

Strategic Plan 2022-2030

(Final Draft)

**Association of People Living with HIV
Laos PDR (APL+)**

10 May 2022

TABLE OF CONTENTS
MESSAGE FROM APL+ CHAIR
ABBREVIATIONS/ACRONYMS
ACKNOWLEDGEMENTS
EXECUTIVE SUMMA

1. INTRODUCTION

2.

1. Country and national context, national development issues, socio-demographic indicators and progress towards MDGs/SDGs
2. HIV/Situation in Laos – trends, numbers of PLHIV, demographics, achievements towards 90-90-90
3. Treatment data and trends, Gaps
4. Stigma and Discrimination
5. Policy Environment
6. Financing the HIV response
7. COVID-19 and its effects
8. 2021 Political Declaration
9. HIV responses in Laos: Government, CSOs
10. APL+ – History and origins, current organizational description, achievements and funding for 2021

3. PURPOSE and METHODS

Purpose of the Plan
Methods and Principles

4. VISION 2030, MISSION and VALUES

5. STRATEGIC GOALS AND OUTCOMES (GOALS, STRATEGIC OBJECTIVES, ACTIVITIES)

GOAL 1: By 2025, PLHIV and key populations (KP) in Laos PDR will be able to access comprehensive health services

GOAL 2. Reduce stigma and discrimination experienced by PLHIV in health facilities and the community. Address self-stigma

GOAL 3. Improve access of PLHIV and vulnerable populations, particularly women and girls, to employment, livelihood and education opportunities and social security mechanisms.

GOAL 4: Build APL + organizational capacity for implementing the strategic plan, fund-raising, advocacy, partnerships and collaboration with other stakeholders, communications and influencing others

6. MONITORING AND EVALUATION FRAMEWORK

7. BUDGET REQUIREMENTS (SUMMARY)

8. ANNEXES

1. Documents Reviewed
2. Agenda and Participants at Stakeholder Consultation
3. M & E Template
4. Budget breakdown
5. MESSAGE FROM APL+ CHAIR (to follow)

ABBREVIATIONS/ACRONYMS

ART	Anti-Retroviral Treatment
APL+	Association of Positive People in Laos PDR
APN+	Asia-Pacific network of People living with HIV
CHAS	Center for HIV, AIDS and STIs
CHIAS	Community Health and Inclusion Association
CSO	Civil Society Organizations
FP	Funding Priority
GBV	Gender-Based Violence
GIPA	Greater Involvement of People Living with HIV
GNP	Global Network of People living with HIV
HCW	Health Care Workers
HDI	Human Development Index
INGO	International Non-Government Organization
KP	Key Populations
LTFU	Lost to Follow Up
MMD	Multi-Month Dosing
NCCA	National Committee for the Control of AIDS
PCCA	Provincial Committee for the Control of AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
SDG	Sustainable Development Goals
SHG	Self-Help Group
SIS	Stigma Index Survey
TRA	Transition Readiness Assessment
UNAIDS	Joint UN Program on HIV and AIDS
USAID	United States Agency for International Development
USCDC	US Centers for Disease Control
VCT	Voluntary Counseling and Testing
VL	Viral Load
WHO	World Health Organization

ACKNOWLEDGEMENTS

APL+ Strategic Plan 2022-2030 would not have been possible without the contributions and support of the following:

APL+ Executive Director Phanathanamith Seangpanya

APL+ Chair Mr. Korokan and APL+ Committee Members

Provincial Self-Help Group Leaders

APL Staff: Thitpathay Vararath, Khingkham Yangnawong

GNP+ Co-director, Gerard VanMourik; APN+ Director, Harry Prabowo, UNAIDS Philippines country director Dr. Louie Ocampo

Consultation Participants (12 April 2022) (in annex)

Duongchanch Xaymovong, US CDC/DDPHIS

Reviewers from UNAIDS RST, Oxford Policy Management (OPM)

Special thanks are due to the main writer and consultant, Dr. Vicente Salas; to Thongdeng Silakoune of UNAIDS Laos PDR, for his support, providing needed documents and updates, general oversight, supervision of the development of the strategic plan, and comments on the drafts; and Eduardo Nierras, for his assistance in facilitating group discussions, comments and suggestions on drafts, support in developing the fund-raising package and resource mobilization efforts. UNAIDS provided the funding for this strategic plan, through Oxford Policy Management, Inc.

EXECUTIVE SUMMARY

The purpose of this Strategic Plan (2022-2030) is to provide direction for the organizational development and strengthening of the Association of People Living with HIV in Laos (APL+) so that it can fulfill its vision for 2030, carry out its mission, and plan and implement strategies and activities to obtain desired results. This is APL+'s first long-term Strategic Plan.

The Introduction describes the current context – social and economic, health and HIV responses, trends towards 95-95-95, with the most recent epidemiological updates. The responses from government, in particular the Health Ministry and the Center for HIV, AIDS and STIs (CHAS), as well as Civil Society Organizations are described broadly. The expected funding challenges, some gaps, and COVID-19 impacts are described. The introduction also describes the history and development of APL+, its structure and reach, and current projects and achievements.

Relevant provisions of the Laos PDR National HIV strategy for 2022-2030, the UNAIDS goals for 2030, as well as the Sustainable Development Goals (SDGs), and “Leave No One Behind” served as guidance.

Through online consultations, the Vision, Mission, Goals, Outcomes, and Activities were developed in close collaboration with UNAIDS Laos. In line with the principle of GIPA, PLHIV, Self Help Group (SHG) members, some volunteers and APL+ staff were involved at every

step. Regional networks of PLHIV were also consulted. This took some time due to the need for more discussions, translations into Lao Language and disruptions due to COVID-19. The draft plan was presented to stakeholders by APL+ on April 12, via a “hybrid” consultation, and their suggestions were incorporated into the final version.

During the development of the Strategic Plan, APL+ reaffirmed its vision: ***“By 2030, all PLHIV in Laos have a better quality of life, equal rights in society and live without stigma and discrimination.”*** It emphasizes three points its Mission statement:

- To be involved with all aspects of HIV responses and services in Laos PDR, strengthen coordination and partnerships with the Lao government, CSOs, and other stakeholders to achieve 95-95-95 by 2025;
- (2) To advocate for the inclusion of PLHIV in all aspects of the health, education, economic and social security including COVID-19 and emergent infectious diseases responses in line with the SDGs, and
- (3) To represent the voices of PLHIV in Laos.

Four Goals were developed with a corresponding Strategic Objective, and a set of Activities for each goal.

- **GOAL 1:** By 2025, PLHIV and key populations (KP) in Laos PDR will be able to access comprehensive health services
- **GOAL 2.** Reduce stigma and discrimination experienced by PLHIV in health facilities and the community. Address self-stigma
- **GOAL 3.** Improve access of PLHIV and vulnerable populations, particularly women and girls, to employment, livelihood and education opportunities and social security mechanisms.
- **GOAL 4:** Build APL + organizational capacity for implementing the strategic plan, fund-raising, advocacy, partnerships and collaboration with other stakeholders, communications and influencing others

The Monitoring & Evaluation Plan and a Budget was also prepared. From 2022-2025, APL+ intends to raise approximately USD \$574,000 to implement the Strategic Plan.

Finally, A “Fund-Raising Package”, aimed at stakeholders, partners and donors, will represent APL’s achievements, potential, strategic directions and funding priorities for the coming years.

INTRODUCTION

Lao People’s Democratic Republic (PDR) is a landlocked country bordered by China, Vietnam, Cambodia, Thailand and Myanmar. The country is largely mountainous, with a land area of 236.800 square km. and a population density of 32 persons per square km. The population is estimated to be seven million, with the median age of 24.4 years, and predominantly rural (68%).

According to UNDP Laos, the main development challenge is ensuring that the benefits from high economic growth, averaging more than seven percent for the past years (prior to COVID), are evenly distributed and translated into inclusive and sustainable human development. Widening gaps between rich and poor, women and men, ethnic groups, and residents of different regions of the country need to be addressed if Lao PDR is to work towards achievement of all the SDGs. Lao PDR’s economic boom is driven primarily by foreign direct investment in natural resource extraction and hydropower. Ensuring that this is conducted in an environmentally sustainable way and that the revenues generated benefit everyone is critical for the development of the country. In a unique challenge to Lao PDR, the presence of unexploded ordnance (UXO) from the 2nd Indochina War continues to destroy lives and limits agricultural production and expansion especially in rural areas.

