that involve Buddhist monks. It also helped to establish the first self-help group for people with HIV/AIDS in Savannakhet and Champassak Provinces.

The World Health Organization is helping to develop guidelines for the management of opportunistic infections. Médecins sans Frontières is piloting a hospital-based support and care project for people with HIV/AIDS in Savannakhet that provides treatment for opportunistic infections.

Surveillance, monitoring, and evaluation

As described earlier, USAID and a number of other international partners have assisted NCCAB to conduct the first round of BSS-HSS-SPPS surveillance in four pilot provinces—Luang Prabang, Vientiane, Savannakhet, and Champassak. The Asian Development Bank plans to assist in the next two rounds of surveillance in the three pilot sites—Oudomxay, Khammouane, and Savannakhet as part of the “Community Action for Preventing HIV/AIDS” project.

D. Gaps, Challenges, and Opportunities in the Current Response

This section addresses the following questions: Is the current response appropriate to the current stage of the epidemic? Are priority groups being reached? Is there evidence that interventions are working? What are the primary challenges to and opportunities for an effective response?

Is the current response appropriate to the current stage of the epidemic?

- Based on available data, the Lao PDR remains a low HIV prevalence country where targeting limited resources to the most vulnerable subpopulations is the most cost-effective approach.
- Although the number of people with HIV/AIDS is still small and the bulk of resources should be allocated to prevention programs, care and support for HIV infected individuals—medical as well as

psychosocial—is important because it mediates the message that society is ready to help and creates an enabling atmosphere for prevention.

- There is no doubt that current interventions are implemented at a scale that is too small to have a meaningful impact on the epidemic. The gap between the scope of the problem and the response will only widen over time.
- The national response needs to be expanded not only in breadth (coverage) but also in depth (quality and scope). For instance, prevention interventions need to go beyond awareness-raising and move target audiences along the behavior change continuum. It is not sufficient to promote safer sexual and health-seeking behaviors among priority target groups. It is also necessary to ensure that members of each group have access to supporting services such as condoms, STD care, confidential voluntary counseling and testing, and HIV care and support.
- Major knowledge gaps remain in patterns of sexual networking, sexual behavior, drug use, and mobility among priority target populations.

Are all priority vulnerable groups being reached?

The following groups of people are targeted by current interventions:

- Youth—primarily in-school;
- Service women; and
- Mobile populations, including truck drivers, military and police officers, and construction workers.

Groups that have not been adequately addressed include:

- Out-of-school and unemployed youth;
- Subgroups of sex workers who may be at higher risk for HIV than their counterparts who work in bars, restaurants, and nightclubs;
- Clients of sex workers identified in surveys of service women; in particular, government workers and businessmen;
- Lao migrant workers—by definition, this group is difficult to reach in-country;
- Men who have sex with men;
- Injecting drug users; and
- Prisoners.

Is there evidence that interventions are working?

The consultant did not review any project evaluations and did not have an opportunity to visit any of the project sites or to interview field staff or project beneficiaries during her short visit. The first round of the second-generation surveillance completed in 2001 will serve as baseline for future rounds of surveillance.

Challenges

Challenges to implementing successful interventions include the following:

- Lack of political commitment at the highest level—as in most countries with limited resources and in the early stages of an HIV/AIDS epidemic, the HIV/AIDS problem remains relatively invisible to policy-makers and the general population alike. As a result, HIV/AIDS is still not considered a top national priority in the Lao PDR;
- Intolerant government views and policies toward sex workers, men who have sex with men, and drug addicts—these attitudes drive these groups underground, where they are difficult to reach;
- Absence of indigenous NGO and CBOs—the organizations that are best placed to work with marginalized populations;
- Lack of absorptive capacity—the national response relies on an overextended and underpaid staff (NCCA, PCCA, DCCA, and mass organizations) for implementation;

- Shortage of technical know-how in key areas such as how to implement behavior change interventions;
- The challenge of working with target populations across borders; and
- The language barriers presented when working with non-Lao populations (i.e., Vietnamese and Chinese migrant workers).

Opportunities

Opportunities for implementing successful intervention programs include the following:

- A committed NCCA with strong leadership;
- Participation in the UNGASS on HIV/AIDS in June 2001 in New York helped to place the endorsement of a strong national policy statement on HIV/AIDS on a fast track and to galvanize the Ministry of Health;
- The appointment of an HIV/AIDS point person in key sector ministries;
- A readiness to implement more sophisticated interventions that aim beyond raising awareness to changing risk behaviors;
- The recognition that injecting drug users may pose a new threat to the spread of HIV/AIDS in the country, particularly among youth who use ATS; and
- The opening of the Vientiane Youth Centre for Health and Development in March 2001, which offers a peer educator training program that has the potential to develop a pool of young people who can be a resource for work on a wide variety of issues within and beyond the Center.

VI. FRAMEWORK FOR A USAID RESPONSE

Having determined the gaps, obstacles, and opportunities in the current response, we can explore what role and programmatic objectives USAID should pursue in the Lao PDR. Factors that should be considered in the selection process include the following:

- The impact that the objective is likely to have on the epidemic;
- The degree to which attainment of the objective builds the capacity of Lao PDR to respond to the epidemic;
- The feasibility of attaining the objective considering that USAID is not present in the Lao PDR;
- The degree to which the objective fits into USAID's broader Mekong subregional project;
- The degree to which the objective builds on the comparative strengths and experiences of USAID and its implementation partners in the subregion; and
- The degree to which USAID's involvement can leverage additional donor inputs.

A. Comparative Strengths

USAID has been a leader in several of the program areas in which the Lao PDR requires continuing support and capacity building. In addition to the areas of condom social marketing and second-generation surveillance that USAID is currently assisting the Lao PDR, USAID has regional expertise in the areas listed below.

Rapid assessments of vulnerable subpopulations

Significant formative research is necessary to ensure that important subpopulations in which risk of HIV infection is concentrated are not overlooked in the response and surveillance system. USAID and its partners have extensive experience conducting the formative research and mapping exercises necessary to identify such groups, to identify the behaviors and networks of risk in those populations, to identify possible bridging populations that may link such groups to the general populations, and to construct sampling frames through which surveys might be administered. Such research is essential in designing interventions that meet the needs of vulnerable subpopulations.

Behavior change programming

USAID has been a global leader in the implementation of complex behavior change interventions and the development of supporting communications materials. USAID understands the difference between traditional health education, which primarily promotes awareness and imparts knowledge, and behavior change programming, which targets both the individual as well as the social structures in which he or she operates. USAID understands the behavior change continuum that describes an individual's transition from awareness through adoption and maintenance of behavior.

Improving access to STI services

USAID has developed a number of innovative strategies to provide STI services to vulnerable groups in resource-limited settings. Such services must be designed with the active participation of the target populations. The most cost-effective approach is the one that takes into account the target population's healthcare-seeking behavior and preferences, and ensures that treatment is effective at the patient's first encounter for treatment, wherever that may be.

Different approaches may be required for different target populations of men and women. For instance, it is possible that truck drivers will prefer to continue to access STI services from pharmacists and private practitioners located along the major highways or in major cities. Service women may prefer to go to a fixed clinic (private or government) that offers services during hours that are convenient to them. Such a clinic may be serving other members of the community or it may be set up especially for service women.

A number of approaches exist for STD diagnosis and treatment. The syndromic approach is particularly useful in clinics where laboratory tests are not available and providers do not have much experience with STIs. Most important, it allows patients to be treated effectively at their first visit, which is often also their only visit. Because it relies on the presence of signs and symptoms, the syndromic approach cannot address asymptomatic disease.

Where it has been implemented, the syndromic approach has performed well in the management of urethral discharge in men and of genital ulcer disease in men and women. However, it has not performed as well in the management of vaginal discharge because of the difficulty of detecting cervical infection. However, the cost-effectiveness of the approach is greatly improved when it is targeted at women who have a high prevalence of cervical infection and where the treatment of a coexisting cervical infection is justified. This is certainly the case among service women in the Lao PDR where the prevalence of chlamydial and gonococcal cervical infections were 32% and 14%, respectively.

