



**Progress updated on HIV Programme
funding by HANSA and C19 RM**

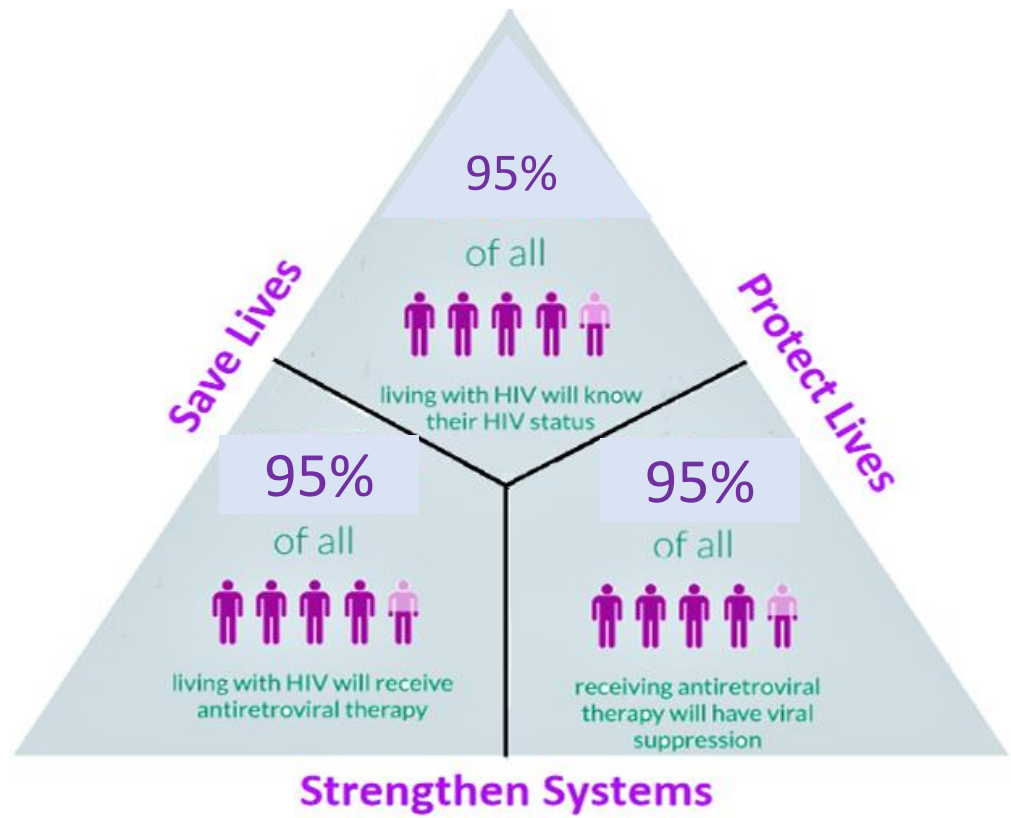
(Center for HIV/AIDS and STI)

**Progress updated on HIV Programme
funding by HANSA and C19 RM**



(Center for HIV/AIDS and STI)

HIV/AIDS strategy to ending AIDS 2030





Progress report on DLI-K (HIV)

Health and Nutrition Service Access (HANSA)

1. Period of implementation on DLI K

YEAR	Period
Y 1	01/01/2021 ព្រឹក្ស 31/05/2021 (5 months)
Y 2	01/06/2021 ព្រឹក្ស 31/05/2022 (12 months)
Y 3	01/06/2022 ព្រឹក្ស 31/05/2023 (12 months)
Y4	01/06/2023 ព្រឹក្ស 31/05/2024 (12 months)

2. Implementers DLI-K : CHAS, PCCAs, CHIAs and PEDAs

3. Areas of implementation for reach the key population (FSW and MSM)

FSW

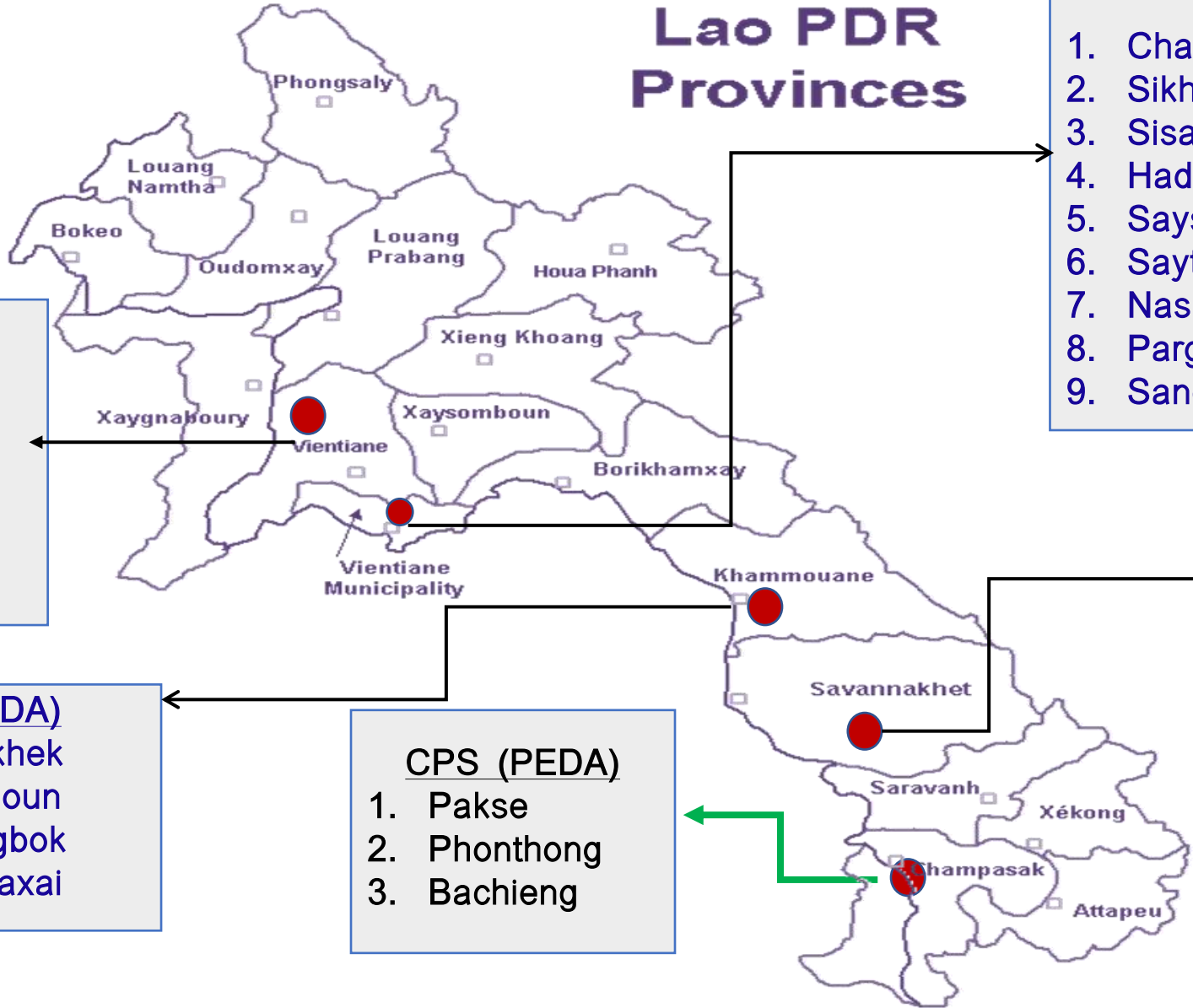
Provinces	Implementers
1. Vientiane Capital	PCCAs
2. Vientiane	PEDA
3. Khammaune	PEDA
4. Savanaket	PCCAs
5. Champasack	PEDA

