Progress Updates
on HIV program

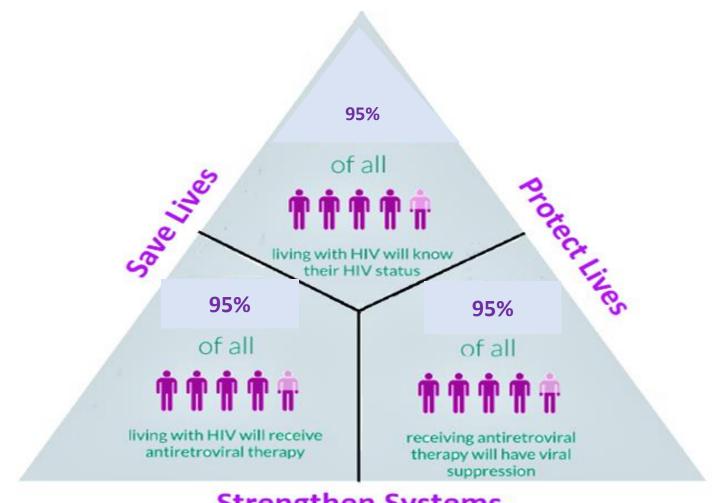
and GF/C19RM grant



# Presentation outline

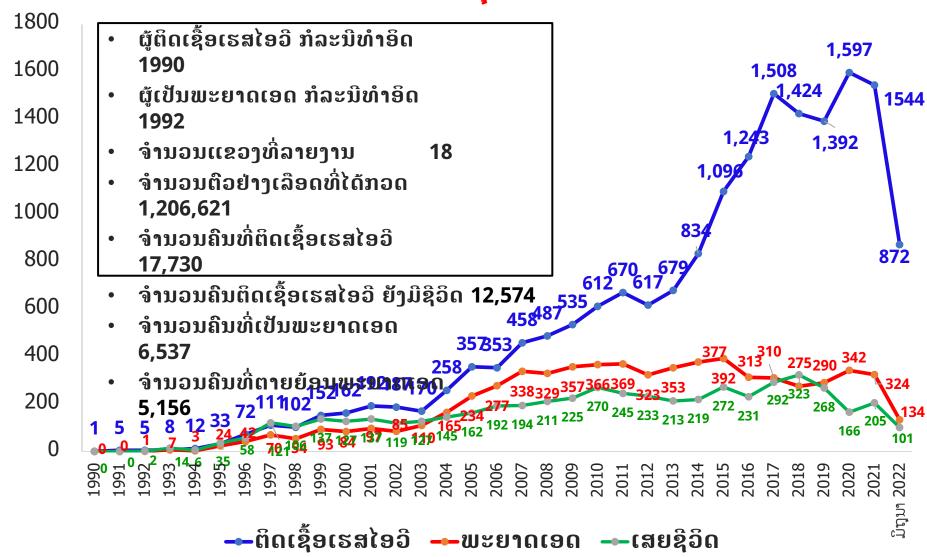
- 1. HIV situation and Progress towards 95-95-95
- 2. Budget Results for C19RM
- 3. Program strategy and areas development