Between 1990 and 2015, substantial progress has been made in Human Development Index (HDI) indicators: life expectancy increased by 13 years, there are more years of school attendance; on average, Lao people now go to school over 3 years longer than in 1990, and the Gross National Income (GNI) per capita increased by over 200 percent between 1990 and 2015. Consequently, Lao PDR has seen steady improvement in its HDI value over time, making Lao PDR one of the HDI growth leaders in the medium human development category, where it currently sits. Lao PDR was ranked 138 out of 188 countries in the 2015 Human Development Report. As of 2018, Lao PDR has achieved eligibility to graduate from Least Developed Country status. Lao PDR meets the criteria in terms of Gross National Income per capita and the Human Assets Index. If Lao PDR sustains these development gains and meets the criteria again in 2021, it will be formally removed from the list of LDCs in 2024. (UNDP Laos)

According to the ADB/WB Country risk profile for Climate Change, Lao PDR is amongst the most vulnerable countries to projected climate change trends, as its communities face significant climate-related hazards that are exacerbated by poverty, malnourishment, and high exposure of poor and marginalized communities. Gender based violence (GBV) is also pervasive with 30% of ever married women reporting at least one of three major forms of violence¹ (2014) and the country is also prone to natural disasters.

Table: Lao PDR Summary socio-economic in		
Indicator	Value	Year
Total population	7.1 million	2018

¹ Lao National Survey on Women’s Health, 2014

Population growth rate	1.5% per year	2017
Population living in rural areas	68%	2019
Infant mortality rates	51 per 1000 live births	2015
Life expectancy at birth	64 (male), 67 (female)	2015
GDP per capita	US\$ 2,457	2017
Population below poverty line	23%	2015

Recent challenges to development and the COVID-19 pandemic

While Lao PDR made good development progress over the past twenty years, halving poverty, reducing malnutrition and improving education and health outcomes, economic growth has now slowed and there is a danger that some of the gains previously made could be reversed.

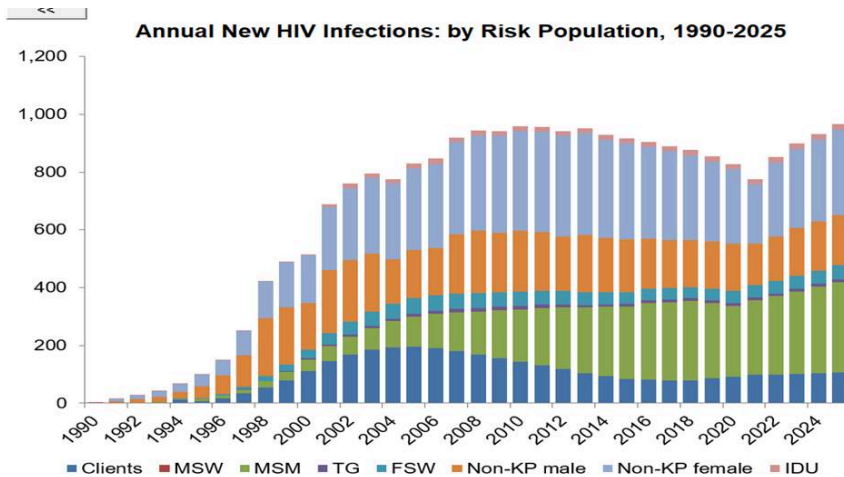
According to the World Bank, the growth of the past two decades was predominantly driven by large-scale investments in capital intensive sectors, particularly in mining and hydropower. However, these investments have failed to support job creation, and some have entailed considerable environmental costs. Moreover, public investment in the power sector has been mostly financed by external debt — often on commercial terms — gradually jeopardizing macroeconomic stability. The economic slowdown has been greatly exacerbated by the effects of the COVID-19 pandemic, which has highlighted how vulnerable Laos is to external shocks. Measures to contain the virus have resulted in job and livelihood losses and led to a further reduction in the government’s ability to collect revenue. Economic growth declined to an estimated 0.4% in 2020, the lowest level in three decades, and a second wave of the pandemic in 2021 has dented hopes of a rebound, with a growth rate of just 2.2% forecast for 2021. The country faces macroeconomic instability, with growing debt service obligations, heightened financial risks, and insufficient foreign exchange earnings.²

The HIV situation in Laos PDR

The country has done relatively well in HIV prevention and control, with a clear declining trend in the numbers of new infections from 2010-2020, though revised estimates made by CHAS in 2022 project a worrying increase (see figure below). It is estimated that there will be 800-1000 new infections per year, a 20% increase from 2020. Currently CHAS estimates there are an estimated 15500 PLHIV (0.003% of the adult population, or roughly one in 300). 6400 are females (41%). The epidemic seems to be concentrated in key populations – gay and other men who have sex with men, female sex workers, transgender women, and migrants/mobile populations, where sero prevalence is between 1 to 3%. There is little information on injecting drug use in Laos.

Projection HIV Population in Lao PDR

² <https://www.worldbank.org/en/country/lao/overview#1> (October 2021)

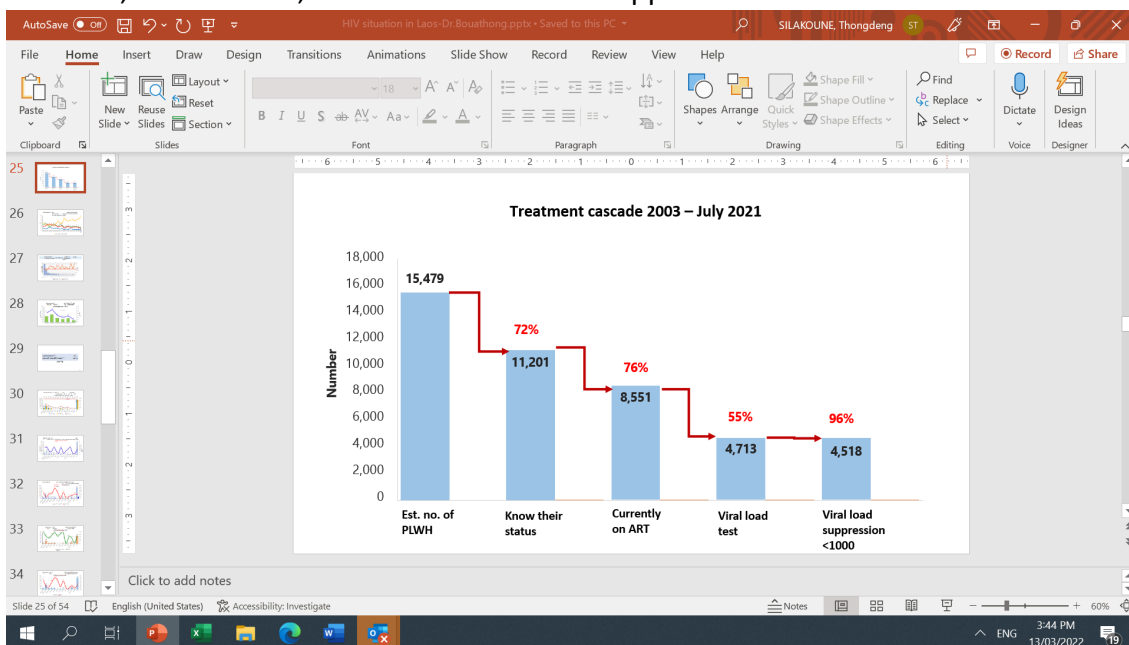


Treatment

Since 2015, Lao PDR has implemented a “treat all” policy of initiating ARV in all those diagnosed with HIV, regardless of CD4 counts; more efficient HIV testing and providing results on the same day. In 2018, there were 11 provinces (of 18) providing ART; this has now increased to 14.

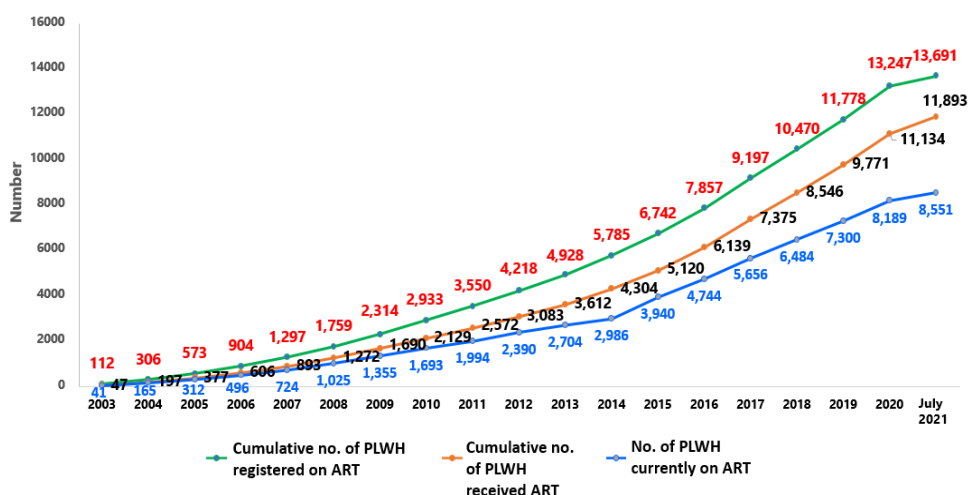
In 2017, about 50% of those starting treatment in a few provinces (Champasak and Luang Namtha) were in late-stage HIV infection (Stage 3 & 4); some treatment for OIs was not covered by National Health Insurance, and there were lower rates of adherence and compliance by certain segments of the population on treatment (such as migrant workers)³. ART Coverage has increased yearly.

