Country Report

Lao People's Democratic Republic

National Committee for the Control of AIDS

Reporting period: January 2003 – December 2005

Status at a glance

The government of Lao People's Democratic Republic (Lao PDR) has taken action to prevent the epidemic of HIV/AIDS in the country even before the identification of first case of HIV infection in 1990 and the first person with AIDS in 1992 (NCCA established in 1989). Since then, many HIV prevention projects/programmes have been implementing countrywide. Efforts to fight against HIV epidemic, including STI prevention and treatment, behavioural change communication intervention, peer education, life skills training in school, community based interventions, the 100% condom use programme and other measured approaches have been integrated into general development programmes. On the other hand, capacities on management, coordination, monitoring and evaluation, and research (surveillance, KAP survey, BSS) of NCCA staff are improved. In recent years, Lao PDR has witnessed the appearance of a number of participatory programmes for discussing HIV/AIDS and related issues and supporting those affected or at risk. Many government sectors and international partners have been involved in prevention and some in curative programmes. As a result, overall, the Lao PDR remains a low prevalence country in Asia and in the world as well. While HIV/AIDS has reached higher prevalence levels in neighbouring countries, the risk of rising prevalence in the Lao PDR is heightened due to low levels of HIV/AIDS awareness of some vulnerable groups and limited access to services (information, condoms, voluntary testing, counselling and care). Social, cultural, economic and other factors such as poverty and drug abuse further enhance HIV vulnerability of the Lao PDR. Moreover, capacity gaps for the government and its development partners will also contribute to the acceleration of HIV infection in the country.

Overview of the AIDS epidemic

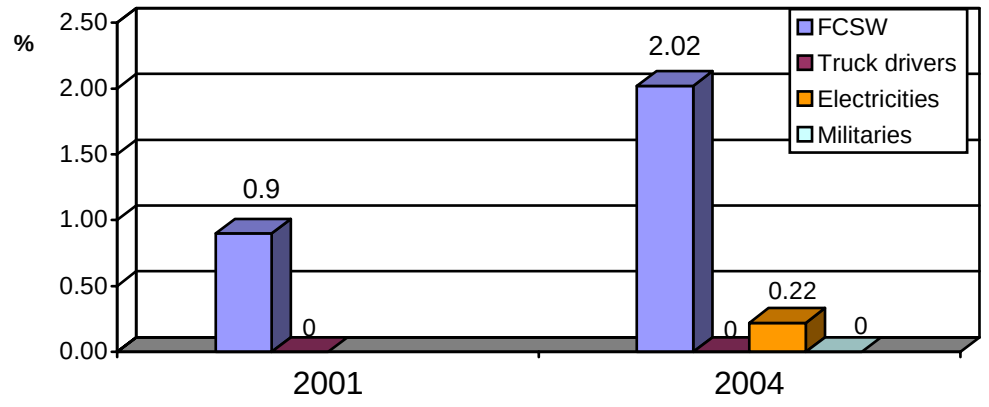
Overall, the Lao PDR remains a low prevalence country with an estimated 0.08% HIV seroprevalence[1] in the adult population. At the end of 2004, the official cumulative number of people identified with HIV positive was 1470. Of whom, 279 were known to be living with AIDS (among these, 191 were under ARV treatment). 556 had already died. 62% of reported HIV cases were male and 38% female. More than 50% of those infected are between 20 and 39 years old. A main mode of HIV transmission is result from unprotected heterosexual intercourse, which accounted more that 83%.

However, these figures are believed to be inaccurate (under reported) and not reflect the real situation of the current epidemic. It is observed that the number of officially registered AIDS related deaths is much higher than the estimated number of people dying of AIDS based on the above estimated prevalence. This would mean that either a group with a relatively high HIV prevalence was not captured in the national surveillance, and/or that the epidemic in the Lao PDR started much earlier as assumed. The latter would point to labour migrants to neighbouring, which is a group that has limited data available, may have brought HIV back to Laos in the early 90s.