# HIV/AIDS strategy to ending AIDS 2030

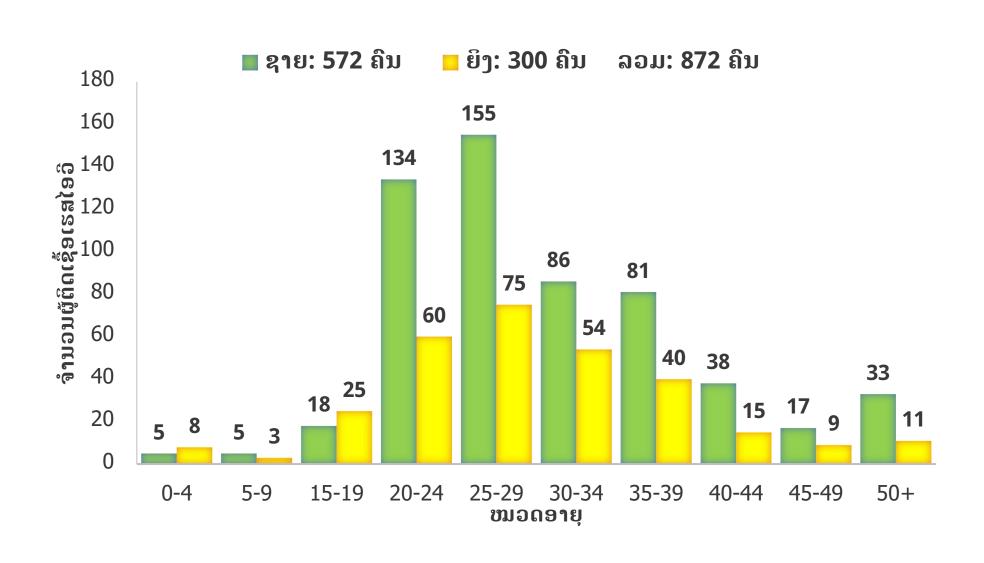


**Strengthen Systems** 

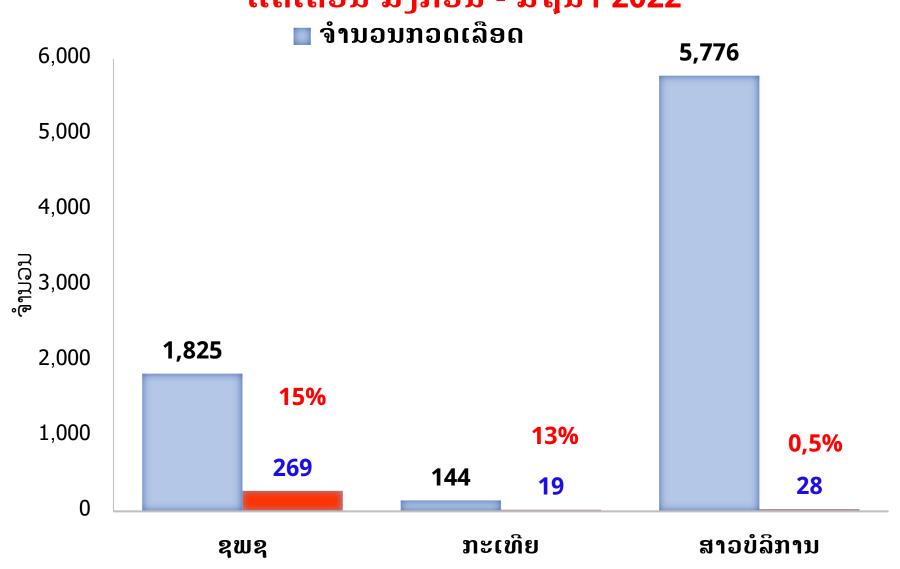
#### ຈຳນວນຄືນຕິດເຊື້ອເຮສໄອວີ, ເປັນພະຍາດເອດ ແລະ ເສຍຊີວິດ ຍ້ອນພະຍາດເອດ ແຕ່ປີ 1990-ມິຖຸນາ 2022



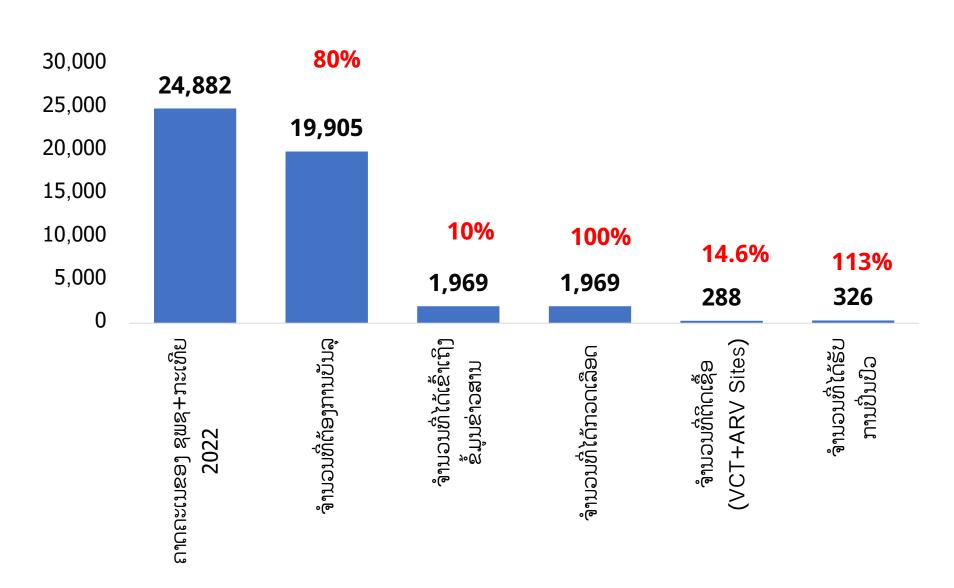
### ຈຳນວນຜູ້ຕິດເຊື້ອເຮສໄອວີ ແຍກຕາມໝວດອາຍຸ ແລະ ເພດ , ແຕ່ເດືອນມັງກອນ-ມິຖຸນາ 2022