According to CHAS data below, approximately 72% of the estimated number of PLHIV knew their status; of this, 76% (8551) are receiving treatment; 4713 (55%) had been tested for viral load, and of these, 4518 or 96% had viral suppression.



³ Gap Assessment of the HIV Response in Laos PDR. Consultant’s Report. UNAIDS TSM/Oxford Policy Management (2018)

Cumulative number of PLWH registered on ART 2003 to July 2021



As t with over 37% of those ever registered no longer on treatment (8551/13691 x 100). Key informants from APL think this is due to the limited ARV treatment centers, people’s poverty and distance from the treatment facilities, lack of transportation support, mobility and migration, the lack of systems that allow people to take their supplies from other centers apart from their home provinces, as well as stigma (from HIV, self-stigma and health worker stigmatization).

In addition, CHAS reports the following ART treatment data: Approximately 2/3 of those newly registered for ART do not start same-day treatment

Multi-Month Dosing/Same-day ART Initiation (CHAS report)

- 33% of new register for ART receive ARV drugs the same day
- 90% of stable patients received ARV drugs for 3-4 months
- 87% of PLWH on treatment have received TLD (Tenofivir, Lamivudine, Dolutegravir)
- 33% (3799 out 8778) of PLWH on treatment received ARV drugs through community ARV dispensing during the country lockdown due to COVID-19 pandemic

STIGMA AND DISCRIMINATION

High levels of Stigma persist

The last Stigma Index Survey (SIS) was done in 2012; over one in three (36%) of PLHIV said they avoided going to a clinic because of their HIV status. The SIS is based on a survey of 305 PLHIV in three provinces.

The Global AIDS Progress Report for Laos in 2014 noted that fewer than half of general population respondents would buy fresh vegetables from a shop vendor with AIDS. Only 43.3% of women and 39.3% of men aged between 15 and 49 years would care for a member of their family sick with AIDS in their own home. 17.0% of women and 14.2% of men aged between 15 and 49 years expressed accepting attitudes on all 4 indicators. Overall, a greater proportion of women than men express accepting attitudes on all indicators, although women have poorer knowledge of HIV. PLHIV are likely to belong in poor households; 63% of PLHIV are living with poor families compared the national poverty rate (2008) of 27%.

A 2017 study of health workers in Vientiane showed that 50% of doctors and nurses had high levels of stigmatizing attitudes towards PLHIV, though these attitudes were lower in healthcare workers with more experience in treating HIV/AIDS patients.⁴

A 2019 Gap Assessment of the HIV response in Laos⁵ noted the following, that could limit access to prevention, care and treatment services:

- Stigma and discrimination were reported, from health care providers in several health care settings, within districts and within hospitals that had ART clinics. It was reported that PLHIV were seen last even if they arrived early, with long waiting time; patients with HIV would be transferred to a separate section of the hospital.
- PLHIV Self-stigma was reported.

Trends in Stigma and Discrimination Monitoring from CHAS

Since 2018, every quarter, periodic surveys on stigma and discrimination are done of both health care providers and clients in all of the provincial treatment sites, by CHAS⁶. A series of similar questions are asked, which for health workers, include questions like avoiding physical contact with PLHIV, observing other health care workers (HCWs) unwilling to, or providing relatively poorer quality of care to PLHIV, and the wearing of double gloves for known PLHIV. There seems to be some improvement over the years, with between 11-25% of HCWs reporting discriminatory attitudes and behavior observed during these survey cycles. This is also disaggregated by treatment sites.

The periodic surveys also ask PLHIV if they have experienced any form of discrimination from HCWs or staff; in 2021 this was reported at 5.9% overall, though in 3 of 10 provinces the rates were higher, between 20-24%, while in a couple it was 0-1%.

In the absence of recent Stigma Index reports, these trends can also serve as indicators of progress towards ending stigma and discrimination from health care workers.

Presence of punitive laws

In Laos PDR, same-sex behavior is not criminalized, and there are no restrictions on the entry, stay and residence on the basis of HIV status. However, there are punitive laws that hinder the response. Sex work and soliciting is criminalized, drug related offenses can lead to the death penalty, there is compulsory detention for those who use drugs, and there are laws that specifically criminalize HIV transmission or exposure (UNAIDS Data hub)

Financing the HIV Response

Lao PDR financing for HIV is been mostly dependent on international donors, but there is also a clear growing trend to increasing domestic financing. Laos PDR's economic growth has been on the uptrend, and the country is now considered to be in the lower middle-income

⁴ Vorasane et al. An investigation of stigmatizing attitudes towards people living with HIV/AIDS by doctors and nurses in Vientiane, Laos PDR. BMC Health Services Research (2017) 17:125 DOI 10.1186/s12913-017-2068-8

⁵ Gap Assessment of the HIV Response in Laos PDR. Consultant's Report. UNAIDS TSM/Oxford Policy Management (2018)

⁶ Dr. Ketmala Bongchongphanith, CHAS. March 2021 Update on Stigma and Discrimination Reduction Activities, (power point presentation).

category. In 2017, a total of \$4.6 million USD was spent on HIV, with 12% funded domestically. Financing from the Private sector is virtually non-existent, and the CSOs are all funded through international donors. The major external donors financing the response include the Global Fund for HIV, TB and Malaria; USCDC & USAID through PEPFAR, UNAIDS and others. In addition, there are INGOs that are supporting initiatives and activities for CSOs and marginalized groups, such as OXFAM/VOICE Laos and they also provide small grants and support to PLHIV and APL+, either directly or through the technical support of regional CSOs.

According to the 2019 Transition Readiness Assessment (TRA), *“a challenge of the highest concern is the policy environment constraints on a funding relationship between the government and the CSOs, the lack of alternative domestic financing options for CSOs, and the unique ability of CSOs to reach and serve KP groups that find it difficult to access mainstream health communication and services.”*

COVID-19 Effects and Impacts

2020 and 2021 have been most notable for the unexpected epidemic of COVID-19, and Laos has not been spared either. According to a 2021 report of the Ministry of Planning and the UN⁷, the key findings include:

KEY FINDINGS, SOCIO-ECONOMIC IMPACT ASSESSMENT OF COVID-19 IN LAOS	
80%	tourism income in Luang Prabang lost
70%	of population have no health insurance
320,000	newly unemployed including 130,000 returning migrants
125 to 136 million USD	lost in remittances;
300,000	people could fall back into poverty,
71%	of SMEs may not survive without economic support
16.5%	of households with children able to access online learning



⁷ Socio-Economic Impact Assessment of COVID-19 - UN country team in Laos and Ministry of Planning (2021)

For HIV programs the pandemic meant some disruptions in treatment were experienced, a reduction in counselling and testing activities, as well as shifting of training and other activities to an online setting. There were also many delays as well as cancellation of several planned activities. Other events and activities also need to be re-designed to take into consideration basic public health and distancing measures to prevent COVID-19. UNAIDS supported the development of guidelines on community ART dispensing and on providing telehealth services. Advocacy for Vaccine equity access for those on ARVs was also done with health authorities, and education on COVID-19 was integrated into many of the APL+ activities.

The 2021 UN General Assembly Political Declaration on AIDS

A significant document for guidance to improving future responses is the “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”, adopted by the UN General Assembly in June 2021. Under Paragraph 12, it recognizes that *“Ending AIDS requires Ending all inequalities and driving Multisectoral action across a range of SDG and targets, and that the HIV response is a making a vital contribution to the achievement of the 2030 Agenda for Sustainable Development...”*

Description of the Overall responses and coordination

Main Movers of the National Response

The National Committee for the Control of AIDS (NCCA) and Provincial Committees for Control of AIDS (PCCA) were established in the 1990s. These are multi-sectoral bodies, which include other ministries as well as government groups like the Women’s Association, Worker’s Union and others. The bodies do not include representatives of Non-Government Organizations, Private or Business sectors, or People living with HIV. At present PCCAs exist in all 18 provinces with 142 district committees for the control of AIDS(DCCAs) have been formed.

