



# Sustaining the HIV Response in Lao People's Democratic Republic

HP+ POLICY *Brief*

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This is a critical time for the HIV response in Lao People's Democratic Republic (PDR). Donor resources for HIV in the country continue to decline. At the same time, the national program is committed to achieve its 95-95-95 clinical cascade goals by 2025. Reaching these goals translates to 95 percent of all persons living with HIV knowing their HIV status, 95 percent of all those who know their status on HIV treatment, and 95 percent of all who are on treatment having an undetectable viral load, meaning they are not able to transmit the virus. The Health Policy Plus (HP+) project—funded by the U.S. Agency for International Development (USAID) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR)—identified four key areas in Lao PDR's national HIV strategic response that must be addressed urgently for these 95-95-95 goals to be met and sustained (Box 1). Each of these steps is critical for the country in its journey to HIV program self-reliance and to meet its commitments to HIV testing, treatment, and care.

## Why act now?

Since the late 1980s, Lao PDR has demonstrated a desire to effectively and efficiently combat HIV in the country. The National Committee for the Control of AIDS was established in 1988 to oversee the response and the Ministry of Health's Center for HIV/AIDS and STIs is responsible for steering that response. Since the

### Box 1. Four Advocacy Priorities for Lao PDR

1. Expand domestic financing to ensure gradual transition from global donors to the national government.
2. Strengthen and improve routine information systems and periodic data reporting structures to effectively monitor and improve the HIV response.
3. Increase access to programs and services for HIV prevention, care, and treatment.
4. Maintain funding and support for civil society organizations to reach vulnerable people with HIV services.

early 2000s, a strong partnership has emerged among the Center for HIV/AIDS and STIs, the Lao Center for Disease Control, and in-country civil society organizations (CSOs). Two national strategy and action plans for HIV have been developed to guide response activities and define roles and responsibilities for key players. Due to the quick action to address the epidemic, Lao PDR has historically experienced low HIV prevalence. However, prevalence among key populations has remained high and has been concentrated around urban centers and border provinces. The Laotian government has committed to reaching the 95-95-95 goals by 2025. While the country is on its way to meeting these goals, there are four key components and improvements that are vital to determining the country's success in meeting these goals.

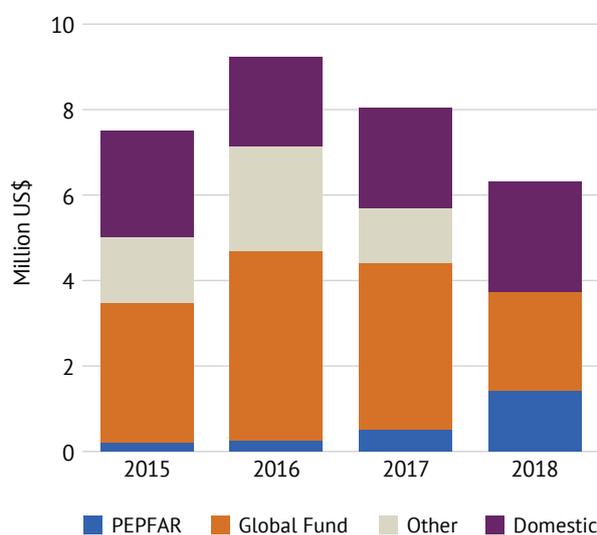


## Priority 1: Expand domestic financing to ensure gradual transition from global donors to national governments

The Ministry of Finance in conjunction with the Ministry of Planning and Investment, the Ministry of Health, and the Center for HIV/AIDS and STIs will need to prioritize and increase the pace of financial transition of HIV funding from international donors to government spending in the next **National HIV and AIDS Strategy and Action Plan** (covering 2021–2025). While overall health spending in Lao PDR is transitioning from external donors to government, the transition of health spending on HIV from external donors to government lags behind. Donors and the government contribute 18 percent and 38 percent, respectively, of the total health spending in the country, with out-of-pocket household expenses constituting the rest (HP+, 2019). In contrast, spending on HIV skews much more heavily toward donor funds. The next **National HIV and AIDS Strategy and Action Plan** should emphasize expediting the transition of national HIV funding to bring it into line with the transition of general health spending and to meet the 95-95-95 goals by the declared deadline (2025).