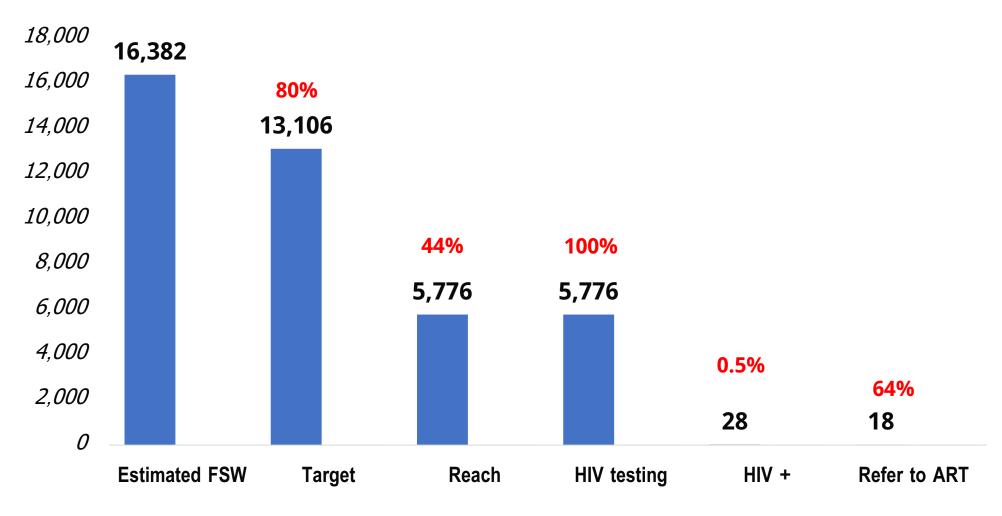
# ເປີເຊັນການຕິດເຊື້ອເຮສໄອວີ ທຽບໃສ່ການກວດເລືອດ ໃນກຸ່ມ ປະຊາກອນສ່ຽງ ແຕ່ເດືອນ ມັງກອນ - ມິຖຸນາ 2022