[1] WHO/UNAIDS 2004, CHAS 2005

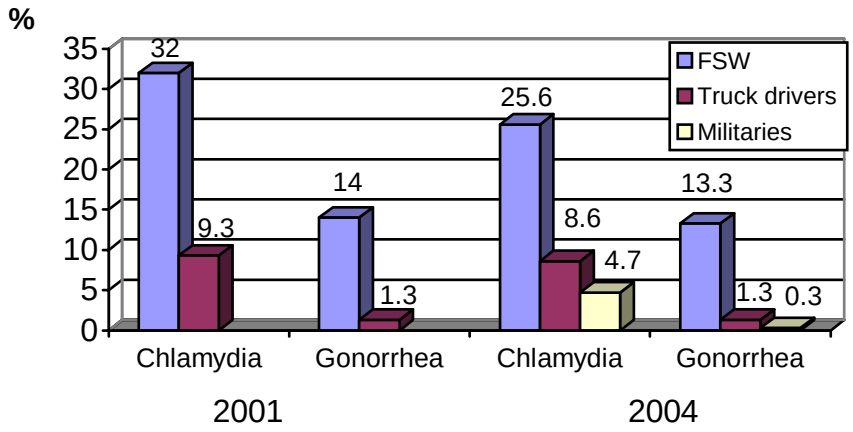
There is recently an increasing concern about the possibility of a concentrated epidemic among vulnerable groups, especially among sex workers and their clients. Although HIV prevalence remains almost invisible in the surveyed male population who are considered as a potential client of sex workers, HIV sero-prevalence among sex workers had increased from 0,9% in 2001 to 2,02% in 2004 (see figure 1). Of these, the prevalence has reached 3.3% and 4% in some provinces. Increasing HIV infection among sex workers can be seen as alarming of take-off point for an epidemic in this country. As experiences in many countries, the emergence of HIV among sex workers could lead to a wave of infections from them to their clients and ultimately lead to increase HIV vulnerability of population groups usually not considered as "at risk" such as housewives and children.

Figure1. HIV prevalence among female sex workers and male populations



In addition, findings from the national surveillance show that STI prevalence among sex workers and male population is still high (see figure 2). Consumption of commercial sex in the last twelve months was highest among truck drivers and electricity workers (40% and 39% respectively) followed by police (32%) and military (19%). This reflects that unsafe sex among vulnerable groups have been continuously practised.

Figure 2. STI prevalence among sex workers and male population



There are several factors, which may either mask a higher HIV prevalence, or may contribute to an accelerated spread of the epidemic. Low levels of awareness, limited access to prevention and protection, including condoms, heighten the risk of rising prevalence of HIV/AIDS in the Lao PDR. As the country's economic and social conditions change, mobility and migration among Lao population, especially young people, is increasing. Lao men's travel for employment within and outside the country is common. They are potential clients of sex workers, creating the bridge between sex workers and the general population, for example housewives. Young people become increasingly exposed to risk behaviours, have limited access to reproductive health information and tend to experiment without being aware of the risks. Increased textile industry attracts young women from rural areas to move to urban areas for job opportunities. Therefore, they can be vulnerable to sexual exploitation by getting involved in entertainment services and some of them may involve in commercial sex for supplementary income. Use of recreational drug use is rapidly expanding. Amphetamine Type Stimulants (ATS) are the drug of choice, but increase of injecting drug use is anticipated. Alcohol also plays a significant role in the spread of HIV, particularly in relation to commercial sex and condom use. The findings from the second round of national surveillance showed strong relationship between alcohol consumption and unsafe sex. Existing values, norms and beliefs make it difficult to address certain groups' needs, such as ethnic minorities, men who have sex with men and drug users, and increase their vulnerability.

