

LAO PDR

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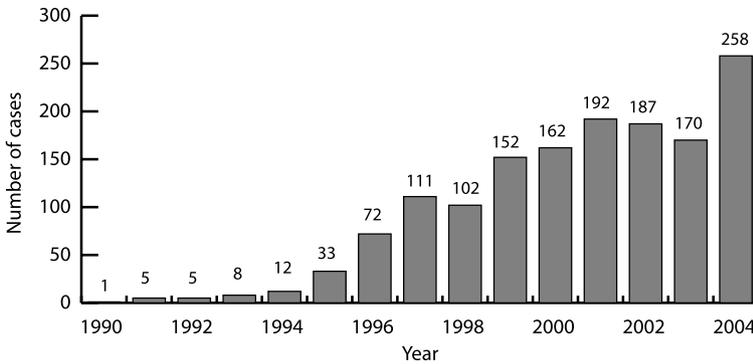
The Lao People's Democratic Republic (hereafter Lao PDR) is classified by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as a low HIV prevalence country with an infection rate of 0.05%. However, rapid changes are taking place in the country, including an upsurge of development in such areas as infrastructure development, tourism, and the trade and service industries. The number of service and entertainment facilities in the country, including hotels, guesthouses, restaurants, nightclubs, and beer shops, has increased significantly. There have also been significant increases in internal and cross-border migration since Lao PDR opened its doors to the outside. These factors could potentially have a negative impact on the country's social norms and traditional culture, leading people to engage in behaviors that place them at a high risk of sexually transmitted infection (STI) and HIV infection. Several studies have highlighted major concerns about the possibility of a concentrated epidemic among vulnerable groups of the population, especially bar employees and commercial sex workers (CSWs), truck drivers, migrants, and other mobile groups of the population. There is particular concern for those who live in border regions and areas surrounding development and infrastructure-construction projects.

The Spread of HIV/AIDS in Lao PDR

Current State of the Epidemic

Lao PDR has a population of 5.5 million; about half are ethnic Lao and the others are from several ethnic minority groups. The first HIV-positive case in Lao PDR was identified in 1990, and the first AIDS case was reported in 1992. There were 110,968 HIV antibody tests conducted in the period from 1990 to 2004. Of those, 1,470 individuals tested HIV-positive and 835 were diagnosed with AIDS. There were also 556 AIDS-related deaths during that period.

Figure 1. HIV-positive cases reported annually, 1990–2004



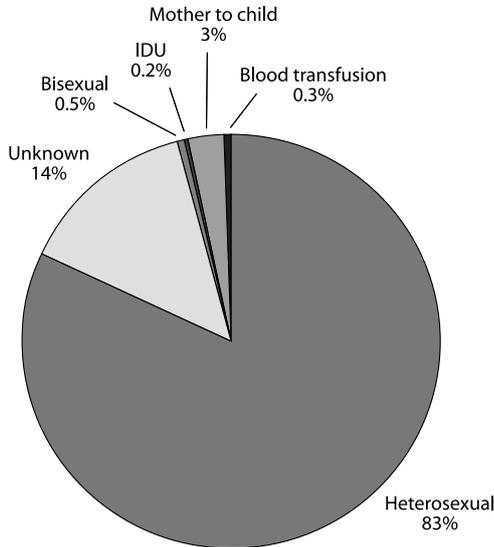
Source: National Committee for the Control of AIDS Bureau.

The major mode of transmission for HIV infection in Lao PDR is through heterosexual intercourse. Needle-sharing injecting drug users (IDUs) are very rare in Lao PDR compared with Thailand and Vietnam, although glue sniffing and amphetamine use appear to be on the rise.

The main determinants of HIV transmission in Lao PDR are the increasing propensity to have multiple sexual partners, a high and increasing prevalence of STIs, and a greater incidence of behaviors likely to encourage HIV transmission such as population movement, use of unsafe injecting equipment, low rates of condom use, and poor healthcare-seeking behavior.

Statistics indicate that Lao PDR, with an infection rate of less than 1%, is classified as a low HIV prevalence country. However, the first round of the

Figure 2. Mode of HIV transmission, 1990–2004



Source: National Committee for the Control of AIDS Bureau.