The NCCA meets twice yearly, approves national strategic and operational plans, and oversees progress towards overall objectives. It is chaired by the health minister. Members of NCCA include: Seven Line ministries: Health; Education and Sports; Information and Culture; Labor and Social Welfare; Defense; Public Security; Public Works and Transport. Six Mass organizations and other government organizations: Lao Women’s Union; Lao Youth Union; Federation of Trade Unions; National Front for Construction; Lao Red Cross; National Assembly. This structure and composition are replicated at the PCCA.

The Center of HIV/AIDS and STIs (CHAS) within the Department of Communicable Disease Control of the MOH is responsible for overall policy, strategy, human resource training, oversight of the response, procurement for testing and treatment commodities, data management and reporting. It serves as the NCCA Secretariat. HIV testing and treatment services are provided by public facilities with over 100 VCT sites at provincial and district hospitals, with 11 ART sites located at the central level and most of the provinces. CHAS developed and reviewed the implementation of past National AIDS Strategic Plans starting in

the early 2000s, and developed the current NSP for 2021-2030. People with HIV were involved in several consultations during the development of the current NSP.

Civil Society Organizations

Numerous CSOs operate in Lao PDR in various sectors. Four of them—the Community Health Inclusion Association (CHIAs) - formerly known as Lao Positive Health Association (LaoPHA), the Association for People Living with AIDS (APL+), the Population Education and Development Association (PEDA), and the Lao Red Cross—have been involved in supporting the national HIV/AIDS response. Over the course of more than a decade, CSOs and CHAS have built mutually supportive working relationships. CSOs play vital roles in helping the national program reach key populations with outreach and prevention services and encouraging HIV testing and treatment adherence. Their role in treatment for people living with HIV is limited but they contribute to the enabling environment through representation on the CCM and participation in national policy dialogue forums. At present, funding for CSOs as national response partners is almost entirely external. The legal foundation for CSOs does not currently make them eligible to receive government funding for their activities⁸.

Association of People living with HIV: APL+

A Network of people living with HIV/AIDS was established in 2003 under the umbrella of the Lao Red Cross and Australian Red Cross. Government registration was officially approved on June 28, 2012 as the Association of People Living with HIV/AIDs Network (APL+).

As of 2022, APL+ works in all 18 provinces of Laos, and has organized 13 Self-Help Groups (SHGS) in 12 provinces and Vientiane capital. In February 2022 the total members are 6227. There are 32 permanent members of these SHGs, including 14 females. The country is divided into three regions, in each region, there are three people taking a leading role.

1. Northern region: Xayabouly, Laungprabang, Udomxay, Laungnamtha, Borkeo, Houphan
2. Centre region: Vientiane capital, Vientiane province, Bolikhamxay,
3. Southern region; Khammouane, Savannakhet, Salavan, and Champasak.

APL + has a Governing board of 25 people who are all living with HIV, headed by a Chair and a deputy chair. It has a five-person administrative committee, headed by the chair and vice-chair. An Audit committee has two members; the secretariat has 11 staff and is headed by the executive director. Roughly 30% of the staff at the secretariat are PLHIV.

APL+ developed a vision, mission and values statement in 2020-21 as part of its Action Plan 2021-2025, and also outlined several goals, which forms the base from which this new strategic plan is written.

With 6227 SHG members out of an estimated total number of 16132 PLHIV in Laos, APL+ can claim to have reached at least 39% of all PLHIV in the country, as seen in the table below. The estimated total number of people of ARV is 7150 (2019). APL presumably reaches a higher % of all those on ART.

⁸ Transition Readiness Assessment (TRA) for Laos PDR National HIV Response, 2019. USAID, PEPFAR and HP+

No.	Name of Provinces	Total No. of PLHIV (A)	Total no of PLHIV join SHG (B)	% of PLHIV join SHG (B/A x 100)
1	Vientiane capital	6,931	2,500	36%
2	Savannakhet	3,046	1,300	43%
3	Champasak	1,360	700	51%
4	Vientiane province	873	300	34%
5	Khammouane	708	250	35%
6	Laungprabang	695	360	52%
7	Borkeo	414	290	70%
8	Bolikhambay	397	19	5%
9	Xayabouly	341	130	38%
10	Xiengkwaung	287	-	0%
11	Salavan	271	76	28%
12	Udomxay	218	50	23%
13	Houphan	181	80	44%
14	Laungnamtha	172	172	100%
15	Attapue	73		-
16	Xekong	73		-
17	Phongsaly	60		-
18	Xaysomboun	32		-
Total number of PLHIV		16,132	6,227	39%

The core of APL+ work are the SHGs, which are affiliated with the provincial ART centers, and support people in their treatment journey. The SHG members can talk to new cases about the drugs and their side effects, nutrition, general health, community and self-stigmatization, as well as COVID-19. They can offer solidarity as well as psychosocial support, so people do not feel isolated.

However, the activities of SHGs are now limited and **there is a need to review and re-assess their functions especially in the light of new prevention measures and in the campaign for 95-95-95**, such as encouraging partners/biological children receiving a test, U=U literacy campaign and understanding of importance of VL testing and what its result mean. These are also potential critical areas that APL+ can play role and play well; and will directly benefit PLHIV and can mobilize resource to APL+. The overall profile of the APL SHG members needs to be better analyzed (gender, age, income, province, length of treatment, compliance rates, etc.)

For 2021, seven projects are being implemented by APL, as seen in the table below. (Source: 2021 annual report).

No.	Project Name	Sponsor	Budget (USD)
1	Health and Nutrition Services Access (HANSA)	GFATM	50,000

2	Empower Women living with HIV and AIDS	Voice Laos	24,000
3	Involvement with Government in Response to COVID-19 Epidemic	CEGGA	25,000
4	COVID Awareness and Hygiene Support	Sea-Junction	3,500
5	Promote Access to Health Care for PLHIV	CEGGA	25,000
6	Community Action on COVID-19 response	CiSAC, PLAN	25,000
7	Tele Health Services for KP	UNAIDS	30,000
	TOTAL		212,500

APL+ has a website, linked to www.aidlao.org; a Facebook page - APLplusLaos, (4850 subscribers) and a You tube channel, APLplusLaos, with 433 subscribers as of February 2022. APL+ is also affiliated with the Regional Network of PLHIV, the Asia-Pacific Network of PLHIV (APN+)

Selected APL Achievements, 2016-2021

APL+ actively participated in supporting the implementation of the National HIV/AIDS Strategic Action Plan 2016-2020, especially in areas of care and support for People Living with HIV (PLWH). APL+ also engaged with national partners to provide inputs for development of the National Strategic Plan (2021-2030) and Action Plan 2021-2025 on HIV/AIDS and STI. Key achievements include advocacy and policy dialogues with national and local partners on incorporating treatment cost into the National Health Insurance Scheme. As a result, the Ministry of Health agreed to cover some medications for PLWH (inpatient), pre-ART screening (outpatient), and some OI drugs that were not covered by the Global Fund, including registration of ARV and OI drugs into the National Drug List. Furthermore, APL+ worked with UNAIDS to advocate with government, development partners, and INGOs to increase ART services for PLWH with stable health conditions. This effort led to the establishment of additional four Points-of-Care (POC) sites for ARV distribution among PLWH with stable physical health, easing the current client load on existing ART sites.

APL+ expanded the network of PLWH from 5 self-help groups in 2010 to 13 groups in 12 provinces in 2020, utilizing the existing network to reflect the needs of PLWH, especially access to the comprehensive health service without stigma and discrimination. The provincial SHG leaders and provincial outreach peer educators received various trainings in providing psycho-social support for PLWH, addressing stigma and discrimination, prevention of COVID-19, etc.

APL+ actively mobilizes PLWH to join the UNAIDS global campaign on reducing stigma and discrimination by documenting on video and print material the role models of PLWH who can live in harmony with their community. The role models can help stimulate communities in reducing negative attitudes toward PLWH and reducing self- stigma.

During the COVID-19 pandemic, APL+ worked closely with the Community Health Inclusive Association and the Centre for HIV/AIDS and STI to build community resilience to mitigate the impact of accessing HIV services due to the lockdown and restriction of movement. With technical and financial support from UNAIDS, APL+ developed community guideline on tele health services for PLWH and community ARV dispensing. These guidelines were effectively implemented during the country lockdown.