When applied to a relatively stable population group with a high initial prevalence of STIs and multiple sexual partners, periodic presumptive mass treatment may be a cost-effective method of reducing the burden of STIs (symptomatic as well as asymptomatic) in combination with other interventions (behavior change programming, condom distribution, and delivery of STI services). Results of a community-based study in Rakai, Uganda, showed that mass treatment can reduce the prevalence of STIs. Periodic presumptive treatment was also tried with dramatic results among women with multiple partners in mining communities in South Africa. After nine months of the intervention, the prevalence of STIs among treated women had decreased significantly, genital ulcer disease fell by 30 percent, and non-genital ulcer disease fell by 32 percent. The challenge is to maintain the decreased levels.

Cross-border interventions

USAID has been supporting cross-border HIV/AIDS/STI interventions in a number of countries in the Asia region including the Border Areas HIV/AIDS Prevention (BAHAP) project implemented by CARE International with support from FHI in Cambodia, the Lao PDR, Thailand, and Vietnam between 1997 and 2000. The strategy

used a twin-cities approach in which prevention interventions were implemented and reinforced with single and dual language materials on both sides of the border crossings. The project was implemented at two sites in the Lao PDR. The first site was along the Thai-Lao border between the twin cities of Huay Xai in Bokeo Province and Chiang Kong in Chiang Rai Provinces in Lao PDR and Thailand, respectively. The second site was between the cities of Sepon in Savannakhet Province and Lao Bao in Quang Tri in Vietnam. One of the valuable lessons learned from the BAHAP project is that cross-border situations vary enormously—some border towns are true “hot spots,”¹³ whereas others are simply transit points of little consequence. Through the BAHAP experience in Lao PDR, the twin-city approach was not successful because it did not involve true “hot spots.”

B. Options For USAID Programming in the Lao PDR

Options for USAID programming in the Lao PDR are organized according to four levels, depending on the level of effort and time that will be required to implement them. USAID can choose among them according to its timeframe and budget.

Level 1: Renew USAID funding in support of:

- The national condom social marketing program implemented through PSI; and
- The national second-generation surveillance program implemented through FHI (Annexes D and E).

Level 2: Provide bridge funding to support key ongoing programs for which external funding is ending such as:

- The peer education and counseling training program at the Vientiane Youth Centre for Health and Development, which was previously supported through the EC/UNFPA Reproductive Health Initiative for Asia (Annex F); and
- The national STD training program previously supported through the Lao-EU STD project.

Level 3: Provide funding for research to fill important gaps in our understanding of the groups with potential risk behaviors, their risk behaviors, and networking patterns, such as:

- Men who have sex with men;
- Drug users; and
- Long-term migrant workers.

Level 4: Provide funding for the development and implementation of a large-scale, multiyear behavior change intervention such as a comprehensive HIV/AIDS behavior change intervention in the cross-border sister cities of Savannakhet (Lao PDR) and Mukdaham (Thailand)—a short project description can be found in Annex G.

¹³ *Hot spots* emerge from a convergence of mobile populations, the rise of entertainment and sex establishments, and the tendency for HIV risk behaviors. Hot spots are destinations for some mobile populations and transit points for others. These areas generally have high HIV prevalence, or the potential for rapid HIV transmission and spread (UN Task Force on Mobile Populations and HIV Vulnerability, October 2001).

ANNEX A

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ANNEX B

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ANNEX C

INTERNATIONAL RESPONSE

LAO PDR HIV/AIDS Trust

The Lao PDR HIV/AIDS Trust was established in 1998 by the government of Lao PDR with assistance from UNDP and UNAIDS to mobilize and coordinate funding sources for the implementation of the National HIV/AIDS/STI Plan. Among other benefits, the trust provides donors with a straightforward and transparent accounting system and allows for flexible funding options including joint funding of key projects. The trust has a diverse funding base which includes the Elton John AIDS Foundation, the governments of Australia, Canada, France, Japan, Luxembourg, New Zealand, Norway, and the United Kingdom; and UNAIDS, UNDP, UNFPA, and UNICEF. To date the trust has been able to mobilize US\$2.2 million compared with its target of US\$4.5 million by the end of 2001. Trust funds have been used primarily to support NCCAB activities, and the development of HIV/AIDS prevention and care plans at the provincial and sectoral levels. Funds from the HIV/AIDS Trust have helped to build the capacity of PCCAs and DCCAs, support the national HIV/AIDS/STI surveillance program, and to finance the national condom social marketing program.

United Nations Agencies

Joint United Nations Program on AIDS (UNAIDS)

The overriding goal of UNAIDS is to enhance national capabilities to strengthen an effective multisectoral response to the disease. It pursues this goal primarily through the work of its eight cosponsors (WHO, UNDP, UNICEF, UNFPA, UNDCP, UNESCO, International Labor Organization, and the World Bank) and its national and international partners. The UN Theme Group on HIV/AIDS was established as the key mechanism to bring together the efforts and resources of the United Nations system and its partners to support an expanded multisectoral response in the country to HIV/AIDS epidemic. The theme group consists of the heads of member agencies, including cosponsoring agencies, international NGOs, bilateral agencies, and government agencies. It has become a key mechanism for joint policy formulation, strategic decision-making, coordination, and joint action at the country level. Its aim is to facilitate an effective response of the United Nations system and its partners to national HIV/AIDS needs and priorities.

The theme group provides a structure to enable the various agencies to:

- Coordinate HIV/AIDS activities of the United Nations system in the Lao PDR
- Facilitate the provision of high-quality technical support in strengthening national capabilities and capacities of Lao PDR, particularly with regard to the integration of HIV/AIDS education, prevention and care strategies and activities into existing and future programming and projects;
- Establish common goals and priorities consistent with the national response to HIV/AIDS by the Lao PDR;
- Advocate an expanded multisectoral response to HIV/AIDS;
- Strengthen information exchange mechanisms and networking within and outside of the United Nations system with regard to HIV/AIDS;
- Mobilize technical and financial resources in support of national response to HIV/AIDS; and
- Link closely with UNAIDS globally.

While the theme group takes policy decisions, and plays the leadership role in advocacy issues and resource mobilization, a technical working group was set up to serve as their operational arm at the technical level. The working groups comprise United Nations agency focal points and national and international counterparts who work with HIV/AIDS programs. In addition, technical working groups have further set up task groups to

address specific issues. These include the Task Group on Rapid Assessment of HIV/AIDS/STIs, and the Task Group on Care, Support, and Treatment.

The UNAIDS Secretariat works closely with the National Committee for the Control of AIDS (NCCA) and other international and national partners, especially the NCCA Bureau, which acts as the coordinating body for the government. The priority areas of the UNAIDS in support of the government responses to HIV epidemic in Lao PDR include:

- Advocacy at all levels to focus on policy development, restructuring NCCA, condom promotion, the need for data through a surveillance system, understanding the social burden of HIV/AIDS-affected families, and linkage of STI and HIV/AIDS;
- Mobilizing resources by using the HIV/AIDS Trust as the key mechanism for UN funding and to attract other funding;
- Strengthen the national surveillance system;
- Strengthen information sharing of completed research through an information development project and the NCCA Resource Centre;
- Build the capacity of HIV/AIDS interventions in all related institutions at all levels, focusing on government counterparts, particularly NCCA and PCCAs.
- Integrate HIV/AIDS/STIs activities into existing programs and promote intersectoral cooperation;
- Support expansion of blood safety and HIV counseling and testing throughout the country; and
- Promote universal precautions in all public and private clinical settings.

United Nations Drug Control Program (UNDCP)

UNDCP has worked with the Lao National Commission for Drug Control and Supervision to implement a number of subregional projects including:

- “Reducing Illicit Drug Use in the Highlands of East Asia” project, which is complete;
- “Subregional Development of Institutional Capacity for Demand Reduction Among High Risk Groups” project, which included surveys to assess the drug situation in schools in Vientiane, Luang Prabang, and Savannakhet, as well as among service women, unemployed youth, and young patrons of discotheques;
- “HIV Vulnerability from Drug Abuse” project, which will be implemented during 2002–2003 to address the emergent vulnerability to HIV/AIDS of drug abusers and their partners. Task forces will be set up in each of the six participating countries that will form a regional network for the exchange of experience, lessons learned, and the development of shared practices. UNDCP will assist each country to develop a national strategy for prevention of drug abuse and HIV/AIDS during the first year. During the second year, components of the national strategy will be implemented. Activities will include primary prevention education through the national life skills education programs that UNICEF, UNFPA, and GTZ are helping to establish in Lao PDR, as well as the expansion of drug treatment and rehabilitation programs or services.

UNDCP is funding a drug counseling unit that was inaugurated earlier this year at the drop-in youth center in Vientiane. In 2002, UNDCP will continue work with the Lao Youth Union and Lao Women’s Union at the youth center to train youth, distribute drug prevention information, and identify injecting drug users.