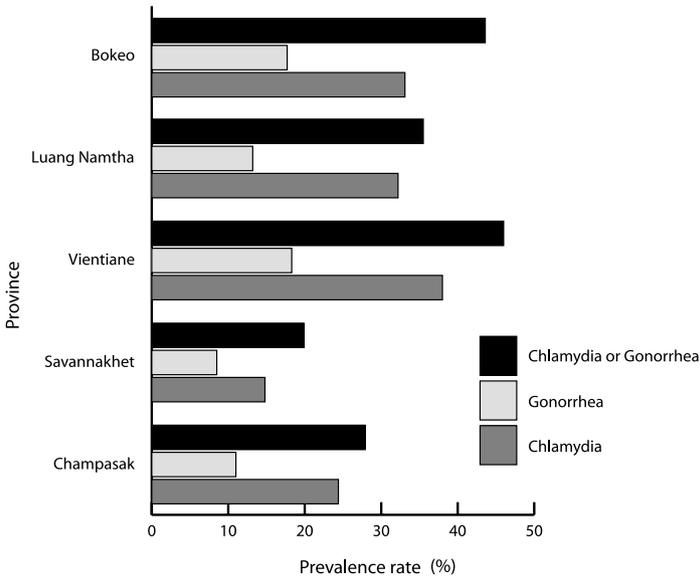
second-generation surveillance conducted by the National Committee for the Control of AIDS Bureau (NCCA.B) in 2001 showed HIV prevalence among groups at high risk, such as CSWs, to be slightly higher at just under 2%. STI prevalence in this group was high at 32% for chlamydia and 14% for gonorrhoea. (Figure 3 shows STI prevalence rates in five key provinces.) The official results of the second round of the second-generation surveillance, conducted in the last quarter of 2004, have not yet been released, but they may change the picture of both HIV and STI prevalence in the country, especially among sex workers.

Population Groups Most Vulnerable to the Disease

The population groups most vulnerable to HIV infection in Lao PDR include CSWs; a sub-group of youth who are engaged in drugs and commercial sex; migrant populations who, because of their mobility, are placed in risky situations that increase their vulnerability to infection; and wives or regular partners of clients of CSWs and of the migrant population.

Second-generation surveillance conducted in 2001 showed 0.9% HIV prevalence among female CSWs in entertainment establishments. The

Figure 3. STI prevalence among CSWs by province, 2001



Source: National Committee for the Control of AIDS Bureau.

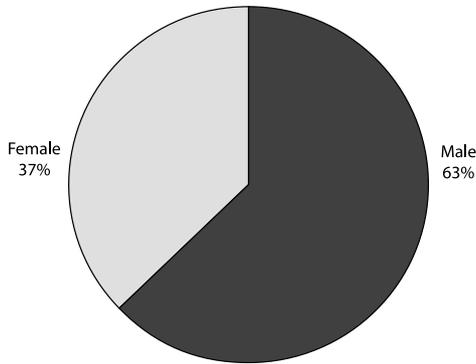
same surveillance showed that among female factory workers, 7% were chlamydia-positive. In the study done by the NCCA.B in 2000–2001, antenatal attendees (i.e., women receiving medical care during pregnancy) in two urban settings showed infection rates of 0.5% for gonorrhoea and 10% for chlamydia.

The behavioral sentinel survey undertaken in 2000–2001 showed that among truck drivers, 4.1% reported having sex with CSWs and 23% said they had had sex with non-regular partners in the last 12 months. Another study related to sexual behavior surveyed 2,000 youth in three provinces. That study revealed behaviors such as unprotected homosexual encounters and engaging in sex in exchange for money.

Social and Economic Impact

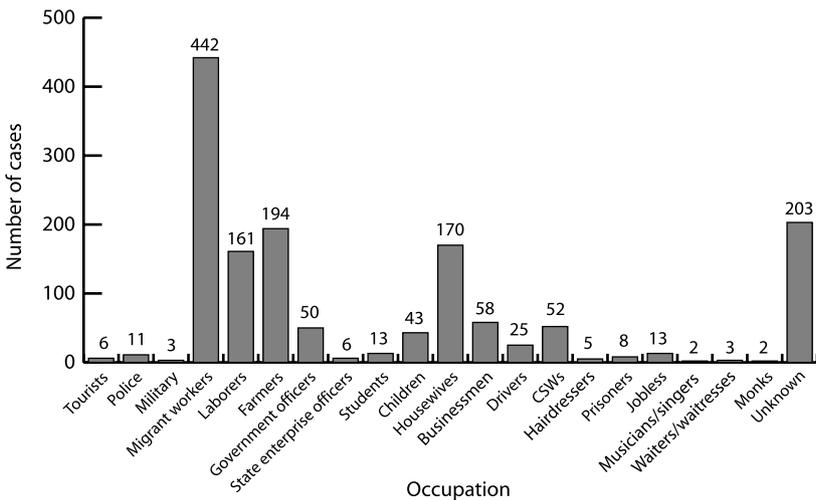
The impact of HIV/AIDS on socioeconomic development is one focus area of the National Strategic Plan for 2002–2005. It discusses emerging issues of importance, such as the capacity to respond to new issues, drug use and HIV vulnerability, gender aspects of the HIV epidemic, socioeconomic

Figure 4. Percentage of reported HIV cases by gender, 1990–2004



Source: National Committee for the Control of AIDS Bureau.

Figure 5. HIV-positive cases by occupation, 1990–2004



Source: National Committee for the Control of AIDS Bureau.

factors influencing the spread of HIV, and the socioeconomic impact of the HIV epidemic.

Even though Lao PDR is considered a low HIV prevalence country, it should not be complacent about sustaining the response to HIV/AIDS. It should learn from the lessons derived from other Asian countries such

as Thailand, Cambodia, and others where the HIV epidemic has grown very rapidly.