#### ຜົນໄດ້ຮັບຈາກແຜນງານການປ້ອງກັນເຮສໄອວີໃນກຸ່ມ ຊາຍທີ່ມີເພດສຳພັນກັບຊາຍ ແລະ ກະເທີຍ ແຕ່ເດືອນ ມັງກອນ - ມິຖຸນາ 2022

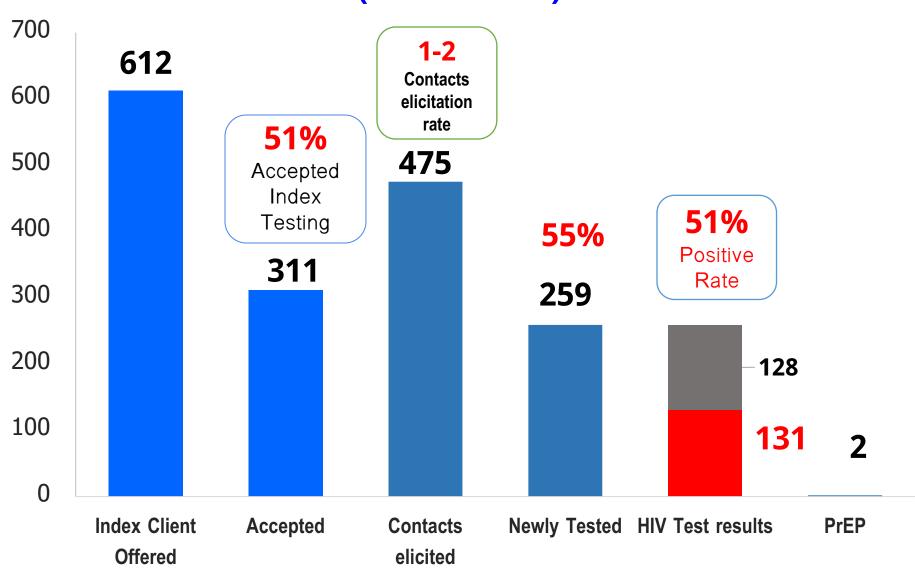


# HIV prevention among FSW (Jan-Jun 2022)

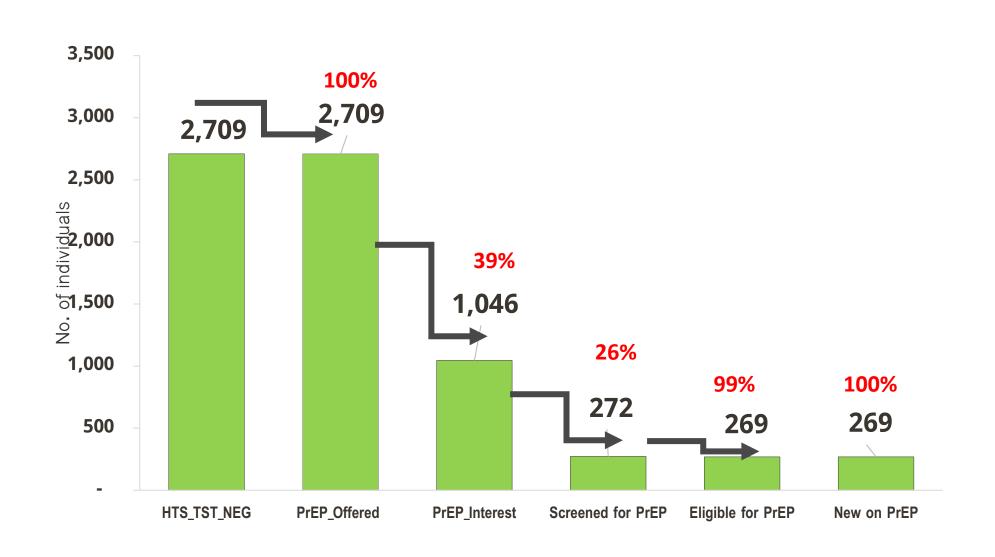


# **Index Testing in 11 ART sites**

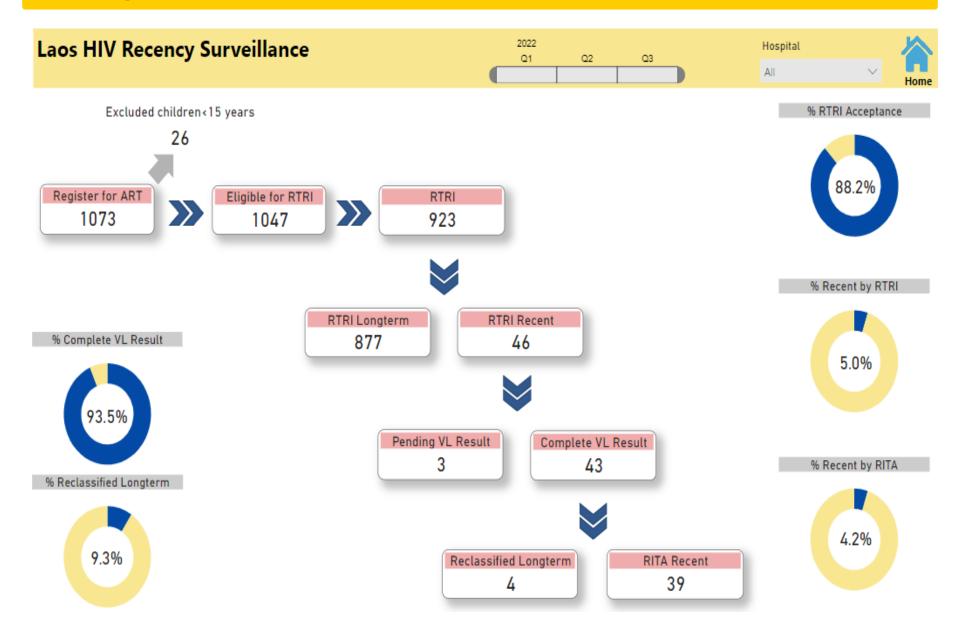
(Jan-Jun 2022)