United Nations Development Programme (UNDP)

UNDP was instrumental in establishing the Lao PDR HIV/AIDS Trust, which continues to operate under its auspices and governance.

UNDP coordinates activities for the regional UNDP South East Asia HIV and Development Project (SEAHIV-UNDP) in Lao PDR. Project activities have included an assessment of the HIV vulnerability of mobile

populations in the four northern provinces of the country; development of an educational video on HIV/AIDS for construction workers; and a workshop to educate and sensitize the transportation sector about HIV/AIDS.

Lao PDR is also a member of the multisectoral regional UNDP/UNAIDS Task Force on Mobile Populations and HIV. The task force provides a forum for identifying priorities and gaps as well as proposing programmatic and policy action with the aim of accelerating both single-country and multicountry efforts to practically address the needs of mobile populations and their vulnerability to HIV/AIDS.

Together with ADB, SEAHIV-UNDP initiated the development of a regional strategy on mobility and HIV/AIDS vulnerability reduction in the Greater Mekong Sub-region during 2002–2004. The regional strategy is part of the ADB HIV/AIDS and Mobility in the Greater Mekong Sub-region technical assistance project. The objectives include:

- Facilitating and advocating for the implementation of enabling policies to reduce the HIV vulnerability of mobile people;
- Promoting community-based, multisectoral development approaches to HIV/AIDS;
- Developing and providing HIV/AIDS prevention, care, and support services for mobile peoples; and
- Establishing a mechanism for coordination, monitoring, and evaluation.

United Nations Educational, Scientific, and Cultural Organization (UNESCO)

UNESCO was responsible for translating the training of trainers manual into Lao and conducting a teachers training workshop in Luang Prabang for 20 teachers from Vientiane Municipality, Vientiane, Xiengkhuang and Luang Prabang in 2000. This ongoing training of trainers program is supported by GTZ through the CHASPPAR Project.

United Nations Population Fund (UNFPA)

UNFPA supports several HIV/AIDS prevention and care initiatives, including the procurement of condoms for the national condom social marketing project implemented by NCCAB in partnership with Population Services International. To date, UNFPA has provided \$250,000 worth of condoms in support of the program.

UNFPA includes HIV/AIDS prevention topics in all the reproductive health training activities it conducts. UNFPA also advocates for gender sensitive approaches in population and development planning and the need to address the growing HIV/AIDS/STD problem.

Under the sponsorship of UNFPA, the National Statistical Center (NSC) conducted the Lao Reproductive Health Survey 2000 in 17 provinces and one special zone. A nationally representative sample of more than 21,000 households, nearly 13,000 women aged 15–49, and a subsample of about 3,000 men aged 15–59 were interviewed about their knowledge and practices regarding reproductive health and family planning, including their knowledge about reproductive tract infections, STDs, and HIV/AIDS.

As part of the regional EC/UNFPA Reproductive Health Initiative (RHI) for Asia, UNFPA is supporting reproductive several adolescent health projects in Lao PDR in partnership with Save the Children UK, Ecoles Sans Frontieres, Enfants et Developpement, Enfants d’Ailleurs, Health Unlimited and Medecins Sans Frontieres. In particular, the EC/UNFPA RHI is supporting a newly inaugurated confidential health clinic for adolescents at the new Youth Centre for Development in central Vientiane.

United Nations Children’s Fund (UNICEF)

HIV/AIDS/STI prevention and care activities continue to be an important component of UNICEF’s new country program for 2002–2006:

- UNICEF is working with the Ministry of Education to improve teaching and learning activities related to reproductive health, sexual education, and HIV/AIDS using a life skills approach for primary, and lower and upper secondary schools in cooperation with UNFPA and GTZ. Activities have been expanded to six provinces; Vientiane Municipality, Vientiane, Savannakhet, Champassak, Oudomxai, and Bokeo.
- UNICEF is working with the Lao Trade Union to raise HIV/AIDS awareness among vulnerable women in 100 garment factories using the peer educator and outreach approaches. Activities have been expanded to seven provinces; Vientiane Municipality, Vientiane, Khammouane, Savannakhet, Luang Prabang, Oudomxai, and PKSE.
- UNICEF is working with the Lao Youth Union in 17 provinces to strengthen community-based HIV/AIDS/STI prevention activities.
- UNICEF is working with the Ministry of Information and Communication to develop key media messages and materials for behavior development and change through radio and alternative media. Radio programs are developed in Lao, Hmong, Khammou, and Bru languages.
- UNICEF is supporting community-based care and support initiatives that increase compassion and decrease discrimination toward persons living with HIV/AIDS and their families. Activities include training and involving Buddhist monks in prevention and care activities, and the use of traditional medicines.
- UNICEF helped to establish the first self-help groups in Lao in Savannakhet and Champassak. Persons living with HIV/AIDS receive regular counseling from district or provincial counselors and Buddhist monks, they participate in peer educator training in prevention and care, and in self-help group meetings.
- Through the Hope and Help Initiatives, UNICEF is sustaining HIV/AIDS awareness and behavior change through the mass media and IEC development and dissemination nationwide.
- UNICEF is working with the Mother and Child Health Hospital to prepare training and IEC material for prevention of mother-to-child transmission.

In addition, UNICEF is overseeing a number of subregional initiatives through its EAPRO HIV/AIDS team in Bangkok.

- The Mekong Partnership Project is at the heart of UNICEF’s regional response to HIV/AIDS in Asia and the Pacific. The project builds on UNICEF’s Mekong HIV/AIDS Project, which was implemented during 1996–1999 to strengthen national and intercountry responses to HIV/AIDS and STIs in the six countries bordering the Mekong river: Thailand, Cambodia, Lao PDR, China (Yunnan province), Vietnam, and Bira. The Mekong Partnership Project will continue to focus on these countries with funding from the Netherlands and from AusAID under the umbrella of UNAIDS. The partnership will support behavior development and change, reproductive health, behavioral surveillance, integration of life skills approaches in school curricula, innovative programs to provide life skills education to out-of-school youth such as street children, young sex workers, and factory workers. The “Friends Tell Friends” peer education life skills curriculum for factory workers in Thailand and in Lao PDR will be introduced to other countries in the region. The partnership will continue to build the capacity of communities to provide care and support through the Buddhist Leadership Initiative.
- The Buddhist Leadership Initiative was started in 1998 to support Buddhist monks and nuns in the Mekong subregion to take a leadership role in their communities to mitigate the impact of AIDS and to prevent young people from getting infected. The Sangha Metta Project based at the Lanna Campus of Mahamakut Buddhist University in Chiang Mai, Thailand, provides specialized training and support to a network of monks and nuns in Thailand and provides technical assistance for the initiative throughout

East Asia and the Pacific. The project has provided training to more than 1,500 monks and nuns in China, Cambodia and Lao PDR and for ethnic Shan monks along the Thai-Burma border. UNICEF Lao PDR is working to develop a proposal on the religious response to HIV/AIDS by Lao monks and nuns with senior monks and the Lao Front for National Construction, the mass organization whose Religious Affairs Department is responsible for monks, nuns, novices, and temples.

UNICEF coordinates the UN Regional Task Force on Youth and is an active member of the UN regional task forces on mobility and HIV vulnerability, and prevention of mother-to-child transmission.

World Health Organization (WHO)

WHO is currently chairing the UN Theme Group on HIV/AIDS in Lao PDR. WHO has provided the following types of HIV/AIDS program assistance:

- Implementation of second-generation surveillance;
- Provision of HIV test kits and laboratory equipment to HIV testing facilities in four provinces;
- Sponsorship of two NCCAB staff members to participate in the behavioral surveillance meeting organized by the WHO Western Pacific Regional Office in Manila.

In 2002, WHO will:

- Provide technical and financial assistance for the second round of HIV/STI sentinel surveillance;
- Develop guidelines for the management of HIV/AIDS-related opportunistic infections (not including antiretroviral drugs);
- Develop an essential drug list for Lao PDR;
- Support peer education interventions targeting service women; and
- Continue to provide technical assistance through its country and regional staff.