According to a World Bank study, AIDS can lead to sharp reductions in economic growth—even to the point of economic collapse—when three factors converge in a particularly devastating combination. First, AIDS selectively destroys human capital, that is people's accumulated life experiences, knowledge, and insights, as well as their human and job skills. AIDS is primarily a disease that strikes young adults. As these infected adults become progressively sicker and weaker, they steadily lose their ability to work. Eventually, the disease kills them in their prime, thereby destroying the human capital built up in them over the years through childhood, formal education, and learning on the job.

Second, AIDS weakens or even wrecks the mechanisms that generate human capital formation. In family homes, the quality of child-rearing depends heavily on the parents' human capital. If one or both parents die while their children are still young, the transmission of knowledge and the potential productive capacity across the two generations will be weakened. At the same time, the loss of income due to disability and early death reduces the lifetime resources available to the family, which may well result in the children spending much less time (if any at all) at school.

Third, the chance that the children themselves will contract the disease in adulthood makes investment in their education less attractive, even when both parents remain uninfected.

With too little education and knowledge gathered from their parents, as well as being deprived of parental love and guidance throughout their childhood, children of AIDS victims later become adults who themselves are less able to raise their own children and to invest in their education. The process is insidious, since the effects are felt only over the long run, as the poor education of children today translates into low adult productivity a generation later, and so on. If nothing is done, the World Bank report warns, the outbreak of the disease will eventually precipitate economic collapse.

Future Projections

The geographic location of Lao PDR, bordering Cambodia, Myanmar, Thailand, Vietnam, and China's Yunnan province, where HIV/AIDS prevalence rates are high, further increases the vulnerability of the population at

high risk of HIV infection. Seasonal migration to northeastern Thailand is significant; a large proportion of migrants are CSWs, transport workers, traders, construction workers, migrant factory workers, and out-of-school youth—all considered to be among the most vulnerable groups.

Plans for the economic development of Lao PDR have led to increased interaction with people from the surrounding countries. The plans include development of infrastructure and tourism, and an expansion in the size of Lao cities. For example, two major roads are planned to link the country to China, Thailand, and Vietnam. In the short term, the construction of these roads will lead to the employment of many migrant laborers from other countries. In the longer term, it will result in increased mobility of people within Lao PDR and between Lao PDR and surrounding countries. Similarly, large dams for hydroelectricity are planned and those projects will also attract many construction workers. As Lao PDR becomes more economically integrated with neighboring countries in this way, its vulnerability to HIV/AIDS will increase. The country clearly faces a substantial challenge from HIV/AIDS.

The second round of the second-generation surveillance shows a clear change among the population groups studied. There has been an increase in the network and number of CSWs in the three years since the first round of the second-generation surveillance in 2001. The number of Lao men who buy sex has also increased, while the use of condoms is on the decrease; STI among young female sex workers has increased even though knowledge of HIV/AIDS is fairly widespread.

Government Response

Domestic HIV/AIDS Policies and their Effectiveness

In the past, there has been great demand for quick and visible action against HIV/AIDS and for HIV/AIDS to be considered a priority program. In response to this demand, the Lao government took early action to prevent the epidemic—even before there was direct evidence that the epidemic had arrived in the country—by establishing the National Committee for the Control of AIDS (NCCA) in 1988. The secretariat office was set up within the National Institute of Hygiene and Epidemiology, which implemented

a nationwide HIV/AIDS program with multisectoral partners under the direction of the Ministry of Health.

The following year, the NCCA prepared the First Short-Term Plan for AIDS Prevention and Control. In 1991, this was followed by a Medium-Term Plan, prepared with assistance from the World Health Organization (WHO). Most activities within these plans took place within the health sector and focused on the main cities.

In 1994, a review of the Medium-Term Plan was conducted with external assistance and involvement by the WHO and other international organizations operating HIV prevention programs in Lao PDR. This review summarized early responses to the HIV epidemic and noted the following successes of the national response as of the end of 1994:

- establishment of the NCCA and of some Provincial Committees for the Control of AIDS (PCCA)
- support for the NCCA through the former National Institute of Hygiene and Epidemiology
- high priority given to public education, including the training of many healthcare workers, educators, youth, women, and other key people in selected target areas, as well as to the use of mass media and of special events such as World AIDS Days
- availability of condoms in urban areas
- screening for HIV antibodies of majority of blood used for transfusions in main hospitals
- participation by international nongovernmental organizations (NGOs) in HIV training, education, and research
- initial steps taken to develop HIV epidemiological surveillance
- establishment of Lao PDR HIV/AIDS Trust to mobilize funds to support the National Strategic Plan and promote multisectoral involvement in fighting the epidemic
- operational coordination between the NCCA, the UN, and NGOs involved in HIV response activities at national and provincial levels
- improved collaboration and coordination with UN agencies, NGOs, and non-health sectors
- involvement of military and police in the national response
- targeting of youth and young adults, especially migrant workers, through educational channels of the Ministry of Education, the Lao

- Trade Union, and the Ministry of Information and Culture (MoIC)
- reestablishment of the surveillance system
- expansion of the Condom Social Marketing Project throughout the country, and proof of its effectiveness
- inclusion of education on HIV/AIDS and other sexually transmitted diseases (STDs) in the secondary school curriculum
- completion and positive evaluation of an STD pilot project in two provinces

In May 1996, Lao PDR promulgated a national blood policy that promotes voluntary donations and the rational use of blood, and includes guidelines for safe blood collection and storage, including universal and obligatory testing for HIV, hepatitis B surface antigen (HbsAg), and syphilis.