MSM

ແຂວງ	Implementers
1. Louanprabang	CHias
2. Xayabury	CHias
3. Vientiane Province	CHias
4. Borikhamxay	PCCAs
5. Khammouane	CHias

FSW

Lao PDR Provinces



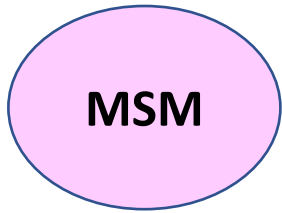
- VTP (PEDA)**
1. Keo Oudom
 2. Phonhong
 3. Vengvieng
 4. Thoulakhom
 5. Vengkham

- VTE PCCA**
1. Chanthaboury
 2. Sikhottabong
 3. Sisattank
 4. Hadsayphong
 5. Saysettha
 6. Saythany
 7. Nasaythong
 8. Pargnum
 9. Sangthong

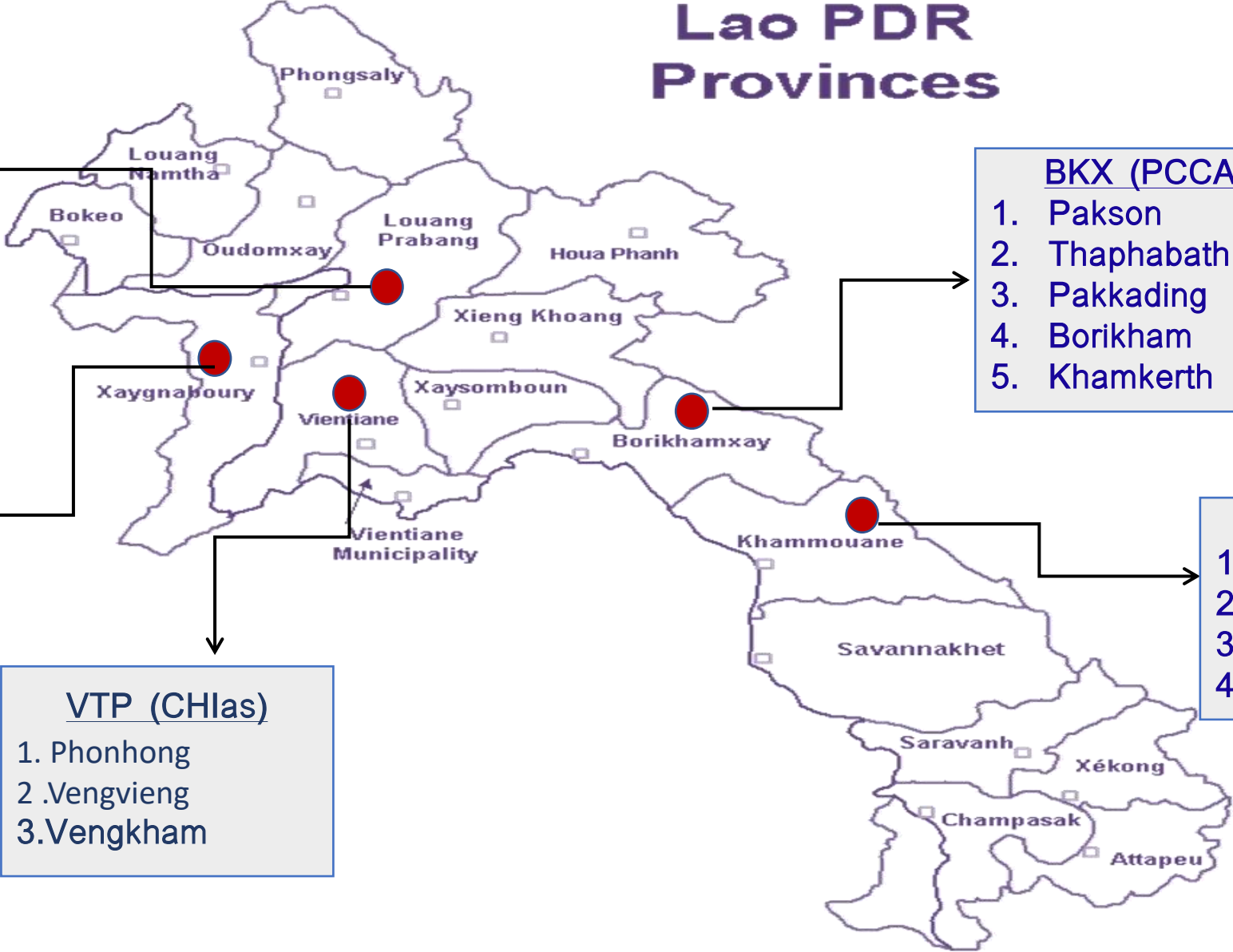
- KM (PEDA)**
1. Thakhek
 2. Hinboun
 3. Nongbok
 4. Mahaxai

- CPS (PEDA)**
1. Pakse
 2. Phonthong
 3. Bachieng

- SVK (PCCA)**
1. KaysonePhomvihan
 2. Sayphouthong
 3. Songkhone
 4. Outhonphone
 5. Atsaphangthong
 6. Phin
 7. Sepone