National Response to the HIV epidemic

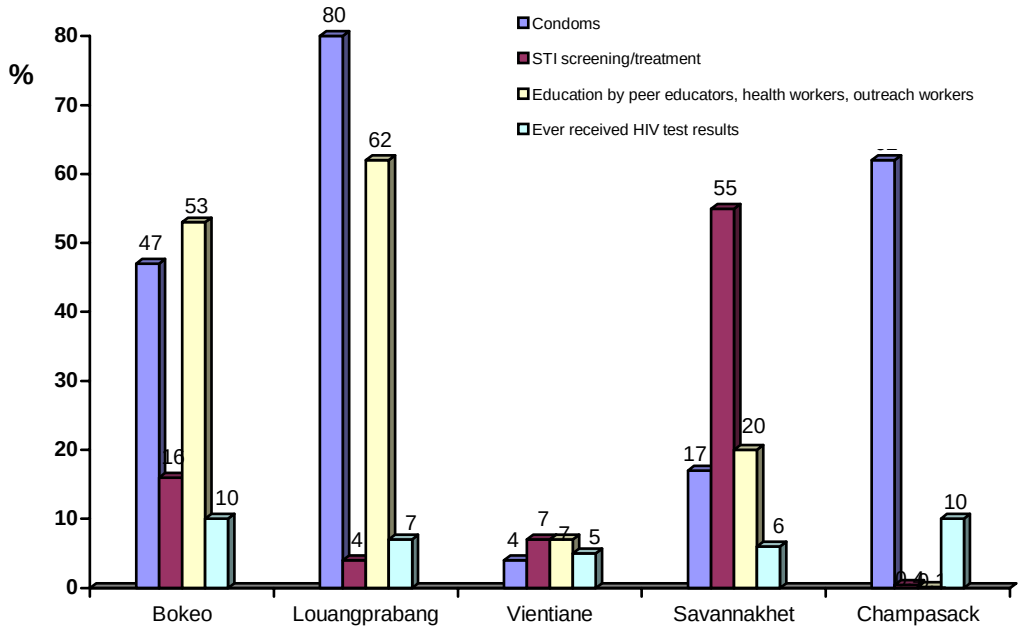
Since 2003, the Government and its partners have made many significant progresses in responding to HIV epidemic. The National Strategic and Action Plan for 2002-2005 have been implemented and many areas have reached its objectives. Second round of national surveillance was conducted in 2004. Many activities are in places for the vulnerable groups and general population, such as STI prevention and treatment, behavioural change communication intervention, peer education, life skills

training in school, community based interventions and other measured approaches. The 100% condom use programme has been implemented in three provinces. HIV/AIDS has been integrated into general development programmes. Awareness and open discussion on HIV/AIDS and sensitive issues are increased among the politicians and general public.

However, those interventions have not managed to change people's behaviour effectively. The number of sex workers and their clients is increasing, while consistent condom use remains low, even decreasing. According to the national surveillance, mean number of clients during one year of sex workers has increased from 19 in 2000 to 79 in 2004, while percentage of service women who report consistent condom use has decreased from 72.7% to 54.4%, respectively (see figure 3).

Although between 2001 and 2004 the overall response to the epidemic improved considerably, the number of sex workers and other male groups reached with comprehensive interventions is still low, and none of the surveyed provinces achieved a full package of HIV services for service women (see figure 4). Prevention and treatment are still unbalanced and continuum of care is limited. Only one site (Savannakhet province) provided care and support services, including antiretroviral therapy. Clearly a comprehensive strategy and approach to address the vulnerable groups and an expansion of care and support services is needed to stabilize the epidemic.

Figure 4. Percentage of Sex Workers reached a full package of HIV services by province



Major challenges faced and actions needed to achieve the goals/targets

As described above, there are many factors that can influence the increase of HIV transmission in Lao PDR. Unless strong leadership and commitment of the government are made to scaling up a comprehensive response to the epidemic, the window of opportunity to contain and reverse the epidemic would be closing. The country would have only choice left is between a concentrated and generalized epidemic.