In July 1998, the government announced a national policy on STDs. National policies on condoms, testing, and counseling are currently being developed. The national plan includes 11 broad policy statements to guide the national response and to provide a basis for further policy development in the future.

Also in 1998, the NCCA's secretariat became known as the NCCA.B. This was intended to make it an independent working mechanism as part of a new institutional arrangement that separated it from the National Institute of Hygiene and Epidemiology. The NCCA.B carried out its functions under the direct supervision of the Department of Hygiene and Prevention of the Ministry of Health.

In 2001, a new national HIV/AIDS/STD policy was developed. In 2002, the National Strategic Plan for HIV/AIDS/STI for 2002–2005 was formulated. In 2003, the Lao government approved the restructuring of the NCCA due to the growing need for a more multisectoral response to HIV/AIDS. The minister of health chairs the NCCA with two deputy chairs, the vice ministers of education and of information and culture. Members are from different government agencies and mass organizations, including the Lao Red Cross, the police, and the army. The purpose of this multisectoral response is to mainstream HIV/AIDS into the socioeconomic development plan for the whole country. Each province has now established a PCCA, which is chaired by the governor or vice governor.

In the first quarter of 2005, a proposal was made to convert the NCCA.B into a National AIDS Center to deal with the enormous responsibility of

orchestrating various HIV/AIDS/STI activities with several partners and donors. Such a move would improve the coordination between national, provincial, and international programs on HIV/AIDS/STI, thus avoiding duplication of activities, funding, and other resources.

The main activities of the NCCA.B are awareness-raising campaigns in communities, expansion of the PCCA secretariat, expansion of the District Committees for the Control of AIDS (DCCAs), and sentinel surveillance. Organizationally, there are 18 PCCAs and 142 DCCAs in the country. In some provinces, there are even village committees on AIDS. Activities include workshops, training, planning, external meetings, and study tours on HIV/AIDS. Information, education, and communication (IEC) campaigns have reached the grassroots level through various methods, including television and radio segments, posters, videocassettes, and pamphlets.

Most PCCAs have initiated HIV/AIDS programs in their areas by training their staff and members of their network, providing training for trainers, and disseminating general information to raise awareness. Some provinces are moving toward more specific activities for awareness raising, behavior change, counseling, care, and support, including the creation of an enabling environment. Essentially, PCCAs are responsible for the management of the implementation of HIV/AIDS activities while the provincial health departments are responsible for STI management activities.

It is a positive sign that the National Assembly has already introduced HIV/AIDS issues and concerns into its agenda. The members of the National Assembly have demonstrated their political will to engage in dialogue on these topics and are strongly committed to supporting the HIV/AIDS prevention and control campaign in the country.

International Cooperation in the Fight against HIV/AIDS

Major Funding Sources

World Health Organization—In an early response to the AIDS epidemic in Lao PDR, program development and intervention were supported by the WHO under its Global Programme on AIDS. This focused on IEC, laboratory diagnosis, and basic training for healthcare workers. There has

been continued support in recent years for further strengthening of the prevention program and establishment of treatment programs (initially, at the central level), as well as promotion of 100% condom use among the populations at highest risk.

The WHO supported a pilot project on care and support of people living with HIV/AIDS (PLWHA) that was initiated in early 1999 in two provinces, Vientiane Capital and Savannakhet. The project integrates treatment and care at the outpatient departments of the provincial hospitals and adopts the WHO curriculum on treatment and care for health workers. Four training workshops on care and support of PLWHA for nurses and medical doctors were conducted at the end of 1999. The WHO also provided technical assistance and medicine to treat opportunistic infections at provincial hospitals.

United Nations Agencies—UNAIDS and the United Nations Development Programme (UNDP) have complemented this support by strengthening the capacity of the National AIDS Center and PCCA staff to implement, manage, and monitor the various programs. They have also encouraged and promoted multisectoral involvement in the national response. It is clear that their focus is on strengthening program management at the central and provincial levels. The United Nations Children's Fund (UNICEF) assisted the Ministry of Education in including HIV/AIDS in the school curriculum, while the United Nations Population Fund focuses its program on reproductive health, including the distribution of condoms.

Global Fund to Fight AIDS, Tuberculosis and Malaria—The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has made two grants to Lao PDR specifically for HIV/AIDS-related work. The most recent was a grant in Round 4 of the Global Fund's grantmaking, which was approved in 2004 and began in May 2005. The goal of the project is to scale up existing efforts on voluntary counseling and testing, targeted behavior change communication (BCC), blood safety programs, and social marketing of condoms. It also aims to expand current monitoring and evaluation activities and enhance program management. The project will run until 2009.