# PrEP result (in 3 provinces: VTC, SVK, CPS) (Jan – Jun 2022)



# **Example of Dashboard**



### **HIV Recency**

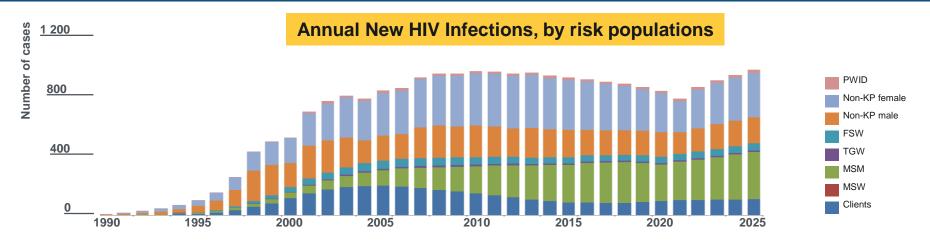




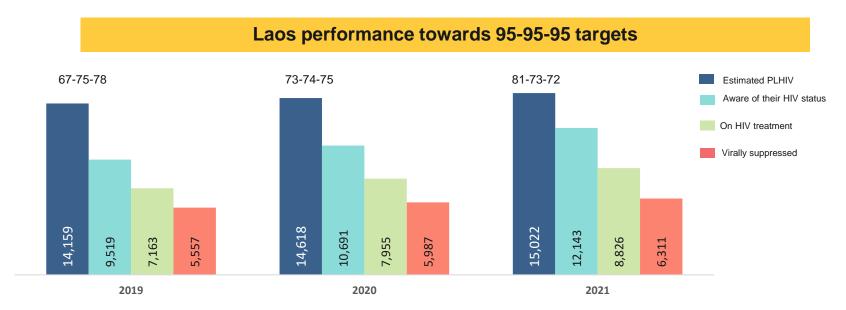
	Number
Residential province	
Attapu	1
Bokeo	2
Bolikhamxai	2
Champasak	3
Houaphan	1
Khammouan	1
Louangphrabang	5
Oudomxai	1
Phongsaly	2
Saravan	1
Savannakhet	2
Vientiane province	1
Vientiane Capital	17
<b>Grand Total</b>	39

Note: Size of bubble represents number of recent cases.

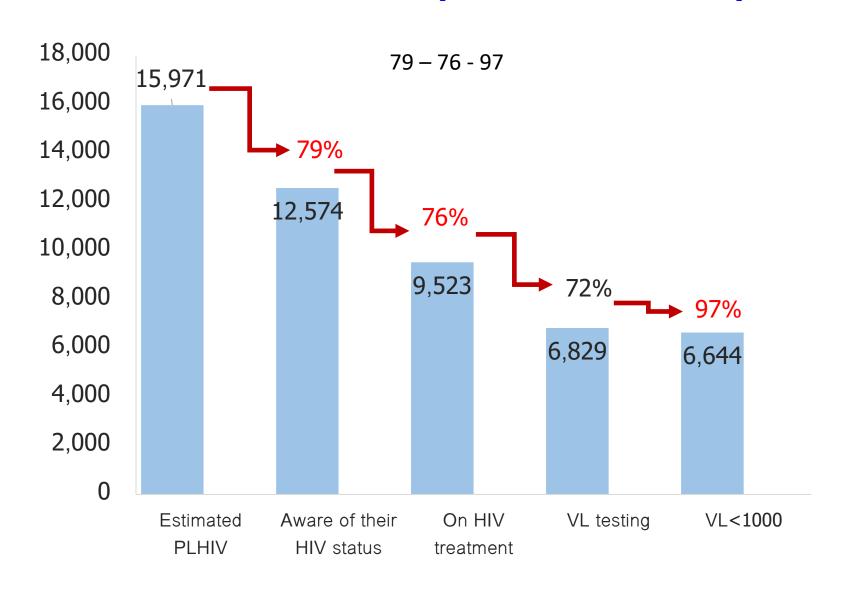
# Progress towards 95-95-95 targets has improved but still far to achieve global targets