In 2018, the Lao PDR government and donor partners invested US\$3.9 million in HIV programs. According to analyses conducted by HP+, Lao PDR will need a total of US\$68 million to meet and sustain its stated 95-95-95 HIV targets between 2019 and 2030. This investment will require increases in funding beginning as soon as 2020.

**Figure 1. HIV Funding Sources in Lao PDR, 2015–2018 (in million US\$)**



## Priority 2: Strengthen and improve routine HIV information systems and periodic data reporting structures to effectively monitor and improve the HIV response

As transition progresses, the Ministry of Health and Center for HIV/AIDS and STIs will need to increasingly rely on up-to-date data on key disease and program indicators. This can be achieved by creating, improving, and integrating existing routine information systems and periodic data reporting structures into a standardized, uniform system based on the national DHIS2 platform.

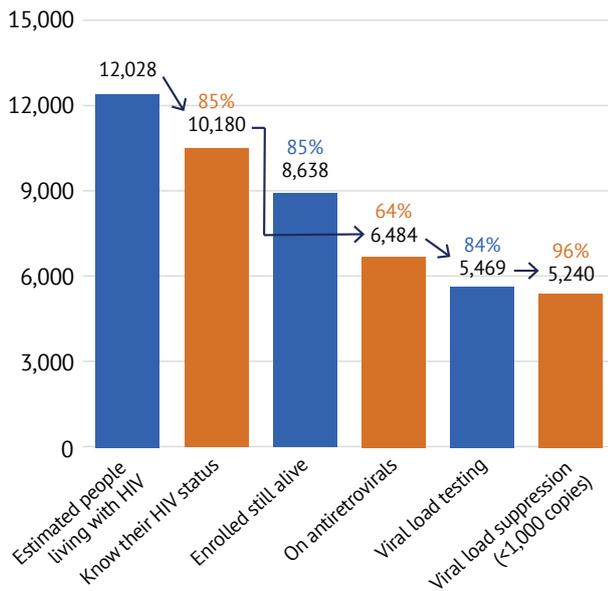
Maintaining a current view of program effectiveness through routine clinical and program data collection allows program planners to quickly react to the changing needs of people living with HIV and the trend of HIV in Lao PDR. This activity will enable the necessary evidence-based approach to effectively plan for program needs and to mobilize fundings. Furthermore, the new **National HIV and AIDS Strategy and Action Plan** should include clear guidelines and schedules for regular implementation of HIV surveys for all key populations, their adjacent communities, and targeted mobile populations.

## Priority 3: Increase targeted HIV prevention, care, and treatment programs and services

To achieve the 95-95-95 goals and maintain HIV epidemic control in Lao PDR, 86 percent of people living with HIV need to have an undetectable viral load. To reach this goal, all institutions and organizations that are part of the HIV response need to re-emphasize the importance of identifying HIV-positive persons through innovative testing, getting people living with HIV immediately into treatment following diagnosis, and then successfully maintaining daily treatment for life (with success defined as an annual undetectable viral load diagnosis). In addition, the country needs to strengthen its clinical treatment services to anticipate patient demand in priority populations, indicated by geographic, epidemiological, and vulnerability data.

As noted in Figure 2, 85 percent of estimated people living with HIV know their HIV status and of those, 51 percent have achieved viral load suppression. To improve the HIV treatment

**Figure 2. HIV Testing and Treatment Cascade as of 2018**



Source: Center for HIV/AIDS and STIs

cascade, there is a need to support government, CSO partners, and service providers to effectively identify and enter newly identified people living with HIV into treatment. This need requires service providers to implement up-to-date HIV treatment protocols (test and start, viral load monitoring, etc.). Providers can accomplish this by institutionalizing structures and systems for monitoring and enforcement of HIV standards of care, protocols, and quality service standards and guidelines.