APL+ coordinated with the Lao Women Union Training Centre to provide opportunities for women living with HIV from poor families to attend the training course on sewing. After completion of the training course women living with HIV were able to use their skills to generate income for livelihood. APL+ also works with local governments to provide support for PLWH in need by mobilizing funds through individuals and private sectors to distribute food and household items, including educational material.

PURPOSE AND METHODS

The purpose of this plan is to provide strategic directions for the organizational development and strengthening of APL+ so that it can fulfill its vision for 2030, carry out its mission, and implement its strategies and key activities to obtain the key results. This strategic plan builds on an action plan developed by APL in 2020. However, the final version of the action plan was interrupted by the onset of COVID-19 and has not been presented back or validated with the original participants as well as other key stakeholders.

This new strategic plan builds on the existing Action Plan but extends up to 2030. It takes into consideration the current context and organizational strengths, weaknesses, opportunities as well as emergent threats, one of which is COVID-19. Key strategies and activities also are based on relevant provisions of National HIV strategy for 2022-2030 of Laos PDR, the UNAIDS goal for 2030, as well as the SDGs for 2030.

For this strategic plan a consultant was hired through UNAIDS Technical Support Mechanism hosted by Oxford Policy Management. No travel to Laos was anticipated and all work was to be done online or through email and telephone conversations. Relevant documents were reviewed, initial scoping interviews done with APL Executive director, Chair and Deputy Director, and the UNAIDS Country Manager for Laos. An inception plan was developed and additional stakeholders for the region were identified.

Through consultations with APL Committees and SHGs, the Vision, Mission, Goals, Outcomes, and Activities were developed. This took some time due to the need for more discussions, translations into Lao Language and reliance on online methods due to COVID-19. This was an iterative process and a Lao-based consultant-facilitator was also tapped to assist. The Monitoring and Evaluation plan was developed, and a budget prepared. The plan was presented to stakeholders by APL+ on April 12, via a “hybrid” consultation, and their suggestions were incorporated into the plan. The fund-raising package was developed after the strategic plan.

Principles in developing the plan:

The Strategic Plan is done in close collaboration and consultation with APL+ and UNAIDS Laos. In line with the principle of GIPA, PLHIV, SHG members and APL+ staff were involved at every step, from initial discussions and reviewing and commenting on several drafts. Diversity within the PLHIV and key population community was a consideration. Relevant stakeholders and institutions were identified and engaged in consultation meetings. We aimed to be very conscious about inclusivity, empowering PLHIV in the approach, and in ensuring diversity and representation with regards to genders, demographics, and geographic locations. We tried to minimize Language and interpretation challenges when doing this consultancy by tapping Lao speaker/facilitators to observe consultations and meet some stakeholders in person and gather their inputs. We are aware of limitations imposed by relying on remote consultations brought about by the COVID-19 pandemic, where face to face interviews and observation of activities is not possible.

VISION	
By 2030, all PLHIV in Laos have a better quality of life, equal rights in society and live without stigma and discrimination.	
MISSION	
<ol style="list-style-type: none"> 1. To be involved with all aspects of HIV responses and services in Laos PDR, strengthen coordination and partnerships with the Lao government, CSOs, CBOs and other stakeholders to achieve 95-95-95 by 2025 2. To advocate for the inclusion of PLHIV in all aspects of the health, education, economic and social security including COVID-19 and emergent infectious diseases responses and in line with the SDGs 3. To represent the voices of PLHIV in Laos 	
VALUES	
<p>APL+ believes all PLHIV should have access to different health and social services regardless of sex, gender, SOGIE, age and ethnic background, and to achieve this, stigma should be reduced</p> <p>APL+ believes HIV and its impacts can be reduced and in always working for the disadvantaged key populations in Lao society</p>	
GOALS	
<p>GOAL 1: By 2025, PLHIV and key populations (KP) in Laos PDR will be able to access comprehensive health services</p> <p>GOAL 2. Reduce stigma and discrimination experienced by PLHIV in health facilities and the community. Address self-stigma</p> <p>GOAL 3. Improve access of PLHIV and vulnerable populations, particularly women and girls, to employment, livelihood and education opportunities and social security mechanisms.</p> <p>GOAL 4: Build APL + organizational capacity for implementing the strategic plan, fund-raising, advocacy, partnerships and collaboration with other stakeholders, communications and influencing others</p>	
<p>GOAL 1: By 2025, PLHIV and key populations (KP) ⁹ in Laos PDR will be able to access comprehensive health services</p>	
STRATEGIC OBJECTIVES AND ACTIVITIES	OUTCOMES

⁹ in the context of Laos PDR, the KPs are at higher risk of HIV: migrant workers, sex workers, MSM and PWID

<p>Strategic Objective 1: To collaborate closely with government to help improve the quality and coverage of health services especially for key populations</p> <p>Activities:</p> <ol style="list-style-type: none"> 1. Mapping and Assessment of types of services and facilities available and utilization by KPs and PHIV. Assessment report; Dissemination of Assessment Findings (Funding Priority or FP). 2. Support for outreach workers to deliver quality and stigma-free services, including on ART provision¹⁰. 3. Training workshops on improving quality of service delivery and roles of service providers, outreach workers, SHGs and volunteers especially those working with peers working on ART provision, including tele health service. 4. Follow-up and participate in activities in the Laos PDR NSP 2021-2030, in particular Strategic Interventions (SI) 3.3, 1.3 and 3.1 (FP)¹¹. 	<p>1.1 By 2025, 95% of people living with HIV, and KPs have access to HIV/AIDS comprehensive services (access to health insurance scheme, viral load test, treatment and care, health check-up in line with WHO standard) without stigma.</p> <p>1.2 Over 95% of PLHIV and vulnerable groups, including women have access to comprehensive health services to reduce the number of deaths, reduce HIV transmission to partners in line with the global HIV/AIDS Strategy.</p> <p>1.3 PLHIV peer educator working in all ART sites and head of provincial SHG have the capacity and skills to provide HIV/AIDS counselling, including mental and psycho-social support.</p>
--	--

GOAL 2. Reduce stigma and discrimination experienced by PLHIV in health facilities and the community. Address self-stigma

¹⁰ Each self-help group (SHG), led by a field coordinator, will work with provincial health department and AIDS committee, to ensure that all people diagnosed with HIV have immediate access to peer support, and linked to treatment. SHG members will conduct home visits if necessary, provide psychosocial support, promote ART adherence and deliver multi-month ART doses to reduce loss to follow-up

¹¹ *Advocate for increasing the number of ART treatment sites and Points of Care (NSP, SI 3.3); Advocate for More flexible modes of providing ART esp. to stable patients and those in rural areas, such as multi-month dispensing, and home delivery (NSP, SI 3.3); Advocate for HIV Treatment to be fully covered by the National Health Insurance system (SI 1.3); Review and development of plans, guidelines, and materials for service quality improvement, including monitoring and evaluation (SI 3.1)*

Strategic Objective: To build capacity of peer educators and health care workers to provide better services /more welcoming atmosphere at health facility and the community

Activities

1. Capacity building for peer educators working in ART sites, SHG at provincial level, provincial outreach workers and health care providers on technique of counselling on mental health, psycho social support. Develop manual or guideline for patient centered services including training modules on Stigma and Discrimination.
2. Develop and disseminate communication materials, tools and guidelines to address stigma and discrimination in health facility and community settings.
3. Awareness campaign to provide HIV/AIDS information and anti-stigma and discrimination information on line and offline
4. Home visits and psycho-social support for PLHIV families who have experienced negative impacts of stigma, discrimination, and violence through online and offline channels.
5. Work with provincial SHG to increase their capacity and voice to address Stigma and Discrimination in their locality¹²
6. Conduct stigma index at year 1 and repeat at year 4
7. **Participate in and actively follow up implementation of the following activities in the Laos PDR NSP 2021-2030, specifically SI 1.6 and SI 3.5:¹³ (FP)**

OUTCOMES

2.1 Over 95% of people living with HIV report no experience of discrimination and stigma, in health facilities and from health care workers, and reduction in self-stigma.

2.2 People living with HIV and affected people exchanges their views and experiences on issues related to HIV/AIDS with their peers, high risk group and service providers, including providing HIV/AIDS information

Should APL+ be involved in the “first 95”, and in HIV prevention?