Lao PDR Provinces



- LPB (CHlas)**
1. Luangphrabang

- BKX (PCCA)**
1. Pakson
2. Thaphabath
3. Pakkading
4. Borikham
5. Khamkerth

- SBL(CHlas)**
1. Sayabury
2. Paklay

- KM (CHlas)**
1. Thakhek
2. Nongbok
3. Mahaxai
4. Saybangfay

- VTP (CHlas)**
1. Phonhong
2. Vengvieng
3. Vengkham

4. Health facilities provide services on ARV drugs for PLHIV

Provinces	Health Facilities (ART and POC sites)
1. Vientiane Capital	1. Sethathirath Hospital ARV 2. Mahosoth Hospital ARV 3. Friendship Hospital ARV
2. Khamouane	4. Khamouane Provincial Hospital ARV
3. Savanaket	5. Savanaket Provincial Hospital ARV 6. Songkhone District Hospital POC
4. Champasack	7. Champasack Provincial Hospital ARV
5. Saravanh	8. Saravanh Provincial Hospital POC
6. Louangprabang	9. Louangprabang Provincial Hospital ARV
7. Oudumxay	10. Oudumxay Provincial Hospital POC
8. LouangNumtha	11. LouangNumtha Provincial Hospital ARV
9. Borkeo	12. Borkeo Provincial Hospital ARV 13. Tonpeung District Hospital ARV
10. Huaphanh	14. Huaphanh Provincial Hospital ARV
11. Vientiane Provincial	15. Vientiane Provincial Hospital POC → 9/2021
12. Xayabury	16. Xayabury Provincial Hospital POC → 8/2021
13. Borikhamxay	17. Borikhamxay Provincial Hospital POC → ທ້າຍປີ 2021
14. Xiengkoung	18. Xiengkoung Provincial Hospital POC → ທ້າຍປີ 2021

ARV & POC

14
ແຂວງ



11 ARV



7 POC

Indicators of DLI-K

Indicator DLI K - (a1) Percentage of FSW received an HIV test in the past twelve (12) months and know their results

Percentage of FSW that have received an HIV test in the past twelve (12) months and know their results	Percentage Increase (FSW)				
	Y0	Y1	Y2	Y3	Y4
	0%	2%	2%	2%	2%

Indicator DLI-K (a2): Percentage of MSM received an HIV test in the past twelve (12) months and know their results

Percentage of MSM received an HIV test in the past twelve (12) months and know their results	Percentage Increase (MSM + TG)				
	Y0	Y1	Y2	Y3	Y4
	0%	5%	6%	8%	10%

Indicator DLI-K (b): Number of HIV positive cases currently on treatment

Number of HIV positive cases currently on treatment	Percentage Increase (on ART)				
	Y0	Y1	Y2	Y3	Y4
	0%	1.7%	4%	5%	5%

DLIK-A: Percentage and Number of FSW who received an HIV test in the past twelve (12) months and know their results

Y2

Increasing **2%** of FSW received an HIV test in the past twelve (12) months and know their results


Are of implementation	Baseline Y1 (06/2020-05/2021)			Target Y2 (06/2021-05/2022)		
	Estimate number FSW of 2021 *	Number of FSW received HIV test	% of FSW revived HIV test	+2%	Estimate number of FSW 2022 *	Number of FSW have HIV test
Vientiane Capital	3,412	3,399	99.6% →	101.6%	3,465	3,521
Vientiane Province	1,563	1,077	68.9% →	70.9%	1,587	1,125
Khammouane Province	1,299	1,218	93.8% →	95.8%	1,319	1,263
Savannaket Province	1,580	1,311	83% →	85%	1,605	1,363
Champasack Province	1,265	1,022	80.8% →	82.8%	1,285	1,064
Target FSW Y2	9,119	8,027	88% →	90%	9,260	8,336

DLIK-B: Percentage and Number of MSM who received an HIV test in the past twelve (12) months and know their results

Y2

Increasing **6%** of MSM who received an HIV test in the past twelve (12) months and know their results

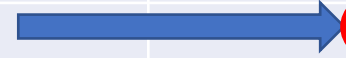
Are of implementation	Baseline Y1 (06/2020-05/2021)			Target Y2 (06/2021-05/2022)		
	Estimate number of MSM 2021 *	Number of MSM received HIV test	% of MSM revived HIV test	+6%	Estimate number of MSM 2022 *	Number of MSM have HIV test
Luangprabang province	1,659	57	3% →	9%	1,689	152
Xayabury Province	1,119	57	5% →	11%	1,139	126
Vientaine Province	1,905	1,067	56% →	62%	1,940	1,203
Borykhamxay Province	694	14	2% →	8%	706	57
Khammouane Province	1,077	577	54% →	60%	1,097	658
Target MSM	6,454	1,772	27% →	33%	6,570	2,168

Target Y2: 

DLIK-(C)
Increase 4% of
Number HIV positive
cases currently on
treatment

No.	Name of Health Facilities (ART and POC sites)	Y1 (end of may.21)	Target Y2 (+4%) (end of may.22)
1	Savannakhet	1,367	1,422
2	Setthathilath HP	2,736	2,845
3	Mahosot HP	1,420	1,477
4	Louangphrabang	596	620
5	Champasack	946	984
6	Bokeo	156	162
7	Louangnamtha	158	164
8	Khammouane	443	461
9	Tonpheung Dist. Hospital	51	53
10	Houaphan	80	83
11	Friendship HP	460	478
12	Saravanh	0	0
13	Oudomxay	20	21
14	Songkhone Dist. Hospital	0	0
15	Sayaboury	0	0
16	Vientiane Province	0	0
17	Bolikhamxay	0	0
18	Xiengkhuang	0	0
	Total	8,433	8,770

337 (+4%)



8,770

Progress report on DLI K Y2

Progress-DLI K Y2:

DLIK-A: Increasing 2% of FSW received an HIV test in the past twelve (12) months and know their results

No.	Provinces	Denominator	Baseline 12 months	2021							2022					Total		Target: +2%	Progress
				Jun	Jul	Aug	Sep	Oct *	Nov	Dec	Jan	Feb	Mar	Apr	May	Sum	%		
1	Vientiane Capital	3,465	99.6%	178	408	239	33	162	209	190	535	618				2,572	74%	101.6%	73%
2	Vientiane Province	1,587	68.9%	90	88	69	58	117	196	187	97	40				942	59%	70.9%	84%
3	Khammouan	1,319	93.8%	30	41	89	0	139	177	202	114	239				1,031	78%	95.8%	82%
4	Savannakhet	1,605	83%	80	117	0	0	0	60	200	76	90				623	39%	85%	46%
5	Champasak	1,285	80.8%	65	9	81	69	5	237	240	79	66				851	66%	82.8%	80%
Total		9,260	88%	443	663	478	160	423	879	1,019	901	1,053				6,019	65%	90%	72%