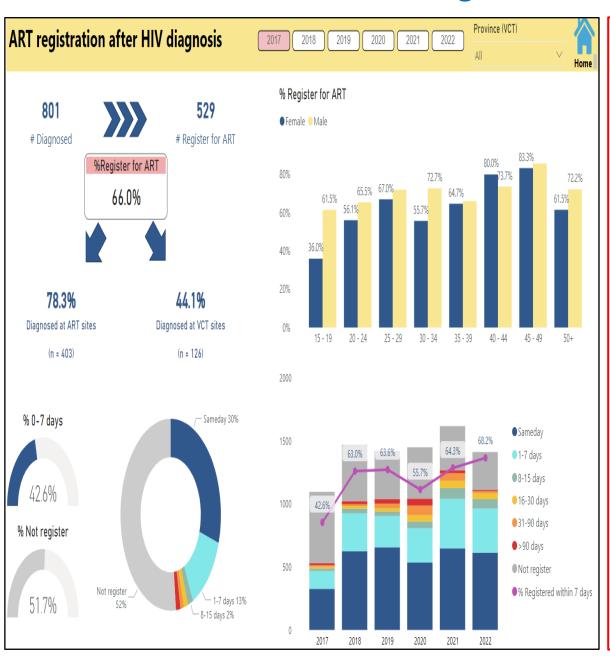
Data source: AIDS Epidemic Model (AEM), updated Mar 2021