A progress of implementation of the current national strategic and action plan was reviewed and key constraints for programme and management areas have been identified, such as:

Programme Areas

- Most of the prevention, care and treatment programmes are pilot initiatives and reach only a small portion of target populations
- Comprehensive interventions reach only a fraction of the population in need.
- There are no or limited interventions for certain vulnerable groups, such as labour migrants, drug users and men who have sex with men
- Implementation capacity remains low at all levels
- Research information is not effectively shared and applied by different partners

Management Areas

- Involvement of the civil society and private sector is still very limited
- Coordination of HIV/AIDS/STI programmes and activities is insufficient
- High-level, multisectoral political commitment needs to be strengthened
- Terms of Reference of the NCCA members have not been finalized
- Lack of skilled personnel, frequent turn over and workload prevent many people who have been trained from implementing and utilizing what they have learned.
- Follow-up of benefits of trainings is weak
- There is no functioning M&E system for the National Response
- Resource deficits as regards both human and financial resources.

Based on previous achievements, key constraints and new challenges, in order to respond effectively to the epidemic, following priorities have been identified in a new National Strategic and Action Plan for the year 2006 – 2010.

1) Reaching full coverage of targeted and comprehensive interventions in prioritized provinces/districts in a phased approach.

   Full coverage, both in terms of quantity and quality needs to be achieved to impact on the epidemic of HIV/AIDS/STI. However, regarding to quantity, the new national strategy has defined a reach of 90% as full coverage. Moreover, the quality of interventions has played a crucial role in the process of behaviour change. For project/programme to have higher achievement, quantity of interventions only would have very little impact. In order to ensure that needed results, many "essential elements" were defined and implemented. For instance, the treatment of STI for sex workers should be integrated with condom provision and behaviour change interventions and a systematic monitoring and evaluation of such interventions.

   In addition to the quantity and quality of interventions, the project/programme should be well targeted on the groups most at risk or the vulnerable groups whose lifestyles, social or professional context and behaviour make them most vulnerable to HIV/AIDS/STI. In Lao PDR, number of groups and communities considered as "vulnerable" are SWs and their clients, mobile populations, drug users, men who have sex with men and vulnerable youth.

   Regarding the comprehensiveness, the biggest impact on epidemic will be achieved through an expanded coverage of prevention and care interventions. The Lao PDR's national strategy aims at providing a balance mix of prevention and care in the selected priority provinces and districts. This means that additional to targeted interventions for the groups most at risk, it would also include interventions targeting vulnerable youth, workers and communities surrounded, provision of VCT, and essential care and support services including anti-retroviral therapy.

2) Establishment of an enabling environment for an expanded response at all levels.

The enabling environment is comprising of the issue of commitment, leadership, and local ownership. Lao PDR national strategy seeks to increase the understanding of decision-makers and communities, especially the most vulnerable groups to be actively involved in the response. To do so, a broader base of commitment will be established and ultimately facilitated the implementation of the strategy. Evidence based information will be used to facilitate the needed political and local environment, and to provide, if needed, the legal framework for action.

3) Increased data availability to monitor both the epidemic and the response (strategic information).

Similar to many developing countries, to date, data availability is still problematic. The national strategy recognizes the need for quality strategic information for better planning, monitoring and evaluation of the progress and constraints of interventions. Therefore, through a prioritised and coordinated research agenda, Lao PDR will improve second generation surveillance, improve data analysis and dissemination, and establish of a response database.

4) Capacity building of implementing partners at all levels.

In order to both expand the number of implementing partners and to improve the quality and coverage, strengthening the implementation capacity is seen as one priority area in the new strategy. Lao PDR will provide financial resources to procure technical assistance for training activities and exchange of knowledge and experience.