In 2003, the Global Fund also provided a Round 1 grant for a project to improve STI prevention and care, reduce STI among CSWs, and maintain

reduced prevalence through comprehensive intervention, including the provision of sustainable STI curative services and behavior change interventions. This five-year project has two parts. The first part aims to improve the effectiveness of provincial STI program management systems and structures, enhance access to STI services at the provincial and district hospital levels of the healthcare system, improve the quality of services that aim to reduce STI in CSWs, and boost surveillance and research. By doing so, it will support the National Program for the Prevention and Care of STI. The second part aims to rapidly reduce the incidence of curable STI through periodic presumptive treatment (PPT), increase the proportion of CSWs who adopt primary prevention behavior and health-seeking behavior, and increase access to HIV prevention and STI services. The project was initially implemented in five locations—Vientiane Municipality, Vientiane Province, Champassak, Luang Namtha, and Salavan. From 2005, the activities were expanded to additional provinces, including Bokeo, Phongsaly, Xieng Khouang, Attapeu, and Sekong. These provinces are smaller, more remote, and harder to reach and have had little to no experience with STI intervention activities in the past. Subsequently, the project will involve the remaining eight provinces.

Family Health International—The second round of HIV, STI, and behavioral surveillance was implemented with funding from the United States Agency for International Development and other partners, and Family Health International (FHI) provided extensive technical assistance and management oversight. This round of second-generation surveillance, conducted in November 2004, was expanded to include more high-risk male populations and two border provinces in the Golden Triangle. As an integral part of the surveillance, FHI provided 4,751 high-risk male and female participants with condoms, HIV/STI prevention education, STI syndromic management and treatment, and HIV counseling and referrals. Preliminary results indicate continued low HIV prevalence nationally but the beginnings of an epidemic in selected provinces. There is still a heavy burden of bacterial STI throughout the country. With data collection complete, FHI continues to provide technical assistance to the National AIDS Committee for data management, analysis, and interpretation of the surveillance findings.

Analysis of the early lessons learned from the first phase of the STI prevention program for CSWs led FHI to redesign some portions of that program for its continuation in Luang Prabang and for further replication in the three other key hot spots, Vientiane Municipality, Savannakhet, and Champassak. One result of this redesign is that “wellness centers” have (or will be) opened in each of eight districts in four provinces served by FHI. Wellness centers will provide STI prevention education as well as basic STI diagnosis and curative services and/or referrals to the local hospital. Another result is a revised BCC strategy and a package for health promotion outreach activities. The program has been renamed “Fresh Start for Health” (Angkaat Mai Peu Sokaphaap). The STI management training for hospital-based healthcare providers will be continued in all four provinces. The new strategy and draft detailed implementation plans were presented to officials from all four provinces involved. Consensus was reached and the provincial authorities eagerly endorsed the strategy.

Eight provinces provide STI services and use a syndromic approach in STI management. FHI conducted the first round of surveillance and PPT at Luang Prabang. FHI supported the PPT in Luang Prabang, which is now being expanded to eight provinces with the support of the Global Fund and the Asian Development Bank (ADB).

Asian Development Bank—The ADB is working to reduce poverty in Asia, and as part of its overall strategy it has been supporting health sector projects in Lao PDR. The ADB is present in three provinces. Strengthening infrastructure for primary healthcare and improving the quality of health services represent important contributions to poverty reduction. Reducing the spread of HIV/AIDS within the context of healthcare systems is particularly important. Ill health, whether caused by HIV/AIDS or not, is an important cause of poverty, and poverty is a major reason why health services, and particularly HIV-related prevention services, are underutilized.

The ADB also supported a project on “Community Action for Preventing HIV/AIDS.” This was a regional project for Lao PDR, Cambodia, and Vietnam. The Lao PDR project was implemented by the NCCA.B of the Ministry of Health as part of the ministry’s Strategic Plan for HIV/AIDS. It was implemented in three provinces—Oudomxay, Khammouane, and Savannakhet—starting in mid-2001 and ending in 2004. The objectives

of the project were to support a comprehensive set of HIV/AIDS prevention activities in particular hot spots and to strengthen the capacity of the national and local HIV authorities and selected NGOs to develop community-based prevention and care programs.

CARE International—CARE International supports PLWHA, and pilot work that was undertaken in Savannakhet is now being expanded to Vientiane Capital through Médecins Sans Frontières. CARE also supports the Vientiane Capital Municipal Hospital, and it is preparing to establish a team that will work with a PLWHA association, which has 130 members. At the moment, there are 20 HIV-positive individuals in Vientiane Capital, including three children, and pilot work on the prevention of mother-to-child transmission is now underway there. As for research in this area, passive surveillance is being done and a report has been sent to the NCCA.B. CARE also provides STI services in Luang Prabang and Vientiane Capital.