Target Y2= 8,336

Progress-DLI K Y2:

DLIK-B: Increasing 6% of MSM who received an HIV test in the past twelve (12) months and know their results

No.	Provinces	Denominator	Baseline 12 months	2021							2022					Total		Target: +6%	Progress
				Jun	Jul	Aug	Sep	Oct *	Nov	Dec	Jan	Feb	Mar	Apr	May	Tested	%		
1	Louangphabang	1,689	3%	34	33	34	82	2	40	100	14	13				352	21%	9%	221%
2	Xainyabouli	1,139	5%	23	22	22	79	33	22	90	13	9				313	27%	11%	248%
3	Vientiane Province	1,940	56%	80	142	103	52	100	141	123	62	116				923	48%	62%	77%
4	Bolikhamxai	706	2%	5	3	16	11	0	0	3	20	1				61	9%	8%	108%
5	Khammouan	1,097	54%	44	74	94	19	32	104	72	45	56				540	49%	60%	83%
Total		6,570	27%	186	274	269	243	167	307	388	154	195				2,189	33%	33%	99.5%

Target Y2=2,198

Progress-DLI K Y2:

DLIK-(C) increase + 4% of Number HIV positive cases currently on treatment

No.	ARV/POC Site	Baseline*	Target: 4%	2021								2022					Total	Progress
				Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
1	01 PH Savannakhet	1,367	1,422									1,308				1,308	103.6%	
2	02 CH Setthathirath	2,736	2,845									2,999				2,999		
3	03 CH Mahosod	1,420	1,477									1,394				1,394		
4	04 PH Luangprabang	596	620									584				584		
5	05 PH Champasak	946	984									956				956		
6	07 PH Bokeo	156	162									174				174		
7	08 PH Luangnamtha	158	164									156				156		
8	09 PH Khammuane	443	461									497				497		
9	10 DH Tonpheung	51	53									54				54		
10	11 PH Huaphanh	80	83									89				89		
11	12 CH Mittaphab	460	478									640				640		
12	13 PH Saravanh	0	0									39				39		
13	14 PH Oudomexai	20	21									72				72		
14	15 DH songkhone	0	0									65				65		
15	16 PH Xainyabouli	0	0									32				32		
16	17 PH Vientiane	0	0									23				23		
17	18 PH Borlikhhamxai	0	0									0				0		
18	19 PH Xiangkhouang	0	0									0				0		
Total		8,433	8,770									9,082				9,082	103.6%	

Budget for DLI-K and Co-financing in Y2


Celling Budget of DLI-K in Year 2 for CHAS CSO

Budget 2022		
Responsibility	US\$	%
CHAS	317.608	39,70%
CHias (CSO) MSM	157.632	19,70%
PEDA (CSO) FSW	77.829	9,73%
Sethatirath Hospital	21.783	2,72%
Mahosoth Hospital	14.488	1,81%
Friendship Hospital	9.852	1,23%
16 provinces	200.808	25,10%
ລວມທັງໝົດ	800.000	100%

Y 2021 Co-financing



182,655 \$



LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

Ministry of Health

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Campus
Chemin du Pommier 40
1218 Grand-Saconnex, Switzerland

Ms. Elin Bos,
Senior Fund Portfolio Manager

Subject: Government of Lao PDR co-financing commitment to Global Fund Supported Programmes (2021-2023).

The Global Fund has supported the national response to the three diseases (Malaria, TB and HIV) in Lao PDR in the past 17 years since the first HIV grant agreement in 2003. To date, the Global Fund investments in all three diseases (Malaria, TB and HIV) and RSSH to Lao PDR cumulatively amounted to over \$US 160 million.

MOH as the Principal Recipient (PR) has been in charge of grant management and accountable for using the grant and reporting the progress of the programs to the Global Fund. The sector wide reform process (HSR) developed by the Ministry of Health aims at enhancing the effectiveness and efficiency in all the departments of Ministry of Health. The HSR which has been endorsed by MOH in 2012 with full support from the key development partners in the country seeks a greater impact in the collaboration with the Global Fund which can support the country for reaching the SDGs and Universal Health Coverage.

In this regard for the upcoming grant allocation for the period of 2020-2022 and in reference to allocation letter for TB and HIV from Mr. Mark Eldon-Edington, Grant Management Division Head dated 13 December 2019 and a similar letter for Malaria RAI regional grants¹ dated 17 December, MOH LAO PDR acknowledges the Co-financing commitments for the implementation period of 2021-2023 amounted to USD 3,101,446 (20% of the allocation) for TB and HIV and USD 1,448,216² for Malaria RAI regional grants. Government of Lao PDR realizes that this will be important to establish sustainable national programs for controlling these three diseases as well as strengthen the National Health System.

The domestic resources for the implementation period of 2021-2023, acknowledged by MOH and MOF, will be invested into the disease programs as per the following table:

¹ Separate Letter submitted with RAI Regional Grant
² Separate Letter submitted with RAI Regional Grant

0373
Ref. No...../MOH
Date: **25 MAR 2020**

Program	Government Co-financing overview (in USD)						Total 3 Years 2021-2023
	2018	2019	2020	2021	2022	2023	
HIV	462,033	473,575	547,334	182,656	704,792	921,936	1,809,384
Tuberculosis	782,194	401,096	383,909	157,688	476,142.40	658,232.11	1,292,062.51
Total	1,244,227	874,671	931,243	340,344	1,180,934.40	1,580,168.11	3,101,446.51

These requested amounts will be consolidated into the MOH budget for each fiscal year and submitted to MOF in June. MOF will submit this to the parliament in July. The endorsement/approval will be made in the fourth quarter of every year.

The report of the government expenditure and supporting documents will be submitted to the Global Fund as a part of the annual reports every year.

Finally, I would like to take this opportunity to appreciate the Global Fund's engagement to work with the Government of Lao PDR in the fight against the three diseases.