5) Effective management, coordination, and monitoring of the expanded response

To shift from individually funded "projects" to a "programme", from outputs to results orientation, from donor interest to national priority, from capacity building of central structures to strengthening of implementation capacity, and from health sector response to a multi-sectoral approach, it will require time and resources. For effective management, coordination, and monitoring of the expanded response, the Lao PDR HIV/AIDS/STI will:

- Support and strengthen the leading role of government and the MOH as the technical line ministry, to regularly review policy and strategy, monitor and evaluate the programme, including quality assurance and quality control of epidemiology and surveillance, involvement of other government structures, e.g. other line ministries, and coordination;
- Provide the flexibility, accountability and results oriented management of larger programme at the central and the decentralized levels;
- Establish new partnerships at all levels to fight the epidemic;
- Support decentralization and integration at community level;
- Increase responsiveness, and
- Provide the basis for sustainability through the involvement of private sector and civil society.

Support required from country's development partners

The Lao PDR 's National AIDS Programme has taken a multi-sectoral approach and works with an increasing number of partners, national and international. At the central level, the National Committee for the Control of AIDS (NCCA), which is chaired by the Minister of Health, has recently been reorganized and consists of 14 members/ internal partners from 12 line ministries and mass organizations. On the other hand, the UN has committed to support a clear and integrated national HIV/AIDS response aimed at preventing the spread of HIV infection and minimizing its socio-economic impact. The internal partners, as mostly are the implementing agencies have its roles to overcome the HIV/AIDS challenges to sustain political commitment and mobilize sufficient resources, internal and external, despite many other pressing problems, strengthen coordination with donors, international NGOs and private sector to integrate HIV prevention into different development and health programmes; increase their capacity for effective management and implementation of programmes, strengthen the national monitoring and evaluation system; build community resilience through different mass organization programmes e.g. youth, Lao women's union, trade union, etc. encourage open discussion on sensitive issues such as sexual behaviour, and problems in marginalized groups, including homosexuals, sex workers, and drug users. The external partners, including UN and NGOs, under their common framework, based on its own comparative advantages and areas of expertise should follow the UN and Development Partners' Response to HIV/AIDS Epidemic in the Lao PDR to:

- Build resilience in youth communities including in and out of school youth;
- Reduce vulnerabilities migrant labourers and their families;
- Strengthen managerial and human resource capacities of national counterparts;
- Strengthen strategic information collection and management;
- Advocate for leadership, ownership, participation of key decision makers, politicians and executives;
- Enhance participation and empowerment of PLWHA and support care and supporting activities.

Monitoring and evaluation environment

As cited in the major challenges, there is no functioning M&E system in the programme management yet. The mid-term review of the UN joint plan of action and common strategy on HIV/AIDS/STI, 2003, done by the UN Theme Group on HIV/AIDS in Lao PDR also discussed about this, but to date, the M&E system is still weak. The National Composite Policy Index has also shown that not much effort has been paid to this activity yet, although some elements of the M&E have been told to be conducted and been used, e.g. AIDS case reporting, CSW's KAP survey, BBS and so forth.

According to the National Strategic and Action Plan on HIV/AIDS/STI, 2006 – 2010, and the current situation, there is a need for:

- Establishing a M&E "One" system at central level to collect all information related to HIV/AIDS/STI activities;

- Strengthening M&E capacity of targeted provinces/districts through training on M&E methodology and data analysis and report;
- Integrating M&E activity as a part of the overall management of the operational plan;
- Ensuring that the yearly operational plans are based on M&E results;
- Maintaining the Management Information System (MIS), and using it as reference for better planning to response the HIV/AIDS/STI epidemic in Lao PDR.