Other Examples—Coordination and collaboration among international organizations such as UNAIDS, the WHO, UNICEF, the UNDP Thematic Trust Fund on HIV/AIDS, and the Canadian International Development Agency are ongoing. The German quasi-governmental development enterprise, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), is present in three provinces. Population Services International (PSI) is in 18 provinces. The Australian agency AusAID supports the Lao Red Cross, while the Burnet Institute, also of Australia, has worked to develop the capacity of the Lao military and police in seven provinces to respond to the spread of HIV/AIDS. The Swedish International Development Cooperation Agency has an HIV prevention program along the site of road rehabilitation projects in Borikhamxay province. Norwegian Church Aid has supported PLWHA at the provincial level, while Médecins Sans Frontières has assisted in care and support to PLWHA in Savannakhet province.

Challenges in Securing and Utilizing Foreign Funds

Resources are needed to fund various government initiatives, including the National HIV/AIDS Strategy, the Resource Mobilization Plan, and the Poverty Elimination Program. Financing the countrywide requirements for

responses to HIV/AIDS is an enormous burden for a developing country like Lao PDR, so a resource mobilization plan has been developed to ensure continuous support from existing development partners. This is particularly important given that it can be difficult to sustain donors' interest in supporting the HIV/AIDS program in Lao PDR when there is still low HIV prevalence in the country.

Most funding agencies require the government to put up counterpart resources for HIV/AIDS projects to be implemented, although it should be noted that the financial contribution from the government is very limited.

One of the problems encountered in the utilization of foreign funds is that they are not always released in a timely way to the implementers, which often results in delays in activities. Another major challenge has been the limited coordinating mechanisms between the implementing agencies and donors. In 2001, in an effort to resolve this, the Ministry of Health introduced Health Forums as part of a roundtable process to bring donors, NGOs, and government partners together for planning and coordination purposes.

Civil Society Response

National NGOs and community-based organizations do not exist in Lao PDR, with the sole exception of the Lao Red Cross, the only independent, national social organization in the country. However, an extensive network of mass organizations participates in the planning and implementation of HIV/AIDS activities, reaching from the central to the village level. These include the Lao Youth Union, which focuses on out-of-school youth education; the Lao Women's Union, which addresses reproductive health among women with HIV/AIDS; the Lao Trade Union, which conducts IEC campaigns among factory workers; and the Lao Front for National Construction. Each mass organization at the central level has appointed an HIV/AIDS focal person.

As has been noted, there are a number of international NGOs that are active in Lao PDR, including the following main organizations:

- Australian Red Cross: prevention of HIV/STI/drug use among youth
- CARE International: counseling and STI services, peer education

- FHI: surveillance, research, prevention and treatment of STI
- Macfarlane Burnet Institute for Medical Research and Public Health: capacity building of youth and military
- Médecins Sans Frontières: care and support and antiretroviral treatment for PLWHA
- Norwegian Church Aid: provincial-level support for PLWHA
- PSI: condom social marketing

Another nongovernmental actor is a regional organization, the Southeast Asian Ministers of Education Organization Tropical Medicine and Public Health Network (SEAMEO TROPMED Network), which has been active in the area of human resource development.

Finally, another nongovernmental group that has played a notable role in this field is Lao PDR's Buddhist monks, who provide spiritual healing and alternative medicine for PLWHA.

Government–Civil Society Partnership on HIV/AIDS

The Lao HIV/AIDS Trust was established on July 7, 1998. The project document was signed by the government of Lao PDR and the UNDP. It led to the creation of the Trust Management Unit as a separate, autonomous unit within the NCCA in August 1998. The trust is a management mechanism to mobilize resources and coordinate support for the Lao national response to HIV/AIDS and other STDs.

An earlier UNDP-funded project (Lao 95/016) had been very successful in strengthening capacity at a national level and expanding programs to the provincial level. The establishment of the trust was an essential next step because more resources are now needed to expand existing activities into a comprehensive national HIV/AIDS program, continue to extend activities to the provincial and district levels, and involve as many different sectors in the response as possible. One example of the type of project supported by the trust is a national condom social marketing project that was conducted by PSI. The project included brand name selection, marketing analysis, focus group studies (behavioral research), and resource mobilization prior to the national condom launch in April 1999.

UNICEF has continued to support key national partners—the Ministry of Education, the MoIC, the Federation of Trade Unions, and the Front for National Construction—in building skills for effective planning, as well as

in strengthening institutional capacity to integrate HIV/AIDS responses across the regular work of these institutions from the central level through to the provincial, district, and village levels.

Challenges to Civil Society Involvement in Fighting the Disease

Civil society needs to be continuously informed and updated about the HIV epidemic in Lao PDR. They need to be involved in prevention and control of HIV infection in the country. They need to be part of a coordinating mechanism, as is done in the case of the Country Coordinating Mechanism that supports the Global Fund project to fight HIV/AIDS and other STIs. They should be made partners in the planning and implementation of HIV/AIDS activities in order to sustain their interest in the issue.