¹² Provincial SHGs will identify at least one (1) local stigma-related issue, conduct at least one (1) advocacy activity, targeting specific influentials (provincial governor, health department director, or a private business, each year; develop six (6) short video products (2-5 minutes each) aiming at reducing S & D, develop a publication documenting S & D issues and with a focus on U=U. Specific attention will be paid to reducing S & D affecting women living with HIV

¹³ *Develop workshop guidelines and materials for health care workers and PLHIV to reduce S & D in the health care setting, including to reduce self-stigma; Conduct training workshops for health care workers and the network of PLHIV to increase knowledge and capacity to reduce stigma and discrimination; Improve confidentiality of service delivery in health care settings, among staff and families of PLHIV ; Conduct regular exchange of lessons learned in implementing activities to reduce S & D ; Consultation meeting to review, develop plans, and disseminate information about HIV/AIDS and STI for local authorities to understand the importance of reducing S & D (SI 3.5)*

During the stakeholder consultation on April 12, where the strategic plan was presented, several comments mentioned that APL was “already doing well in the 2nd and 3rd 95” and should be “more involved in the first 95” (i.e., getting people to know their HIV status). Another suggestion was for APL to be “involved more with HIV prevention”.

These suggestions have implications for how APL sees itself and does its work. With regards to the 2nd 95 (% of PLHIV who are on ART) and the 3rd 95 (% of those on treatment with undetectable viral load) It is possible that in areas where APL works, there are lower rates of LTFU, and higher rates of ART compliance as well as viral load testing and undetectable VL. APL should strive to make a study of these areas where they work, compared to areas where they do not work. Stories of people whose lives have changed because of APL need to be brought out.

Regarding the “first 95”, to get more people to know their HIV status, APL will need to ramp up its HIV education/prevention efforts, encourage more people to go for testing, change to safer sex and injecting behaviors, improve compliance and LTFU so that high rates of undetectable VL are achieved, perhaps even promote use of PREP. General information and education on HUV Prevention is being done already, through the volunteers of APL, both online and offline, but is this sufficient? What about sexual and drug-injecting partners of PLHIV, including their partners who may be pregnant? How will APL work with CSOs who are already working in prevention with key populations? How will APL address the prevention needs of its own PLHIV and SHG members? How should it represent its “prevention” work? Should SHG review its own role, how it holds activities, and participate more in encouraging prevention among PLHIV, their partners, and their sexual and/or drug injecting contacts?

Advocacy for comprehensive health services, social security and expanding health insurance are other things that APL wants to work on, but it needs to expand its stakeholders, range of contacts and network partners beyond the usual HIV partners and donors.

These are just some of the key questions and issues that APL has to discuss more intensively as it moves forward on the strategic plan. Reducing stigma and discrimination (Goal 2) is closely linked with Goals 1 and 3. Beyond HIV testing and treatment services – which need to be sustained, and are still highly dependent on external funding, the other comprehensive health services and social security needs of PLHIV also need to be addressed.

This plan is only a beginning.

GOAL 3. Improve access of PLHIV and vulnerable populations, particularly women and girls, to employment, livelihood and education opportunities and social security¹⁴ mechanisms

Strategic Objective: To promote and advocate for basic education, livelihood opportunities, vocational training and greater social security coverage for PLHIV and vulnerable women/children

Activities

1. Work with national and local government partners to **implement the national social security policy targeting poor PLWH and other vulnerable groups to ensure no one is left behind (FP)**
2. Training workshop on gender, laws and social security for SHG leaders and peers
3. Disseminate information on laws, gender and social security and available services for vulnerable groups.
4. **Support and/or conduct vocational training for vulnerable groups depending on their needs, and work with each provincial SHG to set up at least one (1) livelihood or entrepreneurial training activity at the provincial level each year¹⁵. (FP)**
5. **Training in gathering data, finding markets and improving value of agricultural produce (FP)**
6. **Establish revolving fund mechanisms¹⁶ and social security funds for the poor PLWH and vulnerable group (FP)**
7. **Organize/participate in special markets and events to promote Products, via trade fairs or OTOP (One group, One product events) (FP)**
8. Document success stories and case studies for knowledge sharing and possible scaling up

OUTCOMES

3.1 Approximately 10 people/year - PLHIV and affected people, including women living with HIV have access to job opportunities, resulting in having sufficient income generation to support their family, live a healthy and happy life in the community and value their life

3.2 100% of PLHIV and vulnerable groups, including women have access to social security scheme and are able to claim their rights without any barriers

GOAL 4: Build APL + organizational capacity for implementing the strategic plan, fund-raising, advocacy, communications, partnerships and collaboration with other stakeholders, and influencing others

¹⁴ Social security in the Laos PDR context refers mainly to health insurance and government welfare mechanisms

¹⁵ Support each SHG to make linkages with local businesses and government livelihood training opportunities, prioritizing vulnerable women, including women living with HIV.

¹⁶ revolving fund mechanisms refer to use of small loans for activities such as home gardens, animal raising which are paid back to ensure that other beneficiaries can be supported

Strategic Objective: Strengthen organization's human resources capacity for management, networking and fund-raising, and establish partnerships with government, development partners, CSO and INGOs.

Activities

- 1. Capacity building on M&E, project management, advocacy, project proposal writing and cases analyses training for staff and SHG leaders. Do a review of SHG functions vis-à-vis new challenges in prevention, testing and treatment (FP)**
2. Conduct organization's annual reflection/meeting and Improve organizational structure and organogram¹⁷, policies and procedures
3. Map current and potential donors and supporters, their priorities, locations and possible joint interests and collaboration opportunities with APL+
4. Document and share best practices and success stories for advocacy;
5. Learn from other PLHA organizations in the region (Philippines, APN+, GNP¹⁸)
6. Create an organizational brand, organize public relations (PR) events on line and off line, such as World AIDS Day, Candlelight Memorial, and others
- 7. Follow up and participate in implementation of relevant activities in NSP SI 3.5, 1.4 and 1.6¹⁹ (FP)**

OUTCOMES

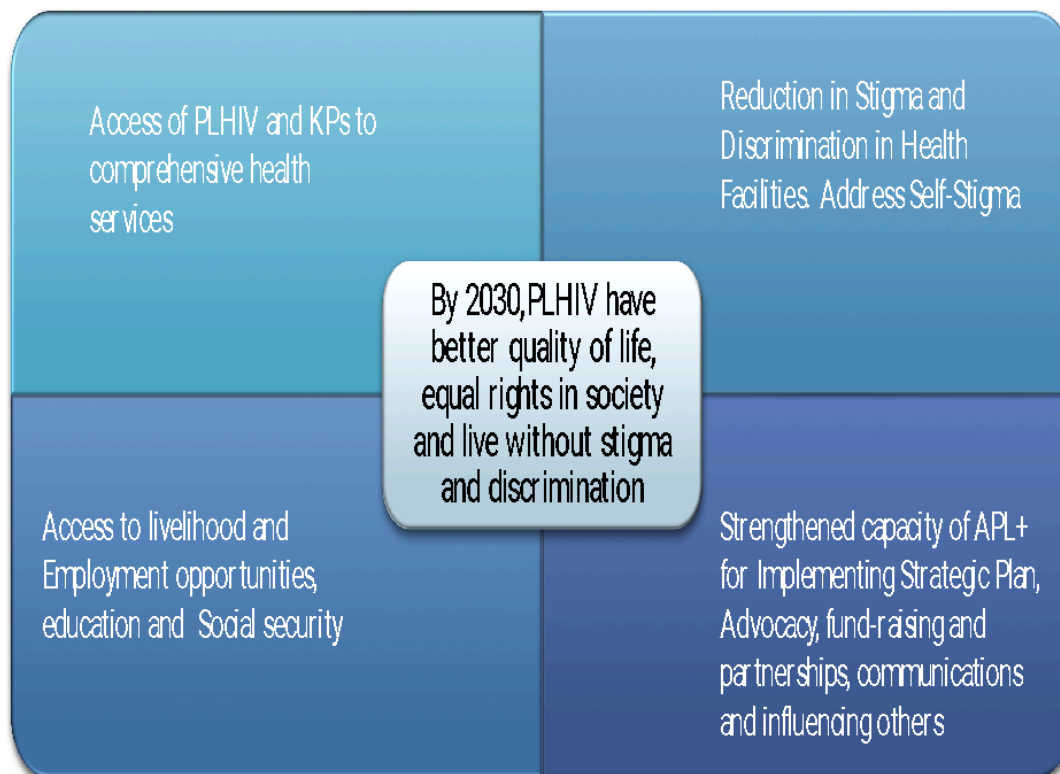
- 4.1 Revised organizational structure and organogram, policies and guidelines
- 4.2 One organizational management training activity/year
- 4.3 Key staff of APL+ trained in advocacy, project management, and fund raising to support APL+ network, and provincial SHGs.; SHG Training
- 4.4 Increased income/budget per year, increase in number of donors and partnership arrangements
- 4.5 Listing current and potential donors with information, priorities and interests, and possible approaches to each one
- 4.6 Annual workplans and system to track implementation
- 4.7 Mid-term review of strategic plan
- 4.8 Organizational financial audit
- 4.9 Annual report and periodic donor reports produced
- 4.10 Sharing and learning sessions with other PLHA organizations in the region