Annex 1: Consultation/preparation process for this national report

Following a guideline of UNAIDS on monitoring the progress of Declaration of Commitment on HIV/AIDS (UNGASS) and recommendation of EVA Director, the Centre for HIV/AIDS/STI (CHAS), supported by UNAIDS Lao PDR and UNAIDS RST has sent two representatives to attend a CRIS Data Entry for UNGASS Reporting Workshop between 9-11 November 2005 in Bangkok, Thailand. After the workshop, the CHAS has developed a plan for data collection and recruited a local consultant to provide technical assistance in preparing a report, with the following procedures:

- Reporting the Workshop's results to the CHAS and MOH
- Planning for data collecting procedure, 3rd week of November
- Collecting and entering data into CRIS database, 3rd - 4th week of November
- Reviewing and analysing the data and information obtained from different institutions, 1st week of December.
- Compiling information from NASA and NCPI, 2nd week of December
- Preparing draft report, 3rd week of December
- Consensus meeting (combined with NASA and API) with participation of national and international partners, 23rd December. Twenty six participants, including national and international partners and two representatives attended the meeting.
- Finalizing the draft report, 4th week of December
- Submitting the final draft of report to Ministry of Health for endorsement, 4th week of December
- Submitting the final draft of report to UNAIDS Geneva, by the end December

Acknowledgements

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- The UNAIDS for funding support to attend the CRIS … workshop, and hiring local consultant in the assistance on preparation of report;
- The CHAS for valuable advices and facilitations;
- Government and international partners for the provision of necessary documents, participation in consensus meeting, and for their comments;
- The references from:
    - Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators, UNAIDS, July 2005;
    - United Nations Common Country Assessment, Lao PDR, final draft, December 2005;
    - UN and Development Partners' Response to HIV/AIDS Epidemic in the Lao PDR;
    - Matrix of Suggested HIV/AIDS Priorities for UNTG;
    - Migration to Thailand and its potential contribution to an HIV epidemic in Lao PDR;
    - Behavioural Surveillance Survey, Lao PDR, 2000-2001;
    - National Strategic and Action Plan on HIV/AIDS/STI, 2006-2010, July 2005;
    - AIDS Programme Index (API) Survey, 2005;
    - National HIV/AIDS/STI Policies, 2001.

Annex

UNGASS Indicators

Indicator		Data Origin	Period	Value
Percentage of Electricity Workers reached with HIV-prevention programmes	(All)	Lao PDR	2004	88.69%
	(<20)		2004	0.00%
	(20-24)		2004	78.37%
	(25+)		2004	89.26%
Percentage of Electricity Workers who are HIV-infected			2004	0.22%
Percentage of Electricity Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission			2004	93.26%
Percentage of Electricity Workers who received HIV testing and who know the results			2004	4.48%
Percentage of Militaries reached with HIV-prevention programmes	(All)		2004	77.49%
	(<20)		2004	65.23%
	(20-24)		2004	74.54%
	(25+)		2004	83.13%
Percentage of Militaries who are HIV-infected			2004	0.00%
Percentage of Militaries who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission			2004	86.62%
Percentage of Militaries who received HIV testing and who know the results			2004	1.46%
Percentage of Polices reached with HIV-prevention programmes	(All)		2004	90.53%
	(<20)		2004	100.00%
	(20-24)		2004	89.74%
	(25+)		2004	90.69%
Percentage of Polices who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission			2004	93.62%
Percentage of Polices who received HIV testing and who know the results			2004	3.22%
Percentage of Sex Workers who received HIV testing and who know the results			2004	8.91%
Percentage of Truck Drivers reached with HIV-prevention programmes	(All)		2004	78.24%
	(<20)		2004	45.00%
	(20-24)		2004	53.33%
	(25+)		2004	83.97%

Percentage of Truck Drivers who are HIV-infected		2001	0.00%
		2004	0.00%
Percentage of Truck Drivers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		2004	92.59%
Percentage of Truck Drivers who received HIV testing and who know the results		2004	3.51%
Percentage of Water Pipe System Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		2004	94.73%
CLPE4 : Percentage of Sex Workers reached with HIV-prevention programmes	(All)	2004	70.67%
	(<25)	2004	69.76%
	(25+)	2004	75.92%
CLPE5 : Percentage of Sex Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		2004	20.49%
CLPE5 : Percentage of Sex Workers Clients who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		2004	44.66%
CLPE6 : Percentage of female and male sex workers reporting the use of a condom with their most recent client	(All)	2000	47.51%
	(Females)	2000	59.94%
	(Males)	2000	0.00%
	(All)	2004	83.16%
	(Females)	2004	88.93%
	(Males)	2004	58.79%
CLPE9 : Percentage of Sex Workers who are HIV-infected		2001	0.73%
		2004	2.02%