Corporate Response

The corporate sector in Lao PDR has not been actively involved in the prevention and control of HIV/AIDS in the country. One of the rare examples involving this sector is a staff training program on HIV/AIDS at garment factories, provided by the Lao Federation of Trade Unions. They have used a manual for workplace education called "Friends Tell Friends" (stressing peer education) that was created by the Thai Red Cross and the Thai Business Coalition on AIDS. The manual was adapted for use in Lao PDR and has been incorporated into pilot programs in workplace settings. Another example can be seen in the projects funded by the Global Fund, which include HIV/AIDS/STI interventions that target pharmacies and private clinics. These activities are being implemented by the National AIDS Center and PSI. The Lao Chamber of Commerce and Industry, which represents private companies, is expected to become more involved, and there has already been some interest expressed.

One of the major challenges to promoting greater corporate involvement is the need to create a more enabling environment. Efforts need to be made to generate heightened interest and involvement among chief executive officers, presidents, human resource development officers, managers, company physicians and healthcare providers, and other top corporate officials. Another important step would be for the government to provide a workplace

policy that calls for mandatory provision of information and education on HIV/AIDS to the company employees as part of their health benefits.

Media Responses

Media in Lao PDR

All media organizations in Lao PDR are state run and fall under the jurisdiction of the MoIC, which plays a crucial role in controlling and censoring the content of all materials for print and broadcast. The MoIC gives feedback to the media during weekly meetings of all heads of publications and broadcast stations. Editors of broadcast stations and publications are responsible for censoring stories, images, and even advertisements dealing with sex to make sure they do not find their way into print or broadcast. Audio-visual materials imported from foreign countries are checked and censored by the MoIC, under whose regulations the import of books, CDs, films, and magazines with sexual themes is not permitted. (Any banned materials that are discovered are confiscated and burned, and the local importers are fined.)

Media Attention to the Domestic and Global Spread of HIV/AIDS

In recent years, the media, and particularly print journalists, have increasingly reported on HIV/AIDS prevention and shared their knowledge of the subject. This has been thanks to the efforts of officials engaged in HIV education who have invited journalists to cover their training courses or workshops on HIV/AIDS prevention in Vientiane and other provinces in Lao PDR. Many journalists have also written about condom use in relation to sexuality and the prevention of STDs, especially when people have sex with those other than their spouses.

The editor of *Vientiane Mai*, Somphet Inthisane, has noted that sexuality is not discussed openly by the print media due to government restrictions, particularly those imposed by the MoIC. The ministry, for instance, does not allow coverage of sex workers, and so issues regarding the sex trade do not appear in the country's Lao or English newspapers. Given such constraints, reporters who want to write stories concerning prostitutes have to use HIV/AIDS prevention, birth spacing, and condom use as a starting

point before eventually mentioning sexuality, safe sex, or prostitution. The editor of *Pathet Lao* echoed that opinion, stating that his newspaper does not write about prostitution openly, except in a very limited way. The focus is generally on educating readers about the problem of HIV/AIDS, other STDs, and ways to prevent them.

The reason media cannot write directly about sexuality is rooted mainly in the country's traditions. Though the country has developed socially and economically, its culture and traditions have been spared the onslaught of foreign values and customs. The elders still reject any publication on sexuality as a tool for sex education since they believe it would entice people to try sex. The Lao media are themselves concerned about pornography and prostitution and do not want to be seen as encouraging either.

Looking at the coverage over the past decade, however, one can see a definite shift in media coverage of the issue. In 1997, for example, the Lao media's reporting on sex and sexuality was very traditional, emphasizing positive, uncontroversial subjects. That year, AIDS was a new phenomenon in Lao PDR, but in keeping with tradition, newspaper articles failed to tackle the subject directly, instead choosing to focus only on peripheral details. Because the journalists' perspective was limited, they failed to dig deep into the subject they were writing about. For instance, when reporting on a workshop on AIDS, their stories made no mention of what the community should know about the disease. Or at a donors conference, they reported only on the identities of the donors and what projects they had previously supported.

Over the next few years, the media gained experience and became better informed on the subject. The stories showed greater depth and carried information from communities and from documents provided to them by international agencies involved in the AIDS campaign. It was also during this time that PSI began its tactic of "sponsoring" stories and paying journalists for every article they wrote on HIV/AIDS, with the stipulation that the contents be original and more in-depth.

By 2002, more frequent reports were appearing on safe sex in relation to STDs, condom use, and HIV/AIDS. They focused on sexual image and reproductive health (especially birth spacing), as well as the links between condom use and family planning, and between condom use and STD prevention. By this time, it was evident that many journalists were acquiring

stronger skills in conducting interviews and research. Instead of just writing news stories, the journalists began writing feature articles that carried views from people in the community whom they had interviewed. The stories were creative and reflective of what the public thought about the issue, presenting various points of view (something that was missing five years earlier). The stories, particularly those in the *Vientiane Times*, began to show a more "international style" of writing that introduced more quotes and action pictures, and the language also became less formal. Apparently, the training and support the journalists had received from government organizations, NGOs, and UN agencies such as UNICEF, were paying off.