Other Donor Agencies

Asian Development Bank (ADB)

ADB financed the subregional HIV/AIDS among Mobile Populations in the Greater Mekong Sub-region project. The US\$800,000 project was implemented by World Vision Australia, Macfarlane Burnet Centre for Medical Research, and the Asian Research Centre for Migration between December 1999 and January 2002. Outputs of the project included 1) a series of studies on the mobility patterns and vulnerability related to mobility in the greater Mekong sub-region; and 2) production of a set of tool kits for designing HIV/AIDS prevention activities for selected vulnerable groups.

ADB is currently financing the Community Action for Preventing HIV/AIDS project with a grant from the Japan Fund for Poverty Reduction. The project will be implemented between June 2001 and December 2003 with a total budget of US\$10 million equivalent. The current project builds on the previous project and will be implemented in three countries, Cambodia, Lao PDR, and Vietnam. The ADB regional adviser to the project will be based in Phnom Penh, Cambodia.

The goal of the project is to reduce HIV transmission among mobile groups of people, migrants, and source and host communities in the three countries in order to decrease the impact of the HIV epidemic in the region. In Lao PDR, the project will be implemented by NCCAB and respective PCCAs and DCCAs in two districts each in the provinces of Savannakhet, Khammouane, and Oudomxay. Within these provinces, the project will focus on sites and areas that receive many transient populations or long-term migrants, large construction sites, and source communities of migrants. In Lao PDR, the primary target populations will include truck drivers, construction workers, and service women. The project will have three components: 1) community-based HIV prevention activities including behavior change communication, condom promotion,

and STI management; 2) capacity building activities; and 3) coordination and monitoring activities. The project will support the next round of surveillance activities in 2002 and 2003 in Savannakhet, Khammouane, and Oudomxay.

Australian Development Cooperation (AusAID)

AusAID funds a number of Mekong subregional (MSR) initiatives including:

- The Care and Support Capacity-building initiative, which is being implemented through the University of New South Wales Consortium and World Vision Australia to establish community-based care and support to people living with HIV/AIDS and those affected by HIV/AIDS.
- UNICEF MSR HIV/AIDS Program which is implemented through the UNICEF East Asia & Pacific regional office in Bangkok to strengthen and expand multiagency collaboration in HIV/AIDS prevention and care in MSR countries.
- The 2001 South East Asia Regional Aid Project (SEARP) ad hoc projects. Several projects will be implemented in Lao PDR under SEARP ad hoc projects including: 1) STD/HIV/AIDS Prevention in Bordering Areas between Nghe An Province in Vietnam and Xiang Khoang Province in Lao PDR, which will be implemented by the Vietnamese NGO SHAPC (STD/HIV/AIDS Prevention Centre); and, 2) Factory Workers Reproductive Health Awareness and Services project, which will be implemented through CARE Australia based on the Cambodian model.

AusAID is also funding three-year projects in Lao PDR under the 2001–2004 NGO Window Project. These include:

- HIV/AIDS Capacity Building for HIV/AIDS Prevention and Care project, which is being implemented by the Australian Red Cross (ARC) and the Lao Red Cross. Activities include community/village workshops, home visits to persons living with HIV/AIDS and their families, and professional and institutional development workshops. The total budget is 1,076,490 Australian dollars.
- Lao Youth HIV/AIDS project, which is being implemented by the MacFarlane Burnet Centre for Medical Research and the Lao Youth Union. The aim is to enhance the ability of young people to respond to the risk of HIV/AIDS and STIs through better access to locally appropriate prevention and care programs. Activities include training, action research, behavior change communication, awareness, education, and prevention and care services. The total budget is 800,000 Australian dollars.
- Several primary health care and community development projects in the provinces of Sayaboury (Save the Children Australia), Luang Prabang (World Vision Australia); Saravan, Sekong, and Vientiane (Community Aid Abroad/Oxfam), and Attapeu (Adventist Development & Relief Agency). All these projects present opportunities to integrate HIV/AIDS/STD prevention and care activities.

In addition, AusAID supports the Lao Australia Health and Social Development Project, which commenced in 1997 in the provinces of Phongsaly (along the border with China) and Houaphan (along the border with Vietnam). Phase II of the project will commence in 2002 and will be implemented over 5 years. HIV/AIDS/STD activities will be integrated in all activities.

AusAID also provides funding to the regional UNICEF Mekong Partnership Project in Bangkok.

Canadian International Development Agency (CIDA)

The proposed regional Canada Southeast Asia Regional HIV/AIDS Program (CSEARHAP) was designed in mid-2001 and is expected to be implemented in Cambodia, Lao PDR, Thailand, and Vietnam starting in September 2002. The total budget for the program is expected to be 6.5 million Canadian dollars over four years. The program will take a holistic approach to HIV/AIDS programming by coordinating and collaborating with many of the organizations already working on HIV in Southeast Asia. The primary focus of CSEARHAP will be to reduce transmission and raise awareness among mobile populations including migrant workers, seafarers, and

truckers, as well as sex workers and other vulnerable groups. The goal of the program will be to reduce the threat of AIDS to human security and sustainable development in Southeast Asia by developing and implementing a coordinated HIV/AIDS program focused on mobile populations and other highly vulnerable groups. The program will be guided by the regional HIV/AIDS strategies, including the Regional Strategy on Population Mobility and HIV Vulnerability, already formulated by UN agencies and bilateral donors working in this area. Taking into account recommendations made by the ASEAN Task Force on AIDS, the UN Regional Task Force on Mobile Populations and HIV and priorities set out in National AIDS Strategies, the program will be multisectoral in nature, incorporating not only various government departments but also the private sector and civil society. The intended impact of the project will be to reduce the spread of HIV in the Greater Mekong Subregion and decrease the prevalence of HIV among mobile populations.

German Agency for Technical Cooperation (GTZ)

GTZ funds the Control of HIV/AIDS/STD Partnership Program in the Asia Region (CHASPPAR) through SEAMED and TROPMEO in Bangkok. The project is active in Cambodia, Lao PDR, the Philippines, and Vietnam. In Lao PDR, CHASPPAR funds have been provided to:

- NCCAB to support second-generation HIV/STI surveillance together with other donors;
- The Ministry of Education to develop a secondary school HIV/AIDS curriculum in collaboration with UNICEF, UNFPA, and UNESCO; and
- The Lao Youth Union to develop mass media HIV/AIDS campaigns including television and posters in collaboration with UNICEF.

GTZ also funds the Lao-German Health Project in Bolikhamxay Province, which includes an HIV/AIDS component that is being implemented in partnership with PCCA and the provincial police, army, Lao Women's Union, Lao Youth Union, and garment factory owners. A rapid assessment methodology will be piloted in the province. Based on the results, a concept will be developed on how to work with high-risk behavior groups. Fifteen peer educators will be trained to work with the different target groups using pretested educational materials and participatory, hands-on training methodologies including games, role-plays, and condom demonstrations using bananas. The workshops are also intended to desensitize the population and develop more positive attitudes toward issues surrounding HIV/AIDS/STD and people living with HIV/AIDS. The impact of the workshops will be evaluated to determine whether model can be replicated throughout the country.

GTZ is also supporting drug demand reduction activities in the highland Akha villages of Muang Sing district in Luang Namtha Province of Lao PDR. The project includes a community-based detoxification program.

European Union (EU)

The EU provided funds for:

- The STD Training and Education for Prevention (STEP) project, which was implemented by CARE International in Vientiane Municipality and Savannakhet.
- The Lao-EU STD project, which has been institutionalized as the National STD Program under NCCAB. The project established STD services at district hospitals at two pilot sites each in Vientiane and Savannakhet. Other achievements of the project include the development and dissemination of national STD case management guidelines that use the syndromic approach, the development of a national STD training curriculum and a core of STD trainers, establishment of a central STD reference laboratory, a cross-sectional survey of STD prevalence among service women, and the development of an STD case reporting and surveillance system that will also monitor antibiotic resistance patterns. Funding for the project ends in April 2002.
- The Lao-EU STD project, which will end in April 2002 and will not be extended. The project has been institutionalized as the National STD Program within NCCAB. Achievements to date include access to STD

services at district hospitals at two pilot sites in Vientiane and Savannakhet was improved, national STD case management guidelines and a national training curriculum, were developed, a core of STD trainers was trained, a central reference STD laboratory was established, an STD case reporting and surveillance system was developed, and a cross-sectional survey of STD prevalence among high-risk populations was conducted.

- Drop-in Youth Center in the capital Vientiane through the EU/UNFPA Reproductive Health Initiative for Asia. The program is being implemented jointly by Save the Children UK and the Lao Women's Youth Union. The Youth Center offers vocational training, a peer education training course, a dance floor, a counseling center, a drug counseling unit, and a confidential adolescent health clinic.