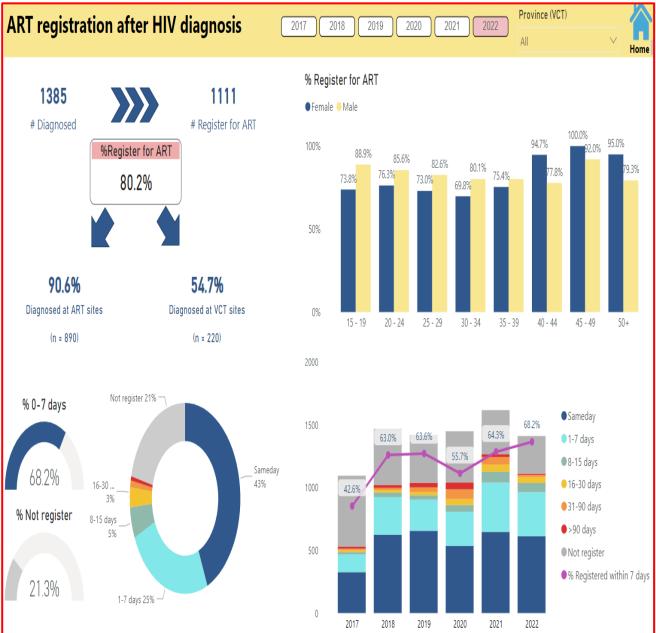


# HIV cascade (as of June 2022)

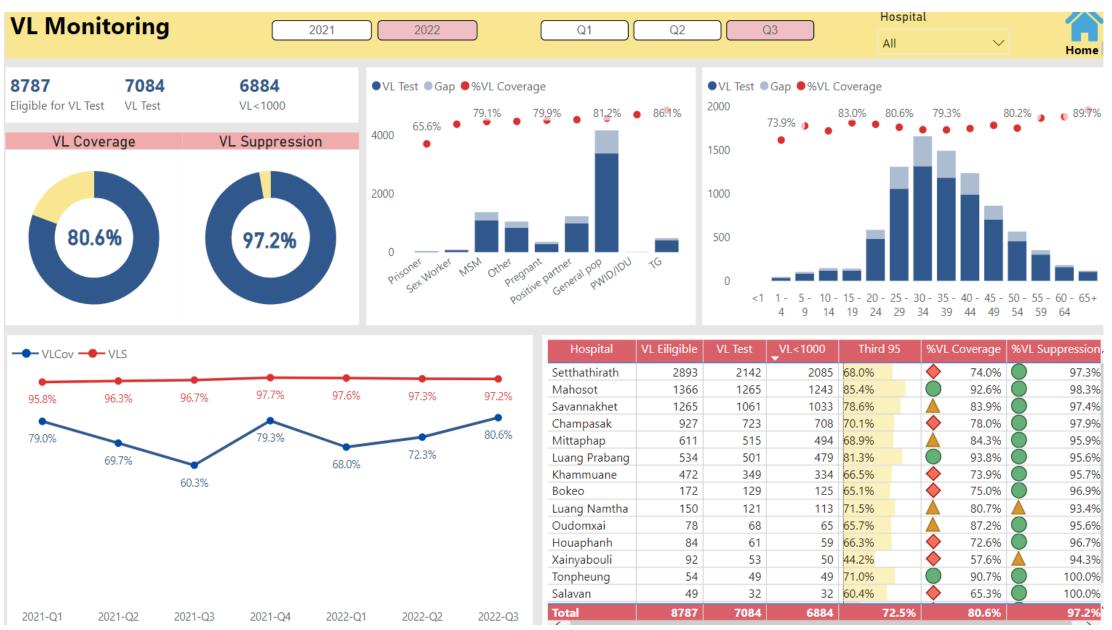


#### ART Registration after HIV diagnosis



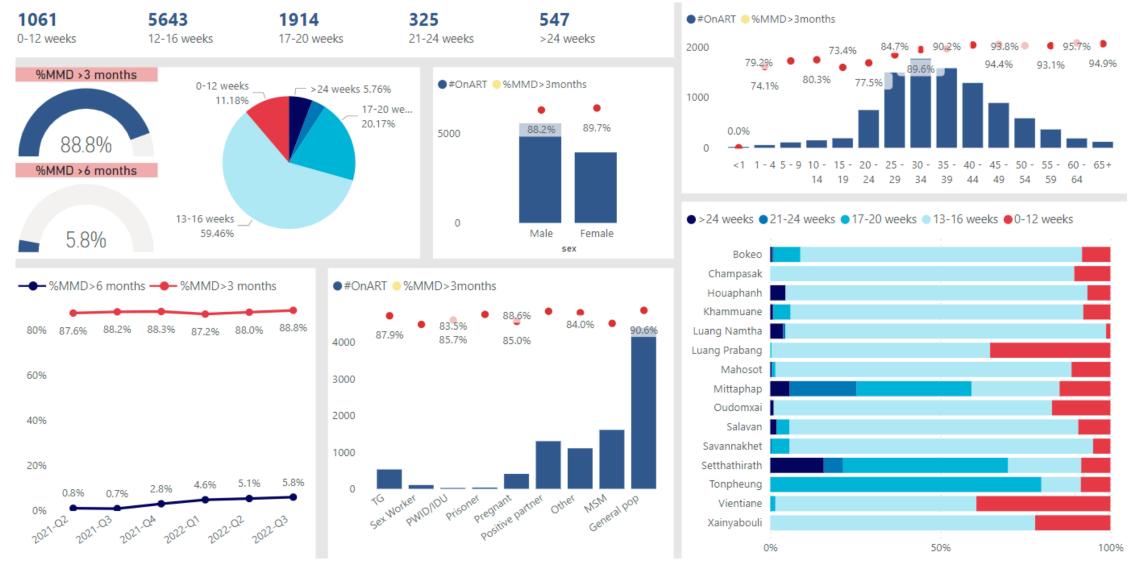


# **VL** monitoring



Source: Microsoft Power BI (powerbigov.us), retrieved 8 Sep 2022

# Multi-month ART Dispensing as of Q2/2022

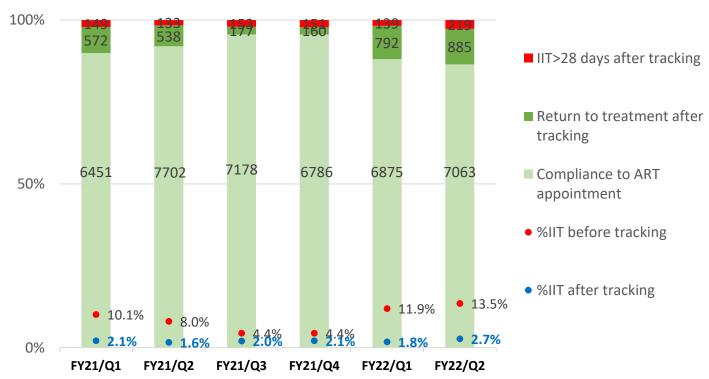


# **TLD** Prescription as of Q2/2022



# Continued Track & Trace efforts have successfully reduced interruption in treatment at ART sites

# Summary of IIT tracking outcomes from FY21 to FY22/Q2



Source: QI monitoring report, Oct 2020 –Mar 2022

Reasons for missing ART appointment in FY22/Q2					
#Responses	455				
Conflict with work schedule	130 (28.6%)				
Sufficient ART medication	89 (19.6%)				
Living away from ART site	74 (16.3%)				
Family burden	55 (12.1%)				
Unaware of importance of ART	34 (7.5%)				
No travel cost/financial constraint	27 (5.9%)				
Hospital refer out	13 (2.9%)				
Remain in good health, do not need treatment	12 (2.6%)				
COVID-19 infection	7 (1.5%)				
Prisoner	5 (1.1%)				
Concern of HIV disclosure	4 (0.9%)				
Unemployment	1 (0.2%)				
Others	4 (0.9%)				

# Intervention to prevent interruption in treatment and improve continuity of treatment in Lao PDR



Reminder appointment by using data and case list from DHIS 2 and VLAO application to reduce missed appointment cases



Check daily missed appointment cases



Encourage missed appointment and LTFU cases to retain in care and treatment by phone call



Provide enhanced adherence counselling for LTFU and unsuppressed viral load cases



ARV delivery during COVID-19/ travel restriction



### **Budget Results for Jan-Sept 2022**

Approved budget	Q1 – Q2	Q3-Q4	Total
C19RM budget in Year 2 (\$)	188,754	91,601	280,355
Actual	161,810		
Variance	26,944		
Absorption rate	86%		

Procurement of non health product is carried forward from Y1 to Q1/Y2

# GF approved reprogramming activities

Scale up differentiated HIV testing

Scale up differentiated ART services or Point of Care (POC) in 2 more provinces (PSL + XSB) and 4 central hospitals

