



**LAO PEOPLE'S DEMOCRATIC REPUBLIC**  
**Peace Independence Democracy Unity Prosperity**

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**Ministry of Health**  
**Country Coordinating Mechanism**  
**Global Fund to Fight AIDS, Tuberculosis and Malaria**

**Report of Oversight Field Visit**  
**Global Fund to Fight AIDS, Tuberculosis and Malaria**  
**Attapeu Province**  
**26<sup>th</sup>–31<sup>st</sup> March 2018**



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26 APR 2018

Vientiane Capital, Date.....

**Report of Oversight Field Visit**  
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**Attapeu Province, Date 26<sup>th</sup>–31<sup>st</sup> March 2018**

**Main Purpose:**

To oversight the implementation of the projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at Provincial, District and Health Center level according to the oversight schedules, and focused on five key issues: finance, procurement, implementation, reporting and results (output/outcome).

**Expected Results:**

To ensure activities are implemented and resources are used as specified in grant agreement, to learn strengths and weaknesses, to improve and overcome challenges. The Oversight Field Visit team seeks to achieve best practices to scale up country responses to HIV/AIDS, TB and malaria and other priority diseases supported by the Global Fund.

**Target Sites:**

1. Provincial Health Department of Attapeu Province (PHD)
2. TB Center in Provincial Hospital
3. Health Office of Phouvong District (HOD)
4. Viengxay Health Center
5. Naxeuk Health Center (Head of this health center participated and reported in PHD)
6. Health Office of Xanxay District
7. Ban Moun Health Center
8. Nam Ngone Health Center (Head of this health center participated and reported in HOD)
9. Report the oversight field visit's results to the PHD and relevant sectors to expand the strengths and find a way to resolve the pending issues.



**Participants:**

1. Representative of Department of Health Care, MOH
2. Representative of Center of HIV AIDS and STI (CHAS)
3. Representative of National Tuberculosis Center (NTC)
4. Representative of General Affair Division, Department of External Finance and Debt Management (MOF)
5. Representative of International Organization Division, Department of International Cooperation (MPI)
6. Representative of PLHIV Network, Central Region
7. Representative of Association of People Living
8. with HIV/AIDS(APL+)
9. Representative of Health advocacy and coordination WHO
10. Representative of CCM Secretariat

The Oversight Field Visit team has summarized the findings with recommendations to rectify issues related to these three diseases such consistency and success in implementing further work (see table below).

**HIV/AIDS**

<b>Summary of overall key progress and issues</b>
<b>1. Key Progress</b>
<b>Generally:</b> <ol style="list-style-type: none"><li>1. The project has a budget for the implementation (supported by the government and international organization such as GF and ADB)</li><li>2. Under the guidance of the leaders of provincial and district level, the projects were successfully implemented.</li><li>3. The local staffs from provincial to health center level cooperated as well.</li></ol>
<b>HIV/AIDS</b> <ol style="list-style-type: none"><li>1. Received the budget from Lao government to implement activities such as: Information Education Campaign (IEC) and the condoms can be distributed to key population;</li><li>2. Even though GF has not supported the grant since 2013, government provided some budget to implement some activities.</li><li>3. Purchasing only office equipments (some stationery) Besides, it is procured by the central level;</li><li>4. Have policies and laws on the prevention of HIV/AIDS</li><li>5. Monitoring and promoting the implementation of activities by integrating other activities such as HIV/AIDS, tuberculosis and maternal and child health into all relevant sectors, including provincial and local levels;</li><li>6. More patients accessed to the treatment and resulted in good recovery after taking medicine regularly;</li><li>7. The reduction of transmission and death rate is decreased;</li><li>8. Available VCT service for free HIV blood testing several points in the Province;</li><li>9. Good integration between TB and HIV;</li><li>10. Although the staff are less and less capable of carrying out tasks, they are responsible and actively carry out their work.</li><li>11. Overall, the activities were implemented in accordance with the plan;</li><li>12. The reports were mostly submitted on time.</li><li>13. There is a DHIS2 system for updating online data reports at the provincial level;</li></ol>