NORAD

NORAD is the main donor to the HIV/AIDS Trust Fund. NORAD is also funding the Lao Red Cross to implement a Youth Peer Education project in Bolikhamxay through the Norwegian Red Cross (NorCross).

U.S. Agency for International Development (USAID)

USAID funded the Border Areas HIV/AIDS Prevention (BAHAP) project, which was implemented by CARE International through Family Health International between 1996 and 2000. USAID is currently providing support to HIV/AIDS/STI surveillance activities as well as the national condom social marketing program in Lao PDR through Family Health International. USAID has also provided support to the government of Lao PDR for opium crop elimination and demand reduction programs.

International Private Voluntary Organizations

Australian Red Cross

The Australian Red Cross with primary funding from AusAID, is supporting HIV prevention projects in Cambodia, Lao PDR, Vietnam, and China, collectively known as the Mekong Sub-regional HIV/AIDS Network (ARC/SAN). ARC/SAN supports regional activities through the International Federation of Red Cross/Red Crescent Societies (IFRC) and the Asian Red Cross and Red Crescent Task Force on AIDS (ART) in which the Philippines, Nepal, Indonesia, and Burma have also benefited in recent years.

The Australian Red Cross and the Lao Red Cross have been working together since 1993 to prevent the spread of HIV/AIDS/STDs and to promote care and support for people affected by HIV or AIDS in Lao PDR. The main purpose of the HIV/AIDS program has been to facilitate a youth peer education process through a series of two-day workshops. The workshops typically include 15–20 men and women, mostly in-school youth who are expected to communicate what they learned to five of their village peers (i.e., the Friends Tell Friends approach). The project aims to reach both in- and out-of-school youth aged 15–29 in districts bordering Thailand, particularly villages with high employment-related mobility to Thailand.

The project conducted one of the country's first-ever knowledge, attitudes, and practices surveys on HIV/AIDS and sexual behavior among youth in the provinces of Vientiane and Savannakhet in 1994. The project began in 1993 in Vientiane and Savannakhet and was gradually expanded to Bokeo, Champassak, Khammouane, Luang Namtha, Oudomxay, Sayaboury, Bolikhamxay, and Saravan over the ensuing years. The first workshops in Savannakhet and Bokeo were conducted in collaboration with Norwegian Church Aid and CARE, respectively. Activities have been implemented in phases¹⁴ and each phase has built on the lessons learned from the previous phase as well as on continuing community consultation and internal evaluation. As a result, many changes have taken place as the program has evolved. The curriculum has been expanded to include STD and drug use and, beginning with the current phase, it will be taught using a life-skills approach. More attention is being paid to gender issues and gender balance at workshops. Workshop participants are monitored through a follow-up session three months after the workshop. More and more-effective IEC materials are being developed and distributed. More effort will be made to targeting the most vulnerable villages, prioritizing out-of-school youth, and in the selection of peer educators.

During the current phase (2002–2004), the program will focus on the development of institutional capacity and will introduce community-based care and support for people living with HIV/AIDS. During this phase, funding from AusAID and the Australian Red Cross will be supplemented by funding from NORAD and the Norwegian Red Cross.

Between 1997 and 2000, the Lao/Australian Red Cross also implemented an HIV/AIDS awareness campaign among police and military officers in Vientiane and Savannakhet. The Norwegian Red Cross supported this short project.

The Lao/Australian Red Cross also provides technical assistance to other organizations that wish to integrate HIV/AIDS prevention into their activities. For example, Lao Red Cross is conducting HIV/AIDS workshops for a Save the Children–UK project in Sayaboury. The two-day peer education workshops target Lao, Thai, and Chinese construction workers as well as bar girls.

¹⁴ Phase I (1993-1995)
Phase II (1996-1998)
Phase III (1999-2001)
Phase IV (2002-2004)

Care International

CARE has been working in Lao PDR since 1992. CARE HIV /AIDS prevention and care activities have been implemented in close collaboration with PCCAs and the Lao-EU STD Project under NCCA and the Ministry of Health.

The Border Areas HIV/AIDS Prevention (BAHAP) Project was jointly implemented starting in 1997 by CARE International in Cambodia, Lao PDR, Thailand, and Vietnam with funding from USAID through Family Health International and AusAID. The strategy used a twin-cities approach where prevention interventions were implemented and reinforced with single and dual language materials on both sides of the border crossings. The project was implemented at two sites in Lao PDR. The first site was along the Thai-Lao border between the twin cities of Huay Xai in Bokeo province and Chiang Kong in Chiang Rai Province in Lao PDR and Thailand, respectively. The second site was between the cities of Sepon in Savannakhet Province and Lao Bao in Quang Tri in Vietnam. The projects targeted sex workers, truck drivers, motorbike taxi drivers, river barge workers, construction workers, traders, customs, police, and border army officers with IEC materials and condoms. Bridge funding for an extension of the project in Bokeo was provided by the British Embassy in Thailand and implemented as the BAHASP (Border Area HIV/AIDS and STD Prevention) project. The current phase of activities is being implemented as SHARP (STD and HIV/AIDS Reduction Project) with funding from the World AIDS Foundation since October 2001 and continuing through September 2002.

The STD Training and Education for Prevention (STEP) project was funded by the EU through the Lao Ministry of Health and was implemented in two districts each in Vientiane Municipality and in Savannakhet Province. The project, which just ended, was aimed at raising STI awareness and improving STD care-seeking behavior among truck drivers, service women, housewives, married men, and youth using the peer education approach and focus group discussions. Funding for the project has just ended and will not be renewed.

The STD Training and Educational Materials (STEM) project was started in 1998 to train pharmacists and government health care workers in STD prevention education and management. The project was implemented in the provinces of Luang Prabang and Oudomxai with funding from AusAID through November 2001. The project was discontinued in Oudomxai but continues to be operational in Luang Prabang as the HIV/AIDS and STD Prevention and Management (HASPM) project with funding from JICA through 2005.

Écoles Sans Frontières (ESF)

With funding from the EC/UNFPA Reproductive Health Initiative, ESF has developed reproductive health educational materials for adolescents.

Family Health International (FHI)

With funding from USAID, FHI's regional office in Bangkok has provided funding and technical assistance to the following subregional and country activities:

- The Border Areas HIV/AIDS Prevention (BAHAP I and BAHAP II) projects, which were implemented by CARE International in Cambodia, Lao PDR, Thailand, and Vietnam between 1997 and 2000.
- The PSI condom social marketing program in Lao PDR (with additional funding from the Lao PDR HIV/AIDS Trust) through September 2002.
- The HIV Sentinel Surveillance (HSS) and the Sexually Transmitted Infection Periodic Prevalence Survey (SPSS), which were coordinated by NCCAB with additional support from the Lao PDR HIV/AIDS Trust, WHO, GTZ (CHASPPAR), and the EU (EU/STD Project).

Macfarlane Burnet Centre for Medical Research

The Macfarlane Burnet Centre is supporting the three-year Lao Youth HIV/AIDS/STI Response project, which will be implemented by NCCAB and the Lao Youth Union between July 2001 and June 2004. The first phase of the project was implemented between 1998 and 2001, when the Macfarlane Burnet Centre and the Lao Youth Union conducted management training and situational risk assessments of youth, and developed strategic plans in 10 provinces (Vientiane and Vientiane Municipality, Bolikhamzay, Khammouane, Champassak, Savannakhet, Luang Prabang, Oudomxai, Luang Namtha, Sayaboury, and Bokeo). In addition, action plans were developed and pilot projects were funded in six focus districts in Vientiane, Sayaboury, and Bolikhamxay, where trained youth volunteers conducted in-depth qualitative research in 25 villages.

During phase II, activities will be expanded to the remaining seven provinces making the project national in scope. The project will 1) strengthen the local capacity to conduct planning, training, action research, behavior change communication, and program management; and 2) implement awareness, education, prevention, and care services focused on youth. MCB will coordinate their activities with Save the Children Australia and GTZ to ensure that activities to integrate HIV/AIDS prevention and care into primary health care activities are not duplicated in Sayaboury and Bolikhamxay provinces, respectively.

MCB developed the Community Action on HIV resource manual for HIV prevention, care, and support with funding from AusAID. The manual will be adapted and translated for local use.