#### **Priority 4: Maintain funding and support for civil society organizations to reach vulnerable people with HIV services**

As the transition continues for financing Lao PDR's HIV response, donors will need to focus more of the declining funds available to fund the work of local CSOs. CSOs have been a vital part of Lao PDR's HIV response, particularly with respect to key populations. However, they are almost exclusively reliant on external donor funding. Both government program and CSO leaders agree that CSOs play an important and mutually supportive role in the national response. The foundation between the Center for HIV/AIDS and STIs and CSOs as partners in the national HIV response is strong, having developed over almost two decades. As the national program continues to improve its reach and effectiveness relative to the 95-95-95

national HIV treatment cascade targets, CSOs are a necessary partner to reach key populations with prevention education, identify people living with HIV among key populations and adjacent groups, and support treatment adherence among them (Box 2).

The need to find solutions to the challenge of funding partnerships with CSOs beyond external partner support is of increased concern. Recent evidence indicates HIV prevalence rates are increasing among key populations while HIV knowledge is low. Key informants cite the need for capacity building on resource mobilization (e.g., funding market scanning and tracking, proposal writing) as key to overcoming this CSO sustainability challenge. Other assessments of CSOs have noted the importance of strengthening financial management skills and tools to effectively manage more diverse funding sources (ADB, 2018). The current National HIV and AIDS Strategy and Action Plan acknowledges the need for the national HIV program to support efforts to increase capacity of and secure a sustainable role for CSOs. It is also important that a clear role for CSOs be articulated in the new strategy and action plan and for CSOs to be part of the process for planning and producing that new national blueprint.

### **Box 2. Key Interventions and Programs Performed by CSOs**

- Support for people living with HIV and affected population groups
- Behavior change communication and other educational programs
- Identification of new people living with HIV through innovative testing approaches
- Connect people living with HIV with treatment centers
- Engagement in national strategic planning and Country Coordinating Mechanism implementation

## How can stakeholders achieve and monitor progress on these priorities?

**Use existing monitoring tools.** In 2015 and 2017, reports containing analyses using the Sustainability Index Dashboard—developed by PEPFAR—documented Lao PDR’s progress toward a sustained HIV program across four domains: 1) governance, leadership, and accountability; 2) national health systems and service delivery; 3) strategic investments, efficiency, and sustainable financing; and 4) strategic information. The continued use of the dashboard to monitor progress is encouraged.

**Use the sustainability roadmap.** In consultation with national stakeholders, HP+ completed a transition readiness assessment in 2019. This assessment drew heavily from the 2015 and 2017 Sustainability Index Dashboards, evaluating holistically the progress that Lao PDR has made in combating HIV. As noted previously, the assessment found that donor funds for HIV have started declining and concluded that Lao PDR needs to transition to country ownership. In particular, the report notes that private sector and civil society are limited in their participation in the epidemic response. As a follow-on to the report, HP+ created a sustainability roadmap (2019–2030) that identified 10 challenges across the four Sustainability Index Dashboard domains. For each challenge, the roadmap pinpoints mitigating actions and implementation steps.

Using these and other health sector and broader development tools and assessments in Lao PDR can help the government and its stakeholders find synergies to ensure a sustained, country-owned and country-financed HIV response.

**Integrate sustainability.** Stakeholders should integrate sustainability monitoring into routine Country Coordinating Mechanism management,

grantmaking, and monitoring processes. In addition, stakeholders should include priority interventions in Lao PDR’s next strategic plan for HIV (2021–2025), as well as other health, financing, and development documents. The country will soon initiate processes to develop two new important health sector policy documents that will guide strategic priorities and resource allocation for the next five years, years that are critically important to the HIV program’s transition and sustainability. The current national health sector development plan expires in 2020 and will be replaced with a new five-year plan covering 2021–2025. In addition, a Phase III National Health Sector Reform Strategy, also covering the 2021–2025 period, will soon be launched. The Center for HIV/AIDS and STIs and other partners and stakeholders can and should use information from HP+’s transition assessment report as inputs for development of these national health sector policy documents to ensure that the needs of the national HIV response are well reflected and incorporated.

## References

Asian Development Bank (ADB). 2018. *Lao Health Sector Assessment*.

Health Policy Plus (HP+). 2019. *Transition Readiness Assessment for the Lao PDR National HIV/AIDS Response*. Washington, DC: Palladium, HP+.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2019. *Country Report, Gap Assessment and Ways Forward: The HIV Epidemic in Lao PDR and Field Assessment*.

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