NCPI

Indicator	Data Origin	Period	Value	
NCPI-A-I-1 : Country has developed a national multi-sectoral strategy/action framework to combat HIV/AIDS	Lao PDR	2005	Yes	
NCPI-A-I-2 : Country has integrated HIV/AIDS into its general development plans		2005	Yes	
NCPI-A-I-3 : Country has evaluated the impact of HIV and AIDS on its economic development for planning purposes		2005	Yes	
NCPI-A-I-4 : Country has a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services, military, peacekeepers and police		2005	Yes	
NCPI-A-I-R : Strategy planning efforts in the HIV and AIDS programmes overall Rating		2003		7
		2005		9
NCPI-A-II-1 : The head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year		2005	Yes	
NCPI-A-II-2 : Country has a national multisectoral HIV and AIDS management/coordination body recognized in law? (National AIDS Council or Commission)		2005	Yes	
NCPI-A-II-3 : Country has a national HIV and AIDS body that promotes interaction between government, people living with HIV, the private sector and civil society for implementing HIV and AIDS strategies/programmes		2005	No	
NCPI-A-II-4 : Country has a national HIV and AIDS body that is supporting coordination of HIV-related service delivery by civil-society organizations		2005	No	
NCPI-A-II-R : Political support for the HIV/AIDS programme overall rating		2003		6
		2005		8
NCPI-A-III-1 : Country has a policy or strategy that promotes information, education and communication (IEC) on HIV and AIDS to the general population		2005	Yes	
NCPI-A-III-2 : Country has a policy or strategy promoting HIV and AIDS related reproductive and sexual health education for young people		2005	Yes	
NCPI-A-III-3 : Country has a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk populations		2005	Yes	
NCPI-A-III-4 : Country has a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities. (These commodities include, but are not limited to, access to confidential voluntary counselling and testing, condoms, sterile needles and drugs to treat sexually transmitted infections.)		2005	Yes	
NCPI-A-III-R : Policy efforts in support of prevention overall		2003		6

rating			
	2005		8
NCPI-A-III-5 : Prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy	2003	Yes	
	2005	Yes	
NCPI-A-III-R2 : Efforts in the implementation of HIV prevention programmes overall rating	2003		7
	2005		8
NCPI-A-IV-1 : Country has a policy or strategy that promotes information, education and communication (IEC) on HIV and AIDS to the general population	2005	Yes	
NCPI-A-IV-2 : Activities have been implemented under the care and treatment of HIV and AIDS programmes	2003	Yes	
	2005	Yes	
NCPI-A-IV-R : Efforts in care and treatment of the HIV/AIDS programme overall rating	2003		4
	2005		6
NCPI-A-IV-3 : Country has a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)	2005	Yes	
NCPI-A-IV-R2 : Efforts to meet the needs of orphans and other vulnerable children overall rating	2003		2
	2005		4
NCPI-A-V-1 : Country has one national Monitoring and Evaluation (M&E) plan	2005	Yes	
NCPI-A-V-2 : The Monitoring and Evaluation plan includes something	2005	Yes	
NCPI-A-V-3 : There is a budget for the Monitoring and Evaluation plan	2005	Yes	
NCPI-A-V-4 : There is a Monitoring and Evaluation functional Unit or Department	2005	Yes	
NCPI-A-V-5 : There is a committee or working group that meets regularly coordinating Monitoring and Evaluation activities	2005	In Progress	
NCPI-A-V-6 : Individual agency programmes have been reviewed to harmonize Monitoring and Evaluation indicators with those of your country	2005	Yes	
NCPI-A-V-7 : Degree (Low to High) to which UN, bi-laterals, other institutions are sharing Monitoring and Evaluation results?	2005		6
NCPI-A-V-8 : The Monitoring and Evaluation Unit manages a central national database	2005	No	
NCPI-A-V-9 : There is a functional Health Information System	2005	Yes	
NCPI-A-V-10 : There is a functional Education Information System	2005	Yes	
NCPI-A-V-11 : Country publishes at least once a year an evaluation report on HIV and AIDS, including HIV surveillance reports	2005	Yes	