MCB will also assist in the implementation of the following four pilot projects:

- Behavior change communication, an HIV/AIDS campaign for long-haul truck drivers in Bolikhamxay Province;
- Promotion of sexual behavioral change among young people in the context of preventing an HIV/AIDS/STI epidemic in Champassak Province;
- Promotion of condom use to prevent HIV/AIDS/STIs among young people in Khammouane Province; and
- Increasing HIV/AIDS/STI awareness and promotion of safe sexual behavior for service women at entertainment places in two districts of Vientiane Province.

Médecins Sans Frontiers

Médecins sans Frontiers is piloting a hospital-based care and support project for persons with HIV/AIDS in Savannakhet. To begin with, the project will only offer treatment for opportunistic infections (and not retroviral therapy).

Norwegian Church Aid (NCA)

Norwegian Church Aid (NCA) has been supporting HIV/AIDS prevention work in Lao PDR since 1993. NCA is working with PCCAs and DCCAs to implement projects in two provinces along the border with Thailand (Savannakhet in the central region since 1996, and Bokeo in the northern region since 2001). Projects have focused on raising awareness among the general public with an emphasis on youth, in particular those who seek to work in Thailand. The projects have also aimed to create understanding and tolerance for people living with AIDS and their families.

The project in Savannakhet has been renewed for another three years from April 2001 through May 2004 and will be implemented in the Khanthabury, Sayboury, Xayphutong, Champone, and Songkhone Districts. In 2002–2006, NCA will continue to work in Bokeo, where it will coordinate its efforts with the Lao Red Cross and CARE International. Norwegian Church Aid has been requested to work in Muang Muang and Muang Paudom Districts.

In 2002–2006, NCA will expand its HIV/AIDS work to the provinces of Luang Namtha in the northern region and Champassak and Sekong in the southern region. In Luang Namtha, NCA will build on a drug demand and supply reduction project it has supported and focus on the two districts of Muang Sing and Muang Long, which are trading centers with China and Burma, respectively. In Champassak and Sekong Provinces, NCA will build on small-scale HIV/AIDS prevention activities it supported in relation to a water supply system project that was financed by the Norwegian government. Route 13, which will link Vietnam and Thailand, will cross these two provinces. Target populations will include construction workers and bar girls.

Population Services International (PSI)

PSI and the NCCAB are implementing a national condom social marketing campaign in Lao PDR. The social marketing project was launched in April 1999 with funding from the Lao PDR HIV/AIDS Trust, USAID through Family Health International, and AusAID. Condoms are sold under the Number One brand name as they are in neighboring Cambodia, but they will have different packaging. Condoms for the social marketing program are procured for PSI by UNFPA through the Ministry of Health and NCCA. To date, UNFPA has provided \$250,000 worth of condoms in support of the program.

The Number One brand is promoted through television, radio, printed materials, puppet shows, a mobile video unit, and promotional and educational materials. The campaign includes HIV/AIDS education targeted primarily to vulnerable groups such as service women, drivers, factory workers, and students. Number One is sold nationwide through both traditional and nontraditional outlets such as beer gardens, guesthouses, bars, and nightclubs. Condom distribution rose from 1.2 million units in 1999, to 2.4 million units in 2000, and to 3.1 million units in 2001.

PSI has conducted behavioral and market research in Vientiane and Savannakhet. Focus group discussions were conducted by PSI in 2000 among small groups of tuk-tuk drivers, female sex workers, government officials, military police, businessmen, female factory workers, and youth on the basis of five primary barriers to condom use: trust in one's partner; unequal negotiating power; male attitudes and behavior; misperceptions about HIV/AIDS; and high awareness but low individual risk perception.

The action plan for 2002 includes:

- A target of selling 4 million condoms;
- An expansion to more rural areas with a special package of condoms that has been developed for rural areas and which contains 12 pieces and costs 15 000 kip;
- Introduction of lubricated condom packages during 2002;
- Continued promotion of products and awareness-raising;
- Targeting especially mobile populations, construction workers, and service women; and
- Continued research activities through a condom distribution survey and event surveys (e.g. a mobile video unit).

Save the Children (SC)

SC Australia is integrating HIV/AIDS/STD activities into its ongoing community development projects in Sayaboury with assistance from the Lao/Australian Red Cross.

SC UK implemented the Vientiane Youth Center for Health and Development project with the Vientiane Lao Women's Union with funding from UNFPA through the EU/UNFPA Reproductive Health Initiative for Asia. The center, which was opened in March 2001, includes a café, a dance floor, two counseling rooms that offer counseling for drug abuse and other problems, and an adolescent health clinic with a separate entrance that is run by volunteers from Mahosot Hospital. In addition to the counseling and clinical services, the center offers

vocational training (e.g., Japanese language classes) and a peer education training course, which is offered at three levels.

The first level of the training program consists of a reproductive health training course that is taught in 16 modules over a period of eight weeks. The course includes topics on HIV/AIDS and is intended to become the basis for the peer education training program. Two cohorts (125 volunteers) have successfully completed the first level, and 20 self-selected themselves for the second level of the course. The second level is a 10-week (50 hours) course that consists of seven modules (self awareness/self-esteem, interpersonal relationships, communication skills, life skills [problem-solving, decision-making, goal setting, peer pressure], health issues [reproductive health, drugs, and road safety], learning and behavior change, setting objectives, and developing a work plan). Among the 20 young people who started the course, 18 successfully completed it. They represent the first group of peer educators in Lao PDR who have had such extensive training and are fully participating in the development of their program. These young people are a starting point for a proposed third level of training that could produce the first youth workers in the nation. The three-year project ends in March 2002 and SC UK and the Lao Women's Union are currently seeking funding to sustain the program.

World Vision

World Vision Lao PDR reopened in 1990 (it was shut down in 1975). World Vision Lao PDR is supporting community development projects in two districts each in the provinces of Vientiane, Luang Prabang, Saravan, and Champassak.

The organization is developing an HIV/AIDS proposal under the Hope Initiative for which it is seeking funding. It is likely to implement the project in the districts where it currently supports community development projects. The project will include 1) activities to raise awareness among in- and out-of-school youth and mobile groups, 2) community-based care and support for persons living with HIV/AIDS and their families, and 3) capacity building for PCCA and DCCA in HIV/AIDS programming.

World Vision Australia received funding from ADB under the regional HIV/AIDS among Mobile Populations in the Greater Mekong Sub-region project to develop a set of tool kits to guide the implementation of HIV/AIDS interventions for mobile people and at large construction sites. These tool kits will be used in ADB's subregional Community Action for Preventing HIV/AIDS project.

ANNEX D

Summary of HIV AIDS STI Surveillance Work Plan in Lao PDR
Results of 19–22 February 2002 Surveillance Consensus Meeting
NCCA, Vientiane, Lao PDR

	2000 BSS (provinces)	2001 HSS-SPPS (provinces)	2002 Qualitative Assessments*	2003 BSS, HSS and/or SPPS (provinces†)
Service women	Yes (VTE, SVKT, CMP, KM, LP)	Yes (VTE, SVKT, LP)		2003 service women will be sampled as two separate groups
• Nightclub			Yes	Yes —BSS, HSS, SPPS
• Small drink shops			Yes	Yes —BSS, HSS, SPPS
Truck drivers	Yes (VTE, CMP)	Yes (VTE, CMP)	Yes	Yes —BSS, HSS
Female factory workers	Yes (VTE)	Yes (VTE)	Yes	
Police	Yes (VTE, SVKT, CMP, KM, LP)			
Military	Yes (VTE, SVKT, CMP, KM, LP)			
Seasonal migrant workers (men and women)	Yes (SVKT, CMP, KM)		Yes	Yes —BSS in destination communities (HSS if possible)
Internal migrant groups			Yes	
Injecting drug users			Yes	
University students			Yes	
Other populations (i.e., additional client groups)			Yes	Dependent on assessments

* For more detail on qualitative research to be undertaken, please see accompanying document

† An assessment of additional provinces for inclusion in 2003 surveillance round will be conducted. Possible additional provinces include Luang Namtha or Bokeo. Khammuane will be reassessed pending the findings of the ADB baseline survey. External migrant workers will most likely be reached in Thailand and not Laos. All groups will be sampled from a provincial (not national) sampling frame to allow comparison between provinces.