Sincerely yours,



Assoc. Prof. Dr. Bounkong SYHAVONG
Minister of Health

Y2022 Co- financing

Co- financing Y1 in letter was progress

Lao People's Democratic Republic
Peace Independence Unity Democracy Prosperity

Ministry of Health
Communicable Disease Control Department
Center for HIV/AIDS/STI

Ref. No. 349 /CHAS

Summary of Co-financing (In cash) contribution by Lao Government to HIV/AIDS/STI Program in New Funding Request
Year 2021-2023

HIV Control Program (USD)						Government Budget Category
Item No.	Proposed interventions	2021	2022	2023	Total for 3 yrs	
Component 3: Treatment, Care and Support (focus on Health products and equipment Procurement)						
1	HIV test kits procurement		\$ 99,050	\$ 109,910	\$ 208,961	63
2	ARV drug procurement	\$ 106,720	\$ 352,135	\$ 603,168	\$ 1,062,023	63
3	OI/STI drug procurement	\$ 75,936	\$ 59,856	\$ -	\$ 135,792	63
4	CD4 analyzer/accessories		\$ 33,919	\$ 36,196	\$ 70,115	63
5	VL, EID cartridges & MDR genotyping		\$ 159,832	\$ 172,662	\$ 332,494	63
Grand total:		\$ 182,656	\$ 704,792	\$ 921,936	\$ 1,809,384	63

Vientiane Capital, date: 18 March 2020
Director of Center for HIV/AIDS and STI (CHAS)

ສູນຄຳເອກ
ແລະ ພາໄພ
Dr. Phouthone SOUTHALACK

Co-financing Y2
= 704,792 \$

- This amount was focus on Health product and equipment procurement.
- submitted on March 2021.

Progress updated on Y2 co-financing



ຫ້ວງສີສະເໜີ

ຮຽນ: ທ່ານລັດຖະມົນຕີ ກະຊວງສາທາລະນະສຸກ ທີ່ນິບຊີ
(ໂດຍສ່ວນກົມການເງິນ, ກະຊວງສາທາລະນະສຸກ)
ເລື່ອງ: ຂໍອະນຸມັດງົບປະມານ ປະຈຳປີ 2022 (ທຶນສົມທົບເຂົ້າໃສ່ໂຄງການກອງທຶນໂລກ) ໃຫ້ສູນຄ່າເສດ
ແລະ ມາຍ ທຶນອນໃນແຫຼ່ງງານກັບເສຍາດ ແລະ ຄວບຄຸມເສຍາດຈິດຕໍ່ (ແບບຮຽນ II).

- ສິ່ງກາມ ການຈັດຕັ້ງ ແລະ ການຕ້ອນໂຫວ່ຂອງກົມແຜນການ ແລະ ການຄ່ວມມື, ກະຊວງສາທາລະນະສຸກ ສະບັບເລກທີ 0210/ສກ, ລົງວັນທີ 12 ກຸມພາ 2018;
- ສິ່ງກາມ ແຜນງົບປະມານຂອງລັດຖະບານສົມທົບເຂົ້າໃສ່ໂຄງການກອງທຶນໂລກ ໃນປີ 2022;
- ສິ່ງກາມ ສະໜັບສະໜູນສູນຄ່າເສດ ແລະ ມາຍ ສະບັບເລກທີ 1284/ສກ, ລົງວັນທີ 25 ຕຸລາ 2021 ກ່ຽວກັບການສົ່ງງົບປະມານ ປີ 2022.

ກົມແຜນການ ແລະ ການຄ່ວມມື ຂໍຖືເປັນກຽດຮຽນສະເໜີມາຍັງທ່ານ ເພື່ອອະນຸມັດງົບປະມານ ປະຈຳປີ 2022 ໃຫ້ສູນຄ່າເສດ ແລະ ມາຍ ທຶນອນໃນແຫຼ່ງງານກັບເສຍາດ ແລະ ຄວບຄຸມເສຍາດຈິດຕໍ່ (ແບບຮຽນ II) ໃນການຈັດຕັ້ງປະຕິບັດໂຄງການ ແລະ ກິດຈະກຳດັ່ງກ່າວຂອງລຸ່ມນີ້:

ລະດັບ ກິດຈະກຳ	ກິດຈະກຳຕາມແບບຮຽນ, ແບບຮຽນເອກ ແລະ ໂຄງການ	ງົບປະມານ (ກີບ)	ບາດສ່ວນ ສິດສິດຊອບ
2	ແບບຮຽນກັບເສຍາດ ແລະ ຄວບຄຸມເສຍາດຈິດຕໍ່		
2.4	ແບບຮຽນເອກ ສະກັດກິ້ນ ແລະ ຕຳນຽມສູ່ເສດໄວເວີລາ ແລະ ເສຍາດຈິດຕໍ່ໂຄງການສຳລັບ (ມາຍ)		
2.4.1	ໂຄງການ ເພີ່ມການປົກຄຸມສົມທົບເສຍາດ ແລະ ໃຫ້ໄດ້ທຳນຽມໃນວຽກງານເຊ່ອງກັບການ ກິດຈະກຳເສດໄວເວີລາ ແລະ ການຄວບຄຸມເສຍາດ, ສູ່ເສຍາດ ແລະ ປັບປຸງ, ຜູ້ຈັດສູ່ເສດໄວເວີລາເສຍາດ ແລະ ມາຍ		
2.4.1.1	ຈັດສົ່ງປັບປຸງເສຍາດເສຍາດສູນ (OIST) ສຳລັບປີ 2022 (ສົມທົບໃສ່ກອງທຶນໂລກ)	753 613 000	ສູນຄ່າເສດ ແລະ ມາຍ
2.4.1.2	ຈັດສົ່ງປັບປຸງ ແລະ ນຳຢາກວດພົບຈຳນວນໄວເວີລາໃນເລືອດ (Viral Load cartridge) ສຳລັບປີ 2022 (ສົມທົບໃສ່ກອງທຶນໂລກ)	1 388 650 000	ສູນຄ່າເສດ ແລະ ມາຍ

2.4.1.3	ຈັດສົ່ງປັບປຸງ ແລະ ນຳຢາກວດພົບຊຸມກັບ (CD4) ສຳລັບປີ 2022 (ສົມທົບໃສ່ກອງທຶນໂລກ)	242.880.000	ສູນຄ່າເສດ ແລະ ມາຍ
2.4.1.4	ຈັດສົ່ງຢາຕໍ່ເຊື້ອຈຸລະໂລກ ເສດໄວເວີລາ (ARV) ສຳລັບປີ 2022 (ສົມທົບໃສ່ກອງທຶນໂລກ)	3.273.080.000	ສູນຄ່າເສດ ແລະ ມາຍ
2.4.1.5	ຈັດສົ່ງນຳກວດເລືອດເສດໄວເວີລາ ສຳລັບປີ 2022 (ສົມທົບໃສ່ກອງທຶນໂລກ)	904.960.000	ສູນຄ່າເສດ ແລະ ມາຍ
ລວມງົບປະມານທັງໝົດ		6.563.183.000	