**Tuberculosis:**

1. Received the grant from GF to implement projects' activities from central to health center level;
2. Purchasing only office equipment (some stationery) Besides, it is procured by the central level;
3. Tuberculosis network has been expanded from Province to Health Center level;
4. GeneXpert has provided to diagnose with rapid and progressive diagnosis;
5. Good integration between TB and HIV ; TB Patients were tested for HIV100%
6. There is enough space to provide treatment for TB patients
7. Medical treatment drug for tuberculosis is available in stock.
8. Most of the activities achieved set indicator and expected targets.
9. There is a DHIS2 system for updating online data reports at the provincial level;
10. Regularly coordinating between health center workers and village workers
11. At health center level, there are many volunteers supporting the work of this project.
12. The reports were mostly submitted on time.

**Malaria:**

1. Received the grant from GF to implement projects' activities from central to health center level;
2. Purchasing only office equipment (some stationery) Besides, it is procured by the central level;
3. The malaria control program implemented all key activities in target areas and villages;
4. Malaria training in surveillance, case management and vector control was provided at provincial and district level;
5. Malaria surveillance system is being transformed into a key intervention for accelerating elimination;
6. Rapid diagnostic tests (RDTs) which provide rapid diagnosis at the point of care is available at all health facilities and key communities;
7. The rate of patients with malaria is decreasing each year;
8. Overall, the implementation of the activities was conducted as planned.
9. DHIS2 for malaria provides monthly updates at, district, provincial and national level;
10. Provincial and district level ensured that the medicines is not out of stock, except for a small period of malaria stock out in a limited number of health facilities at the end of 2017

**2. Key Issues****Generally:**

1. The transferring budget from center-province-district level was delayed;
2. The budget for activities is limited to provide IEC and can not be implemented in the remote areas;
3. Very old equipment and vehicles. Insufficient to cover the district and health center.

**HIV/AIDS:**

1. GF has stopped to support the fund on HIV sector since 2013;
2. Received the budget from Lao government to implement the activities of HIV/AIDS have been extended from provincial to district level, however they have not been extended to the health center level;
3. Implementation budgets are still limited and inadequate; The treatment of ARV patients was carried out only at the provincial level; For voluntary counseling and testing activities at provincial and district levels;
4. Contribution to HIV/AIDS prevention campaigns is not yet extensive;
5. The construction of many infrastructure did not include HIV/AIDS activities;
6. Private participation is still minimal;
7. There is no activity prevent Lao FSW and foreign FSW;
8. An infected person is not initially cared;



9. The health worker has not been involved in the training of AIDS, there are restrictions on the implementation of HIV/AIDS activities campaigns, and so on.
10. Not well implementation IEC due to insufficient budget;
11. The reports were sometime failed to submit on time.

#### **Tuberculosis:**

1. Detection of suspected TB cases is low, compared to the population and detection rate as well.
2. Difficult to manage the TB patients in some districts due to they live in remote area;
3. Staff in charge of TB was replaced of (DTM) at district and health center level that has not been trained in tuberculosis
4. Not well coordination between previous Provincial TB Coordinator (PTC) and new PTC
5. Not well implementation IEC

#### **Malaria:**

1. In Ban Moun health center, Xanxay district, malaria treatment especially 6x2 is nearly out of stock;
2. Difficult to control Mobile Migrant Population (MMP);
3. Increased of malaria patients in this province;
4. The presentation of provincial Malaria sector did not mention in detail financial issues.