ANNEX E

Summary of Qualitative Assessments for Lao HIV/AIDS/STI Surveillance System Recommended in 2002

Results of 19–22 February 2002 Surveillance Consensus Meeting

NCCA, Vientiane, Lao PDR

	Recommended Assessments	Possible Tools
Service Women	Validation of condom use among service women and their clients !	In-depth interviews
<ul style="list-style-type: none"> • Nightclubs • Small drink shops 	Differences in behavior, number of clients and cost between service women in small drink shops and nightclubs* Better categorizing partner groups (i.e., regular versus one-time clients)* Finding out nationality of clients*	<ul style="list-style-type: none"> • Rapid assessment • Size estimation • Additional analysis of existing data
<ul style="list-style-type: none"> • Other sex worker groups 	Identifying other existing groups of women selling sex for money (potentially at lower cost than those in nightclubs and small drink shops)†	Key informant interviews and assessment of urban areas
Truck Drivers	Better categorizing partner groups (i.e., nonregular partners who travel with them)* Frequency and location of purchasing commercial sex (Thailand and/or Laos)* Mapping the trucking routes and estimated number on each route (including possible foreign truck drivers as international routes open up) and determining best provinces in which to reach them*	In-depth interviews Population size estimation and physical mapping
Female Factory Workers	On-going monitoring of reported risk taking activities†	Secondary data and in-depth interviews
Externally Migrant Workers (men and women)	Determine source and destination communities* Determine categories of migrants* Determine risk taking activities in Thailand* Determine frequency of return to Laos* Determine risk taking activities in Laos* Determine magnitude of migration and proportion of population migrating to Thailand who are being infected* Determine best migrant population(s) to be included in BSS (and possibly HSS) and best method for doing so*	In-depth assessment in both Laos and Thailand to be conducted by researcher who is highly knowledgeable about migration patterns between the two countries and who has established networks in destination (and if possible source) communities. Possible methodology includes rapid household surveys in key locations (Lao PDR), identifying locations and networks of migrant groups in Thailand and snowballing, reviewing case reports and interviewing persons with HIV/AIDS.
	Recommended Assessments	Possible Tools
Internal Migrant Groups	Assessing whether there are large groups of other internally mobile populations at risk (i.e., construction workers)†	Review findings of assessment conducted by ADB
Injecting Drug Users	Monitor risk of HIV transmission through injecting drug use (particularly among youth)†	Secondary data, interviews with organizations in field

University Students	Monitor risk of HIV transmission (through sex and injecting drug use) of this internally migrant population†	Secondary data, interviews with organizations in field
Youth	Monitor risk through migration†	Data will be collected during migrant assessments
Other Populations (i.e., additional client groups)	Profiling clients of sex workers to see whether surveillance in “missing” a significant and definable client group (i.e., government workers, foreigners from specific countries) ‡	<ul style="list-style-type: none"> • Exit interviews from known sex selling establishments • Household survey

* Considered high priority

† Monitoring necessary but much of assessment can be conducted through compilation of already existing research and interviewing key organizations

‡ Feasibility and necessity of conducting particular assessment will be looking into further.

All assessments will begin with an in-depth review of pertinent existing research and interviews with organizations and individuals already working in the specified subject area.

ANNEX F

Vientiane Youth Center For Health and Development Peer Education Program

Proposal for Funding to Strengthen and Expand the Peer Education Activities Program

Overview

The Vientiane Youth Center For Health and Development (VYCHD) opened in March 2001 and is aimed at young people aged 12 to 22. Its construction was funded by EC/UNFPA as part of the Regional Reproductive Health Initiative for Asia. Present activities are being funded by EU/UNFPA and implemented by the Vientiane Municipality Women's Union and Save the Children–UK.

The local community's input is in terms of the young people's volunteer work for the center. The youth volunteers who work in the center, for example at the reception desk, and the peer educators are not paid.

Half the population of Lao PDR is under the age of 18. In response to rapid changes affecting Lao urban society, VYCHD aims to empower young people with the knowledge and self-esteem they need to make informed life choices.

VYCHD is the first of its kind in the country. Presently it is offering training and information about reproductive health and a range of recreational activities and entertainment. However, the activities offered need to be constantly strengthened and expanded to keep up with growing demand and to deal with the wide range of issues that the young people of Vientiane are facing.

In response to the need to reach a larger proportion of the target about key issues, and expand the training activities offered to young people, a peer education program is being developed. This program will train an initial group of 18 young people to be peer educators and begin to implement a limited range of peer education activities on three topics: reproductive health; drug use and abuse, and road safety. This program is presently funded for only a six-month period, until December 2001. The present budget, which focuses mostly on training an initial group of peer educators, does not provide for strengthening, expansion, or sustainability of the program nor implementation of some major peer education activities.

In response to the present situation this proposal outlines a plan and budget for the strengthening and extension of training and activities in the peer education program to December 2002.

Goal of Peer Education Program: A group of skilled and knowledgeable young people will design, plan, and implement a series of peer education activities with young people in Vientiane, to empower these young people to make healthy choices about their reproductive health and lifestyle.

The wider impact on society in the long term will be :

Young people who possess the knowledge and skills to look after their health and so reduce the costs to society of, for example, HIV/AIDS, teenage pregnancy, sexual abuse, drug abuse, and road accidents.

Proposed Peer Education Program Major Activity June 2002–December 2002 (additional funding required)

- **Continue the implementation of the “Friends Teach Friends” road show, “Making the Right Choices.”**

This involves a team of 18 trained peer educators who will perform modern song, dance, drama, and activities that carry information and messages on reproductive health, drugs, or road safety to young people to enable them to make the right choices about their lifestyle and health. Each week this team would travel to high schools, nightclubs or villages in Vientiane prefecture.

It is estimated that each week, 100 young people will be reached by the team and receive IEC materials from the group.

The broad objectives of the road show performances are in accordance with the following broad objectives:

- Raise awareness among young people of the risks to health associated with the three key issues;
- Strengthen knowledge on the three issues;
- Pass on life skills that enable young people to make the right choices for their health; and
- Motivate young people to avoid unhealthy behaviors and encourage them to adopt healthy behaviors.

■ **Support and monitor the peer educators implementation of activities.**

This will involve running weekly workshops to strengthen skills and knowledge, debrief, problem solve, and work on strengthening and expansion of activities.

Through this support, monitoring and training activities will be delivered by center youth workers who will have received training to do this.

Further training needs of peer educators will be identified at the retreat and will continue to be identified during implementation. The content of these workshops will have to answer these immediate and emerging needs and cannot be specified now. As an example, a workshop on strengthening skills to facilitate discussions could be a need identified.

TOTAL FUNDS REQUESTED

\$US 4,400

PEER EDUCATION PROGRAM BUDGET DETAILS

June- December 2002

1. Friend to Friend Road Show

Weekly travel costs to performance venue and food/water for team (\$2 x 20 x 20 weeks)	\$800
Printing of IEC materials for distribution (200 pieces x .25 x 20 weeks)	\$1000
TOTAL	\$1800

2. 6 X monthly workshops on upgrading skills of peer educators and a two-day youth camp retreat to set the June–December program objectives and work plan

General materials Photocopying, paper, pens, etc. (\$5 per trainee per workshop)	\$600
Catering (\$1 x 20 x 6)	\$120
Operating costs (\$20 x 6)	
Costs of using training room, electricity, water	\$120
Two-day youth camp (Travel, accommodations, food, materials)	1000
TOTAL	\$1840

**4. Support for the costs of the peer education training course
June–December 2002**

Running costs (electricity, water) (\$20 x 20 sessions)	\$400
Materials (paper, photocopy, pens, etc.) (\$20 x 18)	\$360
TOTAL	\$760

The Vientiane Women’s Union supports the peer education program by providing the youth workers who are the trainers and PE program coordinators.

Peer Education Program Objectives to June 2002 (under present funding)
(and achievements so far)

- Develop a peer education training program for an initial intake of 18 young people (training manual completed).
- Train 36 young people to be peer educators during the initial 2 training programs October – December 2001 and April–June 2002
- Train the center youth workers to deliver the program.
- Involve the trainees in the design of a limited number of peer education activities that they will implement. (Focus on reproductive health, drugs and road safety.)
- Prepare the peer educators to implement these activities (during January 2002 and ongoing monitoring and training workshops).
- Involve the trainees in the planning and implementation of the peer education booth at That Luang festival (achieved November 2001).

This will involve a booth at the fair that will focus on reproductive health. There will be displays, quiz shows, and dance and song shows. The peer educators will take part in organizing and staffing the booth to provide peer education during the fair.