ໂຄງການ ແລະ ກິດຈະກຳດັ່ງກ່າວ ລວມມູນຄ່າທັງໝົດ: 6.563.183.000 ກີບ (ຫົກຕື້ ຫ້າພ້ອມຫົກພັນສາມຮ້ອຍ ຫ້າພັນສາມຮ້ອຍສາມພັນກີບຖ້ວນ) ເປັນທຶນສົມທົບຂອງລັດຖະບານເຂົ້າໃສ່ໂຄງການກອງທຶນໂລກ ກ່ຽວກັບວຽກງານເຊ່ອງກັບເສຍາດ ແລະ ມາຍ ປະຈຳປີ 2022 ເພື່ອຈັດຕັ້ງປະຕິບັດໃຫ້ອັນຕາມແຜນຂອງງົບປະມານສະເໜີໃຫ້ບາດສ່ວນສົມທົບຊອບຄຳຕົກລົງເສຍາດ ຊຶ່ງປະກອບດ້ວຍ:

1. ຫ້ວງສີສະເໜີຂອງກົມກອງກ່ຽວຂ້ອງ;
2. ບົດສະເໜີໂຄງການ;
3. ແຜນໃຊ້ຈ່າຍງົບປະມານ;
4. ຮ່າງສຳນຽງ;
5. ວາລະ (ກໍລະນີກອງປະຊຸມ ຫຼື ລົງທຶນຕາມສູດ); ຖ້າແມ່ນການອົບອຸ່ມຕ້ອງໄດ້ປະກອບມາດຕະການສາທາລະນະສຸກ;
6. ກິດຈະກຳແຜນງົບປະມານ ປີ 2022 ທີ່ອະນຸມັດ-ອັບຮອງ ໂດຍ ລັດຖະມົນຕີ.

ດັ່ງນັ້ນ, ຈຶ່ງຮຽນສະເໜີມາຍັງທ່ານເພື່ອມີຈາລະນາຕາມທາງຄວນດ້ວຍ. P



- MOH approved on 1st November 2021.
- list of health products (ARV, OI, Lab equipment and reagent) were submitted to DPC.

Challenges

Challenges

Corona virus 19(COVID-1) pandemic since 1 April 2020 the country was lock down, it have impacted to PLHIV patience and it hard to reach the target group (Key population FSW and MSM) .

- Entertainments, bar beers, resorts, Massage shops, guesthouses, schools those places were closed up service.
- Hidden FWS can't accessed them.
- PLHIV lost of follow up.
- Procurement and supply were not on time.
- PSM cost was high.
- Still waiting budget in year 2022(Y2) up to now.

Solutions:

- Used peer education to find out them network and snowballing method to access hidden of FSW and Mobile HIV testing.
- MMD for PLHIV.

HIV test for FSW in field during covid19 situation

Spa & Beauty Massage



Rental room



Major risks to HIV Grant: FSW

Risks	Mitigation Measures	Risk management actions during COVID-19
<p>1. Hidden high-risk populations FSW not being reached for VCT and services)</p>	<ul style="list-style-type: none"> ➔ Developing mechanism to reach the hidden of FSW. ➔ Using social media to promote and link with network to access key population and HIV testing 	<ol style="list-style-type: none"> 1. Strengthening the closed coordination, collaboration and plan due to Covid-19 situation among CHAS, PCCAs/DCCAs, PE and CSOs to fit the real time situation. 2. Continuing the implementation of activities on raising awareness and providing mobile HIV testing services at the sites and hotspots. 3. Increasing the frequency to reach FWS in collaboration with the national and local TASK Force Committee against Covid-19 to find the way how to access to key population. 4. Recommending and providing the team at the implemented sites on the national guidelines of the prevention and control Covid-19. All should be healthy and safe. 5. Closely monitoring activities and ensuring data entry through DHIS2 system.

Major risks to HIV Grant: MSM

Risks	Mitigation Measures	Risk management actions_ Covid19 Pandemic
<p>2. Hidden high-risk populations MSM not being reached for VCT and services (Covid19 pandemic) (June-Oct/2021)</p>	<ul style="list-style-type: none"> ➤ Continuing to strengthen strategy for reaching MSM and providing health services. ➤ Improving Index testing activities ➤ Using social media and linking with network to promote and access the HIV testing 	<ol style="list-style-type: none"> 1. Consultation with partners at Provincial level and PCCAs for the guidance and set up plan to reach MSM target 2. Using Social media or online network (WhatsApp, Facebook, MSM application group) to promote and access HIV testing and PrEP for key population such MSM. 3. Training-Retraining Peers and field teams on the Implementation of index testing and PrEP. 4. Improving coordination and collaboration between outreach activity teams and health care providers at health facilities on HIV testing and referral to ART sites. 5. Using safety IPC equipment during implemented activities such as PPE, mask, alcohol, gloves, self-face cap....for Peers. 6. Closely monitoring activities and ensuring data entry through DHIS2 system.

Major risks to HIV Grant: PLHIV

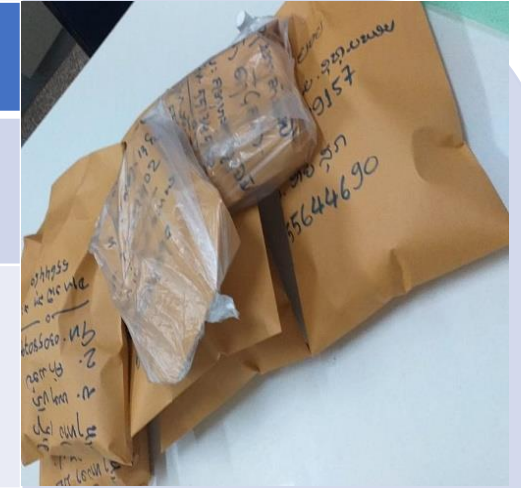
Risks	Mitigation Measures	Risk management actions_ Covid19 Pandemic
<p>Disruption to ARV pick up and Care seeking due to COVID Lockdown</p>	<ul style="list-style-type: none"> • Communication and peer-support for drug delivery to ensure continuity of HIV treatment • MMD Strategy • Telehealth Provider • Fast Track ARV pick up at ART sites • Scaling up Point of Care (POC) sites 	<p>During COVID-19 outbreak, PLHIV were affected by travel restriction and had disruption in continuity of treatment. Peer support provides home delivery of MMD ARV refill during COVID lockdown</p> <p>Telehealth provider done by health care workers and Peers at ART sites is very crucial to follow up patient’s health and adherence. Using technology on mobile phone to have a video call for checking ARV drug and psycho-support during COVID lockdown.</p> <p>Fast track ARV pick up is more implemented during COVID-19 pandemic at ART sites according to the guidance and SOP</p> <p>Scaling up POC sites at provincial and district level will make PLHIV more accessible to HIV treatment, reduce transportation cost for ARV refill at ART sites and reduce LTFU cases particularly during COVID lockdown</p>