NCPI-A-V-12 : Extent to which strategic information is used in planning and implementation?	2005		8
NCPI-A-V-13 : In the last year, training in Monitoring and Evaluation was conducted	2005	Yes	
NCPI-A-V-R : Monitoring and evaluation efforts of the HIV and AIDS programme overall rating	2003		6
	2005		7
NCPI-B-I-1 : Country has laws and regulations that protect people living with HIV and AIDS against discrimination	2005	No	
NCPI-B-I-2 : Country has non-discrimination laws or regulations which specify protections for certain groups of people identified as being especially vulnerable to HIV and AIDS discrimination	2005	No	
NCPI-B-I-3 : Country has laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations	2005	No	
NCPI-B-I-4 : The promotion and protection of human rights is explicitly mentioned in an HIV and AIDS policy/strategy	2005	Yes	
NCPI-B-I-5 : The Government has, through political and financial support, involved vulnerable populations in governmental HIV-policy design and programme implementation	2005	Yes	
NCPI-B-I-6 : Country has a policy to ensure equal access, between men and women, to prevention and care	2005	Yes	
NCPI-B-I-7 : Country has a policy to ensure equal access to prevention and care for most-at-risk populations	2005	Yes	
NCPI-B-I-8 : Country has a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)	2005	No	
NCPI-B-I-9 : Country has a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee	2005	Yes	
NCPI-B-I-10 : Country has monitoring and enforcement mechanisms	2005	Yes	
NCPI-B-I-11 : Members of the judiciary have been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work	2005	Yes	
NCPI-B-I-12 : Legal support services are available in the country	2005	Yes	
NCPI-B-I-13 : There are programmes designed to change societal attitudes of discrimination and stigmatization associated with HIV and AIDS to understanding and acceptance	2005	Yes	
NCPI-B-I-R : Policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS overall rating	2003		5
	2005		6
NCPI-B-I-R2 : Effort to enforce the existing policies, laws and regulations overall rating	2003		6
	2005		7

NCPI-B-II-1 : Extent to which civil society has made a significant contribution to strengthening the political commitment of top leaders and national policy formulation	2005		7
NCPI-B-II-2 : Extent to which civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV and AIDS or for the current activity plan (attending planning meetings and reviewing drafts)	2005		9
NCPI-B-II-3 : Extent to which the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports	2005		8
NCPI-B-II-4 : Country has conducted a National Periodic review of the Strategic Plan with the participation of civil society	2005	Yes	
NCPI-B-II-5 : Extent to which country has a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee in which people living with HIV and caregivers participate	2005		8
NCPI-B-II-R : Efforts to increase civil-society participation overall rating	2003		5
	2005		8
NCPI-B-III-1 : Prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy	2003	Yes	
	2005	Yes	
NCPI-B-III-R : Efforts in the implementation of HIV prevention programmes overall rating	2003		7
	2005		8
NCPI-B-IV-1 : Activities have been implemented under the care and treatment of HIV and AIDS programmes	2003	Yes	
	2005	Yes	
NCPI-B-IV-R : Efforts in care and treatment of the HIV/AIDS programme overall rating	2003		4
	2005		6
NCPI-B-IV-2 : Country has a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)	2005	Yes	
NCPI-B-IV-R2 : Efforts to meet the needs of orphans and other vulnerable children overall rating	2003		2
	2005		5