The Lao government's grassroots campaign against AIDS also significantly helped the journalists by providing a clearer picture of the situation. This enabled them to write more and better stories. It also gave them the confidence and enthusiasm to seek more detailed facts about HIV/AIDS. Discussions on the disease enabled them to explore related topics such as sexuality. Notably, the journalists would begin by writing on HIV/AIDS prevention and reproductive health in the first and second paragraphs before touching on sexuality and safe sex.

Traditional culture remains very strong among Lao people, and so the topics of prostitution and sexuality are still taboo, with the very terms often evoking reflexive negative reactions. In a group discussion with young people conducted in September 2003, some 97% of them said that what comes immediately to mind when talking about sex and prostitution is sexual organs. This makes it "impolite" for them to bring the topic up in public. They said they "could not accept it," indicating that they were embarrassed by the subject. Still, they said that there should be sex education in school. They also said that sex is one of the topics they sometimes talk about with friends, but that young people rarely talk about it in the context of safe sex or sexual health.

Possible Role of Media in Responding to the Disease

The media has an essential role to play in limiting or reversing the progression of HIV. Education to promote awareness of HIV is a key factor in the fight against the disease, and clearly media organizations have enormous potential to undertake such activities. However, this requires a clear understanding of the challenges and obstacles to widespread and effective

HIV-prevention education. These challenges include a widespread lack of awareness, as a large percentage of young people have still never heard of AIDS. Equally damaging to the effort to disseminate factual information about the epidemic is the belief that HIV/AIDS is something that happens to people who are immoral or socially deviant. The triangle of denial, stigmatization, and discrimination means that many people worldwide have not yet accepted that the risk of contracting HIV applies to them. The impact of gender inequality must also be considered because women often lack freedom of choice and they sometimes find it harder to avoid HIV infection.

In order to effectively promote HIV/AIDS prevention and control, the media should give the epidemic prominent news coverage, dedicate more time and space to HIV/AIDS public service messages, support the broadcasting of HIV/AIDS special programming, and support the development of AIDS story lines in existing programming. They should also make public service messages and original programming freely available to other outlets.

In the context of Lao PDR, because people have been reticent to talk about issues of sexuality and safe sex, journalists should initiate a campaign, structuring their articles to depict the AIDS situation—its danger and basic preventive measures—with the aim of making people more receptive to the ideas of “sexuality” and “safe sex.” Journalists reporting on sexuality and safe sex issues have been encouraged to upgrade and improve both their writing skills and knowledge on sexuality and safe sex through workshops, short-term training, and information gathered from advocate organizations. As a result, Lao journalists (those responsible for health issues) are now noticeably more open to issues related to sexuality and safe sex and in disseminating that information. This has subsequently created an environment in which many Lao people dare to discuss and learn more about sexuality. Still, while Lao journalists now grasp the concept of safe sex, reporting about it graphically and yet in a manner that is culturally acceptable to the masses remains a major problem.

It should be noted that some forms of development will assist a national response to the HIV epidemic. This can be seen in the impact of an improved communication infrastructure enabling better provision of information to all people. However, other forms of development may help spread

the epidemic. Mass media can promote forms of culture and consumerism that undermine Lao culture, especially among young people. Movement of people from rural areas to cities can disrupt families, enhance experiences of isolation, and provide opportunities for sexual and drug using behavior that might otherwise not be available. Increased mobility, even within Lao PDR, takes many workers away from an environment with stable relationships and community support. Rushed development of tourism could lead to various forms of sex tourism, which are unknown in Lao PDR but widespread in surrounding countries.

Prospects for Regional and International Cooperation

Lao PDR is a member of the Association of Southeast Asian Nations (ASEAN) Forum on AIDS and served as its host in 2002. As mentioned earlier, Lao PDR has borders with Cambodia, Myanmar, Thailand, Vietnam, and China's Yunnan province. There is seasonal migration to northeastern Thailand and Bangkok. A good portion of migrants are CSWs, transport workers, traders, construction workers, migrant factory workers, and out-of-school youth—all considered to be highly vulnerable to HIV infection. These are circumstances that cannot reasonably be dealt with by Lao PDR on its own. The formulation of collective regional responses in terms of policies and action—for example, 100% condom use, or the provision of care and support to migrant workers in areas of their work (especially those illegally employed)—will be critical steps in the fight against HIV/AIDS.

Bibliography

- Garcia, Carlos et al. 2004. *Safe Sex and the Media of Southeast Asia*. Philippines: AIDS Society of the Philippines.
- Lao PDR Principal Recipient (PR) of the GFATM. 2002. Coordinated Country Proposal, "Prevention and Control of HIV/AIDS/STI, TB and Malaria in Lao PDR, March 2002."
- . 2004. Coordinated Country Proposal, "Prevention and Control of HIV/AIDS/STI, TB and Malaria in Lao PDR, April 2004."
- National Committee for the Control of AIDS Bureau. 2001. Country Report, Lao PDR, 2001.
- . 2004. Report on the Capacity and Need Assessment for Management Programme of HIV/AIDS/STI at Central and Provincial Level in Lao PDR.
- UNAIDS Laos Coordination Office. 2004. "How Can the Media Contribute to the Fight Against AIDS?"