### **3. Propose from province, district and health centers**

1. Request more funds to support the 3 diseases programs from provincial to health center level
2. Additional budget to organize quarterly meeting for lessons learn and annual meeting.
3. Budget for monitoring and training for staffs at district and health center level
4. Budget for implementing IEC at health center level.
5. Disbursement of timely budget and reserving cash for patients.
6. Increasing the transportation fee and maintenance budget for vehicles.
7. Request for modern equipment to diagnose diseases at district and health center level
8. District level, requested medical equipment and office supplies; photocopy machine, printer, laptops, cameras, Stethoscope and motorbikes to reach the remote areas.
9. Propose to integrate the activities of HIV/AIDS prevention and control in the infrastructure projects and all parties involved in supporting and promoting HIV/AIDS simultaneously.
10. Health center level requested long-term coated bed nets and speaker for mobile activities of IEC.
11. In Nam Ngone health center, Xanxay district requested for training of the treatment of tuberculosis and the use of medicine for malaria treatment.

### **4. Recommendation/Solution of OFV Team**

#### **Generally:**

1. Distribute staff in accordance with the activities of each project
2. Submit regular and timely report. The report should be based on the plan and the set indicators and should be reported in percentages to measure how much progress has been achieved. In addition, to know what are the key issues and how to address them.
3. Provincial level: Develop a detail action plan and identify which activities will be supported by international agencies and which activities that do not have a budget to propose to the government to be allocated the budget. Currently, the budget supporting from international agencies are decreased and the donors propose the government to provide more budget.
4. District level: intensify the health education for local people to know and understand the symptoms, route of transmission and measure for prevention. In case of suspected case, he/she should go to see the health care provider in order to have timely appropriate diagnosis and treatment.
5. Health center level: Even though there is no DHIS2 system, the information (data collection) is required to report to district level regularly.



**HIV/AIDS:**

6. Partners should have their own strategies and programs in the field of HIV prevention; Provincial and district partners regularly monitor and report to provincial HIV/AIDS Secretariat
7. The joint activity between border areas should be conducted to share reporting and annual lessons learned to the population migrating to the provincial area.
8. Provincial and district level should increase their local funding to implement HIV prevention and control activities.
9. Focus on health education as the key to disseminating HIV information to target populations at risk, and to increase access to high risk groups and to encourage people with HIV/AIDS to access treatment services.
10. Promote the integration of HIV/AIDS into the programs of TB and mother and child for achieving the goals;

**Tuberculosis:**

1. Recommended that the new and existing PTC should improve coordination and communication;
2. As a substitute for a project manager, it's necessary to create a permanent staff to continue the project;
3. Increase finding case of TB patients in children, adults and high risk groups (diabetics, persons who are closed to the patient, malnutrition, long-term use of Steroids, prisoners in a jail, etc.) by providing more IEC, and conduct ACF;
4. Increasing attention to better treatment follow-up, preventing MDR-TB and reducing disappearance patients and death as well.

**Malaria:**

5. Malaria stratification to target high risk populations with key activities in the south should be flexible and based on routine annual analysis of most up to date malaria transmission patterns using DHIS2;
6. Intensify case finding of TB patients in order to have a better detection rate and achieve national targets;
7. Health Center level, in case of having suspected case of TB, the sputum sample should be delivered to a district level for analyzing immediately.

Oversight field visit team of the Country Coordinating Mechanism of Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria would like to express our thanks to the leaders of the Provincial Health Department of Attapeu Province, TB Center in Provincial Hospital, Health Office of Phouvong District, Health Office of Xanxay District, Viengxay Health Center, Health Centers of Naxeuk, Ban Moun and Nam Ngone as well as all related officials who participated, thank you for your hospitality and cooperation to carry out this oversight field visit.



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ຮູບ/Photo

ພະແນກສາທາແຂວງອັດຕະປື/Attapeu Provincial Health Department



**ຫ້ອງການສາທາລະນະເມືອງພູວິງ/ Health Office of Phouvong District (HOD)**



**ສຸກສາລາວຽງໄຊ/ Viengxay Health Center**





**ຫ້ອງການສາທາລະນະເມືອງຊານໄຊ/ Health Office of Xanxay District**



**ສຸກສາລາບ້ານມູນ/ Ban Moun Health Center**