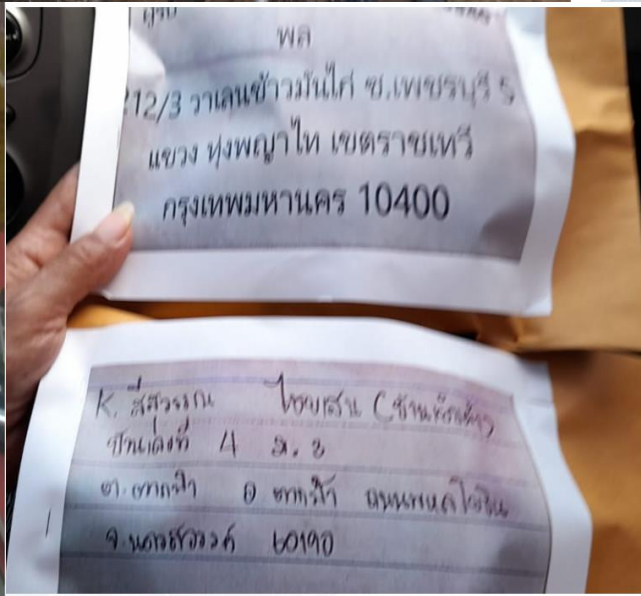
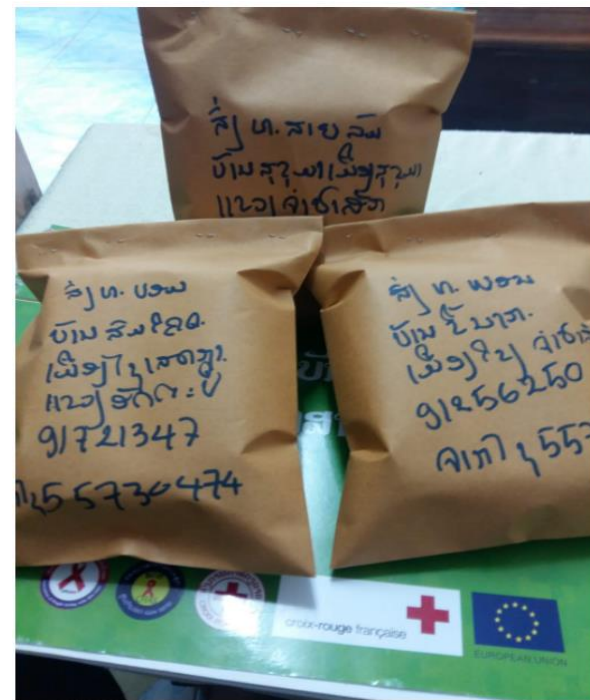
(Mitigation Plan)

SOP on community based ART Delivery model in Lao PDR

ARV

Scenario	Strategies
PLHIV living near ART sites	<ul style="list-style-type: none">Fast track ART pick-up at ART sites
PLHIV living in the urban area	<ul style="list-style-type: none">Home-based ART delivery by peers and health care workers
PLHIV living in the rural area	<ul style="list-style-type: none">Community ART group delivery by peersFamily group ART delivery
PLHIV living in other countries e.g., Thailand	<ul style="list-style-type: none">ART refill by post





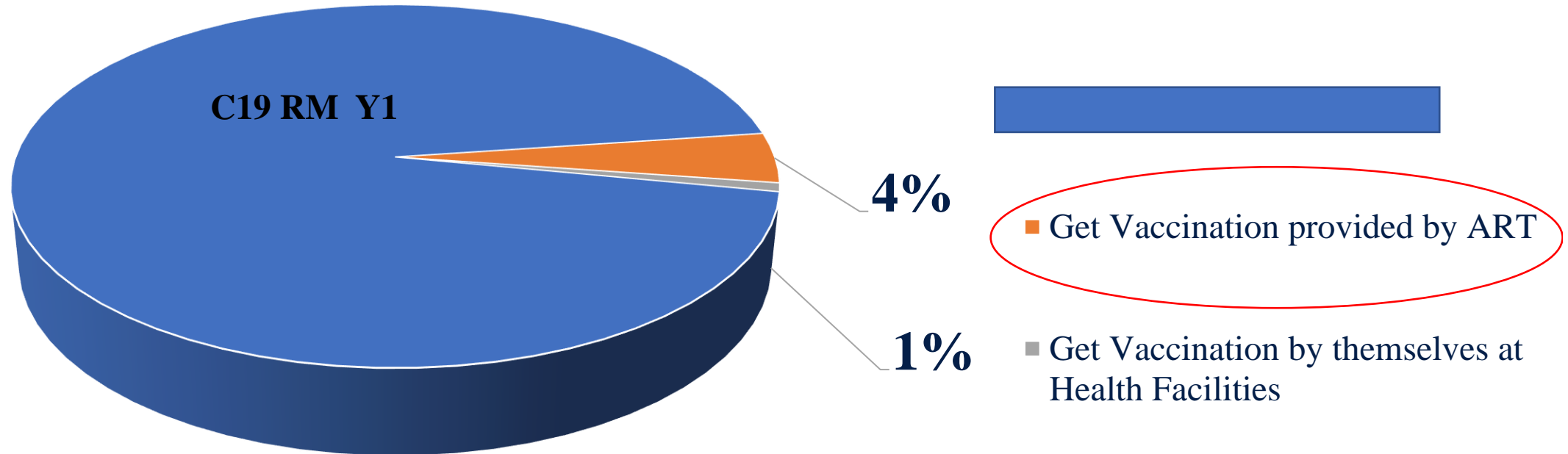
Number of PLHIV received ARV delivery in 2021

ART sites	Q2	Q3	Q4
SVK	245	279	128
STR	255	297	330
MHS	212	98	328
LPB	142	200	276
CPS	138	89	138
BK	57	33	114
LNT	96	119	77
KM	483	579	543
TP	71	59	58
HP	75	52	66
FSH	130	77	128
Total	1904	1882	2186