¹⁷ This may include hiring a part-time management and technical adviser, additional programme staff, revising job descriptions, establishing volunteer profiles, and other human resource improvements

¹⁸ Philippines PLHA group of positive seafarers has an entrepreneurship project funded through UNAIDS; APN+ and GNP both have regional and global anti-stigma campaigns and resources

¹⁹ Expand the number of SHG of PLHIV to cover all provinces; Provide training and mentorship to strengthen the management capacity of the network of PLHIV and leaders of positive groups; Strengthen the management and technical capacity and positive influence of associations of PLHIV, key affected populations and SHGs; Strengthen the capacity of self-help groups and families to deliver patient-centered care strategies such as multi-month dispensing and home delivery; Joint planning with relevant government sectors at each level including key populations and PLHIV (SI 1.4) and Strengthen the capacity of the network of PLHIV, SHGs and individual PLHIV to advocate for their rights, gender equality, and reduction of S & D (SI 1.6)

OVERVIEW and SUMMARY OF VISION, MISSION, GOALS/OUTCOMES



Involved with all aspects of HIV responses and services in Laos, strengthen coordination and partnerships with Government, CSOs, and other stakeholders to achieve 95-95-95 by 2025; Advocate for the inclusion of PLHIV in all aspects of the health, education, economic and social security including COVID, infectious diseases, in line with the SDGs and represent the voices of PLHIV in Laos

Monitoring and Evaluation of the APL+ Strategic Plan

The table below outlines the monitoring and evaluation of the Strategic Plan. It is largely based on the outcomes selected by APL. APL+ will have other measures of monitoring specific activities and projects as these develop.

There will be an annual review of APL activities and workplan, followed by action planning for the succeeding year. The strategic plan will have a mid-term review (2026) but it is also suggested that a rapid review be done every two years as circumstances and context may change, and to ensure the plan remains relevant. For example, emerging infectious disease such as COVID-19 and variants, Lao becoming a middle income country, or changing GFATM priorities, National strategies and major global and regional developments need to be taken into consideration for these rapid reviews.

Table: Monitoring and Evaluation Framework for the APL+ Strategic Plan

Outcome	Performance Indicator	Frequency	Notes/Assumptions
GOAL 1 By 2025, PLHIV and key populations (KP) ²⁰ in Laos PDR will be able to access comprehensive health services			
1.1 By 2025, 95% of people living with HIV, and KPs have access to HIV/AIDS comprehensive services (access to health insurance scheme, viral load test, treatment and care, health check-up in line with WHO standard) without stigma.	Nos. of PLHIV and KP who have been provided with, or who report access to the services, disaggregated by gender	2025	Nos. of PLHIV and KP estimated
1.2 Over 95% of PLHIV and vulnerable groups, including women have access to comprehensive health services to reduce the high number of deaths, including the reduction of HIV transmission to their partners in line with the global HIV/AIDS Strategy.	No. of PLHIV and members of VG who report access to the comprehensive health services		Nos. of PLHIV and vulnerable groups estimated, survey or study conducted
1.3 Volunteers of PLHIV working in all ART sites and head of provincial self-health groups have the capacity and skills to provide HIV/AIDS	No. of volunteers and heads of Provincial SHGs trained No. of beneficiaries who have received counselling including		Volunteers, SHGs receive training on relevant topics and practice their skills

²⁰ in the context of Laos PDR, the KPs are at higher risk of HIV: migrant workers, sex workers, MSM and PWID

counselling, including mental and psycho-support.	mental and psychosocial support		
GOAL 2 Reduce stigma and discrimination experienced by PLHIV in health facilities and the community. Address self-stigma			
2.1 Over 90% of PLHIV have no experience of discrimination and stigma, in health facilities and from health care workers, and reduce self-stigma.	The % of PLHIV who report no experience of stigma and discrimination		Stigma Index or Regular CHAS stigma monitoring. Any follow up studies on health provider discrimination
2.2 People living with HIV and affected people exchange their views and experiences on issues related to HIV/AIDS with their peers, high risk group and service providers, including providing HIV/AIDS information	Learning sessions, conferences, etc. where PLHIV do this		
GOAL 3. Improve access of PLHIV and vulnerable populations, particularly women and girls, to employment, livelihood and education opportunities and social security²¹ mechanisms			
3.1 Approximately 10 people/year - PLHIV and affected people, including women living with HIV have access to job opportunities, resulting in having sufficient income generation to support their family, live a healthy and happy life in the community and value their life.	Number of people-PLHIV and others, disaggregated by gender, who have been trained and access opportunities	Yearly	Training programs of other agencies may also include PLHIV as beneficiaries
3.2 100% of PLHIV and vulnerable groups, including women have access to social security scheme and are able to claim their rights without any barriers	Nos. of PLHIV and those in vulnerable groups disaggregated by gender, with social security coverage	Baseline and 2025	Social protection schemes defined and data available on various services and their utilization, surveys done
GOAL 4 Build APL + organizational capacity for implementing the strategic plan, fund-raising, advocacy, partnerships and collaboration with other stakeholders, communications and influencing others			

²¹ Social security in Laos PDR context refers mainly to health insurance and government welfare mechanisms

4.1 Revised organizational structure and organogram, policies and guidelines	New organogram, job descriptions, policies and guidelines		Organizational and policies review and revision done
4.2 One organizational management training per year	Agenda of training	Yearly	
4.3 Key staff of APL+ receive training in advocacy, project management, and fund raising; SHG Training and update; Review SHG Functions and activities, plan for challenges and involvement in prevention work	Nos. of staff trained in the topics SHG Functions reviewed and strategic planning for a “new model” SHG	Yearly	
4.4 Increased income/budget per year, increase in number of donors and partnership arrangements		Yearly	Annual narrative and financial reports and audits
4.5 Listing/matrix of current and potential donors with descriptive information, priorities and interests, and possible approaches to each one		Yearly	
4.6 Developed annual workplans and system to track the implementation		yearly	
4.7 Mid-term review of strategic plan		2025-26	
4.8 Organizational financial audit			
4.9 Annual report and periodic donor reports produced		Yearly	
4.10 Organized learning sessions with other PLHA organizations in the region		Yearly	
Other review mechanisms			
Annual Review of Action Plans and Workplans, and Planning for the next year		Yearly	
Mid-term Review of Strategic Plan; Rapid Review every 2 years is suggested		2024 & 2026	

In addition to the above, a template for Activity and Output Monitoring has also been developed, which is attached as an Annex to this Strategic Plan.

National AIDS Program and other national-level Monitoring and Evaluation (from the Laos PDR NSP 2021-2030), pp. 56-61

These specific indicators may also be relevant for the APL+ strategic plan. The first column refers to the Strategic Intervention Nos. (SI#) in the Laos PDR NSP 2021-2030. The comment column notes how such indicator would be relevant for the M & E work of APL+, and the specific goal in the Strategic Plan that it refers to. Where indicators here refer to either general population (such as an indicator on STIs and condoms) APL should consider to adapt these for its specific constituency or population of APL+ members or of all PLHIV in Laos, whether they may be APL+ members or not. For example, if an indicator is about STIs, APL can also try to find out if these are disaggregated for PLHIV, or even for APL+ members of SHGs.

NSP SI No.	Indicator	Comment
1.4	Reported stock-out of ARTs	Will affect compliance and 2 nd and 3 rd 95s; related to Goal 1 of APL+
1.6	Reported Stigma and Discrimination in the health care setting	Related to APL + SP Goals 1 & 3
2.8	Condom supplies	Part of comprehensive health services (Goal 1)
2.9	STI Indicators	
2.11	No. of target populations with access to information and education	Possible link to Goal 4, on reach through online-offline
3.2	95% of MARPs receive an HIV test	Related to Goal 1 – HIV testing as part of comprehensive services
	95% if partners of PLHIV receive HIV test	
3.3	95% of PLHIV who know their status and receives treatment	Related to 95-95-95, comprehensive health services (Goal 1)
	95% of those on treatment are virally suppressed	
3.4	95% of PLHIV receive a TB test	Related to comprehensive health services (Goal 1)
	95% of PLHIV who require TB Prevention therapy (TPT) receive it	
	Stigma and discrimination reduction activities periodic monitoring, carried out by CHAS each quarter	Related to stigma reduction (Goal 3)

Every year APL+ will follow up with the National AIDS Program/CHAS on the monitoring of the indicators above. In the Laos PDR NSP, CHAS will organize annual joint reviews, with a special review planned in 2025 to assess the continuing relevance and to develop an action plan for 2026-2030. Also in 2026, there will be a follow up UN GA special session to review achievements and commitments related to the 2021 Political Declaration on AIDS.

