Funding Request Cover Note

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| **Applicant Information 1** |
| **Geography** | Lao (Peoples Democratic Republic) | **Currency** | USD |
| **Component(s)** | Tuberculosis ;  |

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| **Eligibility Information** |
| **Income category** | Lower-LMI | **Focus of application** |  |
|  | Tuberculosis | **Disease Burden** | High |

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| **Review approach information** |
| **Portfolio categorization** | **Challenging operating environment** | **Review approach** | **Funding Request Type** |
| Focused | No | Tailored | Allocation;PAAR |

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| **Applicant information 2** |
| **Applicant’s name** | CCM Lao PDR |
| **Applicant type** | Country Coordinating Mechanism |
| **Proposed grant(s) start date** | 01-Jan-18 | **Proposed grant(s) end date** | 31-Dec-20 |
| **Principal Recipient(s)** |  |

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| **Summary of applicant funding request** |
| **Allocation funding request** (please only put numbers) |
| **Year 1:** |   |
| **Year 2:** |  |
| **Year 3:** |  |
| **Total:** | **$7,835,595** |

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| **Prioritized above allocation request** | **$1,715,335** |

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| **Catalytic investment request** |  |

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| **Program Title** | Ending TB in Lao PDR |

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| **Summary of Funding Request** |
| The Global Fund allocation for the TB component in Lao PDR will contribute to attain the National TB Strategic Plan 2017-2020 target of 70% case detection rate of TB all forms (new and relapse) by 2020 in order to decrease the incidence of TB by 20%, and the mortality due to TB by 35% and to achieve 0 catastrophic cost for TB patients by 2020, in line with WHO’s End TB strategy and Western Pacific Regional Office Implementation Framework. Material changes are related to: (i) the decreasing of external funding, (ii) the decentralization of TB and MDR-TB diagnosis and cares and monitoring by provinces and the focus on highest TB burden and vulnerable populations in synergy with private sector and community based organizations and (iii) the changes to the MOH and the Lao PDR Country Coordination Mechanism ‘joint programmatic approach’ for the key RSSH interventions. The CCM in collaboration with the MOH prioritised the continuation of strengthening the Health Information Management System and the Logistics Management Information System for Global Fund funding, with each disease contributing 6% of their allocation to the RSSH interventions. The HIV 6% allocation for RSSH has been included with the TB 6% allocation within this allocation for cross cutting resilient and sustainable system for health (RSSH) interventions and the other 6% contribution from the malaria allocation is proposed under the Regional Artemisinin Resistance Grant.Global Fund Allocation for TB component ($6,949,560) will focus on intensified case finding and treatment and care of TB and MDR-TB in the public health care network (6 central, 18 provinces, 148 districts hospitals, 965 health centres) and private sector, active case finding among high risk groups in prisons and high TB burden areas, and synergizing public, private and community based partners in reaching vulnerable populations including people living with HIV.**Objective 1: Achieve universal and equitable access to TB diagnosis and treatment for all people suffering from TB;** demonstrated by reaching 70% case detection rate of all new and relapse TB (7,500 cases) in 2020 from 40% (4,970 cases) in 2016. Interventions will focus on:- Strengthening diagnosis and treatment services for all TB and MDR-TB patients by all health providers in the Lao PDR primary health care network (18 provinces and 148 districts), and proper referral by health centres;- Scaling-up outreach active case finding (with X-ray and Xpert) among high risk groups: household contacts of TB patients, prisoners, persons living with HIV/AIDS and other co-morbidities like diabetes, mothers and children, mine and factory workers; - Expanding the coverage of the NTP partners community based organizations (CBOs) in 34 high TB burden districts with the allocation (and 19 more districts with PAAR)- Expanding the social franchised private clinics networks in 100 clinics and 160 pharmacies in 5 high TB burden provinces (and 4 additional provinces with PAAR)**Objective 2: Manage drug resistant tuberculosis**Demonstrated by 100% Xpert testing among presumptive MDR-TB patients, 100% rapid testing (LPA) of confirmed RR/MDR-TB patients for resistance to second line TB drugs, as recommended by 2016 GLC monitoring mission, notification of 70 RR/MDR-TB cases in 2018, 80 in 2019, and 90 in 2020 and enrolment of 90% on second line treatment (63- 72- 81). (DRS final results will allow WHO to refine estimated denominators end of 2017)**Objective 3: Strengthen TB/HIV collaborative activities**Demonstrated by TB-HIV indicators: 100% HIV testing among TB patients, 100% testing for active TB among persons living with HIV, 90% early start of ART among TB/HIV patients and 80% implementation of Isoniazid preventive therapy (IPT). The TB units will collaborate with the Centre against HIV/AIDS and sexually transmitted illnesses (CHAS) and the 11 anti-retroviral treatment (ART) centres in provinces, and with DCCA in districts to jointly provide the full package of patients centred TB/HIV diagnosis and care services.**Objective 4: Streamline the management of TB programme in a resilient and sustainable system for health (RSSH)**Demonstrated by improved procurement and distribution of all necessary tests and drugs and other supplies, no treatment interruption for patients (integration in LMIS) and on time submission of reports with quality data and capacity to analyse and use data at province and district levels (integration of TB information system in HIMS). Institutional capacity building will be a key underpinning principle of each area and will support programme planning, system development, capacities and skills of both staff of the disease programmes at all levels, and health system staff responsible the management and use of the health information and logistics management information systems. Technical Assistance will be tailored to the needs of both the TB/HIV and malaria programmes and the systems.Government co-financing (20% of the allocation) will support mainly training and supervision of health centres and village health workers, as well as providing advocacy communication and social mobilisation through radio and TV broadcasting. A prioritised above allocation request of $1,715,335 (≈25% of the allocation), would increase significantly TB and MDR-TB detection and treatment through decentralizing active case finding teams in highest TB burden provinces and increasing the district coverage by community based organizations (CBOs) and public private mix (PPM) focusing on high TB burden provinces and districts.  |