1. Provide service COVID-19 vaccination for PLHIV at 3 ART sites



PLHIV n= 8551



Mitigating actions

Capacity building of Health care provider

- Meeting with site to review implementation status with 11 ARV sites
- Refresher training including case conference and QI workshop for Health care provider and CSOs
- Develop and implement QI plan to improve index partner HTC service
- Monitoring and coaching on site for care and treatment service
- Support ARV sites conduct monthly meeting

Establishing selected new POC for stable PLHIV

- Develop of quality improvement coaching manual
- Training on utilization QI coaching manual for Health staff fro ARV
- QI and index testing sharing lesson learned for ART and POC
- Training S&D for health care staff in 11 ARV sites and 6 POC

Establishing HIV-1 Recent infection surveillance among persons newly diagnosed with HIV

- National consultation workshop to finalize protocol of HIV-1 recency testing service
- Capacity building 11 ARV sites and 1 POC to implement
- Workshop for HIV recency data collection and reporting system (VCT log book Lab log book, DHIS2)

Strengthen laboratory Capacity and quality system

- Strengthen National HIV serology EQA program t monitor laboratory performance and the quality of HIV testing
- Consultation meeting to discuss and planning EQA
- On site supervision and evaluation to observe the testing process

Strengthening HIV strategic information (SI)

- Consultation meeting on sharing lesson learn to harmonize HIV/AIDS data from HIV CAM plus and DHIS2 software
- Workshop on population estimation by used AEM software
- Meeting on data quality check and data used for provincial and ART level in DHIS2 software
- Consultation on monitoring and evaluation to support strategic information at CHAS
- Supervision and monitoring data quality check in SVK and CPS provinces



Progress updated on C19 RM

C-19 RM (COVID-19 Response Mechanism Project)

- **Implementation Period 3 years :** 1 January 2021 - 31 December 2023
- **Activities and Budget:** 597.283 USD
- **Main Focus of C19RM Funding:** Mitigation of Covid19 risks for the HIV programs

Progress update C-19 RM funding (2021)

- The **Signed contract** between DPC/NPOC/PR and CHAS to Implementation Project: **1st October 2021**
- **Completed open bank account** for COVID-19 funding 2021.
- **Recruited** Project coordinator and Finance officer .

Remark: CHAS does not have any procurement of health product in this grand

**Detail activities C19 RM Y1/2021
134,640 \$**

CHAS_C19RM budget for 2021		
Budget Line No.	Activity Description	Budget (USD)
182	IPC related activity cross cutting. TOT workshop to update on IPC information for Prevention of Covid-19 and HIV, TB, Malaria for PHO staff	12,427
184	Awareness raising on HIV and COVID-19 vaccination and impact mitigation for PLHIV	1,443
226	Airtime support to improve VCT/STI data reporting and data assurance. Top up phone credit (50,000 LAK/month) allocation for data manager for all VCT sites to follow up VCT and STI data report, including data verification at site level.	6,217
227	Supporting data recording and reporting on VCT/STI data through DHIS2 system at all level. Procure 1 computer laptop per site for real time reporting in HMIS (2 for CHAS, 18 for provinces).	18,893
229	Airtime support for communication and conference by installing video conference system at national program office (CHAS) and 18 PHO office 1) Install Video conference system at CHAS office including 1 laptop	18,999
230	Support IT equipment for communication and conference by installing video conference system at national program office (CHAS) and 11 ART sites and 7 POC in hospitals	17,003
231	Airtime support for communication and conference by installing video conference system at national program office (CHAS) and Internet connection for 18 PHO	3,809
233	Project management and coordination (one Project coordinator, one Accountant)	9,000
238	Additional support for poor PLHIV to mitigate COVID-19 impact, to encourage for ART retention, coming for clinical visit and VL testing, and reduce LTFU problems during COVID-19 pandemic	8,588
239	Household visit/Home based care for PLHIV those who have been severely affected by COVID-19 impacts and loss to follow up for ART retention. ARV drug delivery will be provided to patient and health consultation during visit.	3,401
240	Site coaching and supportive supervision on ARV care and treatment. To support case management and service quality improvement (QI) at new POC sites	3,741
241	Support Lab testing fees for ARV&OI treatment monitoring for PLHIV in ART&POC sites	26,106
243	Project administration cost and supplies	2,408
249	Support S&D CQI intervention and activity for ART and POC sites, including patients experiences routine monitoring against S&D issues (For site level)	2,576
	Total:	134,610

• PR will procurement of 3 activities line in amount of budget 54,895.05\$ /134,640 \$ those of budget with PR as such in 229 line was process of procurement. In activities line 227 and 230 submitted documents to PR on 10 March 2022 to PR for procurement, Now those activities were in process).

• CHAS Received budget activities Q3+Q4 (7-12 Dec2021) on 28 Decamber2021 was 65,846\$. Those activities was spend 30% (19,745\$) delay of payment.

• For the Q5 activities received on 9 March 2022 = 69,095\$

Areas for further enhancement of partnerships

- **WHO :** Technical assistance, guideline development, National data base (DHIS2), POC, PrEP, PMCT.
- **UNAIDS:** HIV/AIDS National Strategic Action Plan Review and Development, Key Pop demographics survey (IBBS), Technical assistance, M&E.
- **AHF :** Support gap on some Peer at ARV site, community based testing, some test kit ad condom, Food and some transportation.
- **Aids Care China:** ARV care and treatment for foreigner , HCV – HBC treatment.
- **PEPFAR/USAID/FHI:** Index & Self testing, Community Linkage and retention, adherence, KP (MSM, TG), Training and supervision (CQI & Clinical Treatment Services), M&E, program management, PrEP , Quality
improvement, Strategic information, HTC, External quality assessment (EQA), index testing, Recency testing.
- **GFATM/CHIA :** HIV testing/Laboratory/community services, TB/HIV, KP, PP, Commodity & supply, ARV for PrEP, PSCM/ Forecasting & Warehousing and Inventory (through CHAI), non-professional HCWs, Above site Programs, Care and treatment, Prevention, OVC programs by CHIAS.
- **Government :** Co-financing all health services including support partners fighting HIV/AIDS in country...

TB/HIV Collaboration

- CHAS to share areas of collaboration with TB program: supervision, monitoring, testing and treatment, etc....
 - Assign TB/HIV focal point
 - Conduct quarterly meeting
 - Develop TB/HIV co-infection Policy and guideline
 - Share responsibility for indicator
 - Joint Monitoring and supervision
 - Support IPT and CPT for patient HIV infection
 - Viral load testing by using Gene X pert machine



Thank you for your attention

Q&A