Other program Indicators that might be useful

Some program indicators that might be useful for APL to monitor or consider are the following:

1. % of newly diagnosed PLHIV who start same-day treatment, disaggregated by age, gender, province
2. % of LTFU per province or per clinic or per SHG, disaggregated
3. LTFU data – what % of LTFU are pre-ART, or post-starting ART, disaggregated
4. Data on treatment, retention and compliance from other provinces and clinics where APL + does not work, or where other CSOs are responsible for follow up

Other Project-Specific Monitoring and Evaluation (funded by specific donors)

This corresponds to specific requirements of each project being implemented by APL+ (currently the projects include those funded by the GFATM, AHF, OXFAM/VOICE, CARE, and others).

There may be other project-specific M & E (especially for the Global Fund) that will be implemented through other partners, or in other provinces, which involve PLHIV, or are similar to the indicators being monitored by APL; this information will also be useful for APL reference or comparison

SUMMARY BUDGET FOR THE STRATEGIC PLAN IMPLEMENTATION (in USD)

Goal 1: Access to Comprehensive Health Services	11,000	11,000	45,500	37,500	113,000
Goal 2: Reducing Stigma and Discrimination	50,500	49,000	25,000	30,500	155,000
Goal 3: Access to employment, livelihood and social protection	63,000	53,500	43,500	41,000	201,000
Goal 4: Strengthening capacity of APL+ to implement the Plan	25,000	26,500	27,000	26,500	105,000
TOTAL	149,500	140,000	141,000	135,500	574,000

The budget breakdown is attached as Annex 4.

ANNEXES

1. List of Documents Reviewed
2. Consultation Meeting 12 April 2022 – Agenda and List of Participants
3. Template for Monitoring and Evaluation of Activities
4. Budget breakdown
5. “Fund Raising” Package (To follow)

Annex 1: List of Documents and Web Pages Reviewed

1. Summary Report: A Study on Violence Against Women in Laos PDR. National Survey on Women's Health and Life Experiences, 2014 – NCAW, Lao Statistic Bureau, UNFPA, UN Women and WHO Laos
2. National Strategic Plan for HIV and AIDS 2021-2030 and Action Plan 2021-2025 on HIV, AIDS and STI (Lao PDR Ministry of Health, Department of Communicable Disease Control, Center for HIV/AIDS and STI) final draft
3. Country Overview#1 (World Bank Laos)
<https://www.worldbank.org/en/country/lao/overview#1> (October 2011)
4. HIV and AIDS Data Hub for Asia and the Pacific
5. Snapshot 2019, Laos PDR Country Card (UNAIDS)
6. Vorasane et al. An investigation of stigmatizing attitudes towards people living with HIV/AIDS by doctors and nurses in Vientiane, Laos PDR. BMC Health Services Research (2017) 17:125 DOI 10.1186/s12913-017-2068-8
7. Gap Assessment of the HIV Response in Laos PDR. Consultant's Report. UNAIDS TSM/Oxford Policy Management (2019)
8. Lao PDR Country Report, Global AIDS Progress Report, Laos (2016)
9. Socio-Economic Impact Assessment of COVID-19 - UN country team in Laos and Ministry of Planning (2021)
10. Transition Readiness Assessment (TRA) for Laos PDR National HIV Response, 2019. USAID, PEPFAR and HP+
11. Action Plan 2021-2015, Association of People living with HIV in Laos (APL+)
12. www.aidlao.org
13. Annual Report 2020, APL+
14. Annual Report 2021, APL+
15. <https://www.facebook.com/aplusLao>
16. Dr. Ketmala Bongchongphanith, CHAS. March 2021 Update on Stigma and Discrimination Reduction Activities, (power point presentation).
17. "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" UN General Assembly, document 75/284, June 2021
18. UNAIDS. Global Partnership for Action to Eliminate All forms of HIV-related Stigma and Discrimination, Background Document
19. Postibong Marino Pilipinas, Inc. (PMPI) – Concept note: 4- Plus (Livelihood Project for PHIV during COVID-19)

ANNEX 2

Consultation meeting on APL+ Strategic Plan 2022-2030 in Lao Plaza Hotel on 12/04/2022.

Time	Description	Responsibility person	Note
8:30-9:00	Registration	AP+ team	
9:00-9:15	Objective of the meeting	Thongdeng Silakoune UNAIDS Country Manager	
9:15- 9:45	Opening remark	Dr. Phouthone Southalack, Director of CHAS	
9:45-10:15	Coffee break		
10:15-10:30	Brief overview of APL+ Strategic Development Plan	Dr. Vic Salas, UNAIDS consultant	
10:30-11:15	Present APL+ Strategy Plan 2022-2030	Phanthamit SEANGPANYA Director, Association of People Living with HIV/AIDS (APL+)	
11:15-12:00	Plenary Discussion	Dr. Phouthone/Thongdeng	
12:00-12:10	Close remark	Dr. Phouthone Southalack Director of CHAS	

Remark: The meeting will conduct online and off line

Meeting link: Topic: ປະຊຸມ ມຸມຖືກສາຫາລື ກ່ຽວກັບ ບັນທຶກ ບຸກຄະລາມຸມ, ດູນທະສາດ **Consultation meeting on APL+ Strategic Plan 2022-2030**

Time: Apr 12, 2022 08:30 - 12 AM Bangkok

Join Zoom Meeting

<https://us02web.zoom.us/j/81076668901?pwd=R3BEUnZLRzM3N2pSeU9PQW1QWG96dz09>

Meeting ID: 810 7666 8901

Passcode: 505638

For more information, please contact us

Ms. Thidphathy 020 94153942

Ms. Kingkham 020 77872006

ຊື່ ແລະ ນາມສະກຸນ /Name and Surname	ໜ້າທີ່ຕໍາແໜ່ງ /Position	ພາກສ່ວນ/Beneficiary/Org	ອາຍຸ /Age	ເພດ/Gender	ເລກໂທດິດຕໍາ /phone number	ທີ່ຢູ່ ຂອງອີເມວ/E-mail address
Kamphao Keonantatildard	HIV Technical Officer	WHO Laos	36ປີ - 50ປີ	ຊາຍ\ male	2056999819	keonantatildardk@who.int
ນາງ ວິດຈະນາ ພັນທະວົງ	ອາສາສະໝັກ	POC ອຸດົມໄຊ	19ປີ - 35ປີ	ຍິງ\ female	2054913747	Somkhitsvi881@gmail.com
Ted Nierras	Consultant	UNAIDS	51ປີຂຶ້ນໄປ	ຊາຍ\ male	2058016001	tnierras@hotmail.com
Syvongsay Changpitikoun	Programme Officer	UNFPA	36ປີ - 50ປີ	ຊາຍ\ male	2055628745	changpitikoun@unfpa.org
ນາງດາວອນ ສິໄທວົງ	ອາສາສະໝັກ	ART ຫວຽດນາມ	19ປີ - 35ປີ	ຍິງ\ female	2058444572	
Vicente Salas	Consultant	UNAIDS	51ປີຂຶ້ນໄປ	ຊາຍ\ male	6.3929E+11	v.s.salas@gmail.com
Dr Khamlay Manivong	TA	CCM Secretariat	51ປີຂຶ້ນໄປ	ຊາຍ\ male	2059878955	klmanivong@gmail.com
ນາງ ສິງໃຕ້ ດາວພູດອຍ	ໃຫ້ຄໍາປຶກສາ	ສະຫວັນນະເຂດ	19ປີ - 35ປີ	ຍິງ\ female	2097291124	
ທ່ານ ສິສິ ມະພອນ	ໃຫ້ຄໍາປຶກສາ	ສະຫວັນນະເຂດ	51ປີຂຶ້ນໄປ	ຊາຍ\ male	2055644690	
ສຸກເຫວ ພິມມະໄຊ	ຜູ້ປະສານງານໂຄງການເຮສໄອ	Chias	36ປີ - 50ປີ	ກຸ່ມຫຼາກຫຼາຍທາງເພດ\lgbtq	2056915244	sookwai.chiaslaos@gmail.com
ທ່ານ ຫວຽດ ເອີອິມມະນິຣັກ	ອາສາ	ອາສາ	19ປີ - 35ປີ	ຊາຍ\ male	2096763337	