Evaluation of project activities to December 2001

A team from UNFPA has evaluated the program curriculum and materials and given positive feedback. The training program was given high marks on sound pedagogy, participation, and curriculum content. Suggestions for improvement were to add more on self-responsibility and respect to the curriculum and that trainers will need continued support to come to terms with implementing the in-depth diverse program.

Motivation and commitment of the peer educators has been high with a drop out of only two from a starting group of 20. All have been fully involved with the two major activities implemented during the training—the That Luang festival activities and World AIDS day activities.

Visits from other UNFPA regional advisers, Save the Children–UK advisers, and Vientiane Women’s Union officials have resulted in high praise for the level of skills and knowledge of the peer educators and the level of participation and enthusiasm in the training.

After the pilot course finishes in December 2001 the training curriculum and manual will be reviewed and another training will delivered starting April 2002. Decisions on how to strengthen the course will be based on the UNFPA report, participant evaluation of the course, and measuring participants’ competency against the indicators outlined in the curriculum.

**Proposed Peer Education Program Major Activity
June 2002–December 2002 (additional funding required)**

➤ Continue the implementation of “Friends Teach Friends” road show—“Making the Right Choices.”

This involves a team of 18 trained peer educators who will perform modern song, dance, drama, and activities that carry information and messages on reproductive health, drugs, or road safety to young people to enable them to make the right choices about their lifestyle and health. Each week this team would travel to high schools, nightclubs or villages in Vientiane prefecture.

The criteria for selecting the young people for the road show is that they have completed the 10-week peer education training course.

The center has approval to work in 40 villages in Vientiane prefecture. Relationships have already been established with 20 of these and some outreach public relations activities have begun. The peer education program road show will target selected villages during June–December 2002.

It is estimated that each week, 100 young people will be reached by the team and receive IEC materials from the group.

The road show will perform every Saturday or Sunday in one or two locations.

The broad objectives of the road show performances are in accordance with the broad objectives outlined earlier:

- ◆ Raise awareness among young people of risks to health associated with the three key issues;
- ◆ Strengthen knowledge on the three issues;
- ◆ Pass on life skills that enable young people to make the right choices for their health; and
- ◆ Motivate young people to avoid unhealthy behaviors and encourage them to adopt healthy behaviors.

➤ Support and monitor the peer educators implementation of activities.

This will involve running monthly workshops to strengthen skills and knowledge, debrief, problem solve, and work on strengthening and expansion of activities.

This support, monitoring and training, will be delivered by the center youth workers who will have received training to do this.

Further training needs for peer educators will be identified at the retreat and will continue to be identified during implementation. The content of these workshops will have to answer these immediate and emerging needs and cannot be specified now. As an example. a workshop on strengthening skills to facilitate discussions could be identified.

In addition, weekly briefings, debriefings, and preparation and monitoring meetings with the peer educators must be held.

Implementation and monitoring of activities

The center has team of core staff provided by VMWU and partly funded under the Save the Children–UK project budget. This consists of a Lao manager, a Lao accountant , and five Lao youth workers. An expatriate project adviser and expatriate peer education adviser are funded by Save the Children–UK.

The team will coordinate, support, and monitor the implementation of the activities described above in cooperation with the peer educators who will play an ever increasing implementation role as their skills develop. Young people’s participation at all stages is a key element of the program.

One or two youth workers will accompany the road show team whenever they are performing. They will also support and monitor preparation of peer educators for the shows and deliver the monthly training workshops.

In the longer term, ways of ensuring sustainability of the program are outlined below.

Sustainability of the Peer Education Program

From the beginning of the peer education program participation of young people at all stages will be a key element.

Young people will be consulted during the situational analysis and will play a major role in identifying priority issues, and in defining objectives and deciding on appropriate approaches to achieve those objectives.

During the training of peer educators and implementation of activities building a commitment and team spirit among the peer educators will be a priority. They will participate fully in the development of peer education activities.

This practice of youth participation at all stages will help develop a sense of pride and ownership of the program. The skills the young people develop by participating at all stages will equip them with skills to manage *their* program *themselves* in the longer term.

That the young people are operating as volunteers in the program will be clear from the start, and is an integral philosophy of the center in all its programs. The young people receive motivation and reward for their work from the center’s training ladder system, and it gives them greater status as volunteers in the center as they complete training and become involved in activities.

A key factor in maintaining motivation and group cohesiveness will be the election (by the peer educators themselves) of peer educator leaders. The role of the leaders will be clearly defined by the group themselves but the overall aim of their role will be to ensure sustainability of the program’s activities.

Apart from the major events outlined above, it is expected that many activities the peer educators design and take part in can operate at little cost, for example, going to bars to talk to young people or holding focus group discussions in a village.

Apart from the peer education leaders, the center youth workers, who play an major role in implementation of all center activities and training are full-time staff of the center, paid by the center operating budget. They will continue in that capacity, and will be able to continue to provide motivation, support, and monitoring to the peer educators as part of their work.

Management of the Budget for Peer Education

Budget management will be done by the Save the Children–UK center project adviser, peer education program advisor, and Save the Children–UK finance section, separately from the general center project budget. Any monies disbursed to the center will be done on an activity-specific basis to the accountant at the center and must be acquitted to Save the Children–UK on completion of the specific activity.

Total budget requested for June–December 2002 is US\$4,400.

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ANNEX G

HIV/AIDS Prevention in the Cross-Border Sister Cities of Savannakhet (Lao PDR) and Mukdaharn (Thailand)

Rationale

Savannakhet (population 120,000) and Mukdaharn (population 130,000) are both capitals of provinces of the same name that share roughly 80 km of river border. This is the only locale along a common border of 1,000 km that has two cities of such size in such direct proximity. These two cities have been chosen as the site for a new bridge that will connect Thailand to the new East-West corridor highway and Vietnam. Both cities are experiencing a rise in HIV that exceeds national averages. As described previously, present day mobility between Mukdaharn and Savannakhet is common, everyday, and extremely relaxed. Both populations share the same language and ethnic identity.

As described earlier, many Lao work in Mukdaharn. A disproportionate percentage of women working in bars and restaurants in Mukdaharn are from Lao PDR. As described earlier, an increasing number of Thai businessmen, truck drivers, traders, and officials pursue commercial sex across the border in Savannakhet where they seek a “newer” and “fresher” experience. Thai men frequent nightclubs in Savannakhet. Cultural familiarity is said to create a false sense of intimacy, trust, and safety regarding to the danger of HIV.

Mukdaharn is also a gateway to and from other destinations deeper in Thailand. Many Lao work in Mukdaharn for a year before they move into the bigger Thai cities farther inland. It is also the gateway for many thousands of Lao who return home during major festivals or during election times in Lao PDR.

Savannakhet and Mukdaharn are both “hot spots,” where there is a convergence of mobile populations, the rise of entertainment and sex establishments, and the tendency for HIV risk behaviors. Mukdaharn is both a destination as well as a transit city for mobile Lao populations in Thailand. Similarly, Savannakhet is both a destination and a transit city for mobile Thai populations in Lao PDR. Savannakhet and Mukdaharn are also source communities (Annex D).

Strategy

A rapid assessment would have to be conducted to assess the risk behaviors and networks of human interactions before selecting the target populations and developing a comprehensive three-pronged strategy that would include 1) adoption of safer sexual behaviors; 2) better access to condoms; and c) better diagnosis, treatment, and prevention of STIs. Behavior change interventions will be designed with the participation of the target populations.

A peer education approach will be used that will try to draw on the talents of the peer educators/youth counselors who were trained at the Youth Center in Vientiane and who could serve train the peer educators. The project will also help to develop the national capacity to implement behavior change programming. It will also draw on NCCA’s STD Unit to design and implement the STI service component. The project may also be able to participate in second-generation surveillance activities.

Activities on the Lao side of the border will be coordinated with other HIV/AIDS prevention programs, in particular the ADB’s Community Action for Preventing HIV/AIDS project, which will be implemented in three districts in Savannakhet among mobile populations, and the Lao Red Cross Youth Peer Education program, which targets villages along the Mekong border.

Possible Implementing Agencies

CARE International, Australian Red Cross, and World Vision are potential international partners with national counterparts on the Lao side of the border. The local NGOs AIDSNET, which has a branch office in Khon Kaen, and Siam-Care, which recently opened an office in Mukdaharn, are potential partners on the Thai side of the border. FHI, while it is not a registered international NGO in Lao PDR, could participate from its Asia regional office in Bangkok.