Support on site coaching for care and treatment services in POC sites, including HTC quality improvement and referral system

Reinforce community Led response and PLHIV access to NHI scheme

Support S&D CQI intervention in ART/POC sites, including patients experiences on mental health issues

Improve data management for CSOs partners by developing SOP, data dictionary and Training

Capacity building of health care providers and strengthening high-quality of HIV services

# Update Government co-financing of LAO-C-MOH 2021-2023 grant

#### Government co-financing 2021-2023



#### Lao People's Democratic Republic Peace Independence Democracy Unity Prosperity

/MOH

FEB 2022

Ministry of Health

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

To: Ms. Ximena Navia Henao, Fund Portfolio Manager

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

Reference is made to requesting letter for Government Co-financing to the Global Fund project for the NTC Ref. No. 3060/DPC, dated 01 November 2021, and CHAS Ref. No. 3061/DPC, dated 01 November 2021 in the Program for Disease Control and Prevention (Program II).

MOH Lao PDR acknowledges the co-financing commitment for the implementation period 2021-2023 amounted to USD 3,101,461.52 for TB and HIV. Government of Lao PDR realizes that this will be important to establish sustainable national programs for controlling these two diseases as well as strengthen the National Health System in Lao PDR.

The budget approval for Government Co-financing for the implementation period of 2021-2023, acknowledged by Government of Laos for TB and HIV is detailed in the table below:

Program	Government Co-financing for 3 Years of 2021-2023 (in USD)						
1970/11	2021	2022	2023	Total 3 Years (2021-2023)			
HIV	156,782.88	573,304.00	1,079,308.25	1,809,395.13			
Tuberculosis	120,800.00	399,073.00	772,193.40	1,292,066.40			
Total	277,582.88	972,377.00	1,851,501.64	3,101,461,52			

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.

Finally, we would like to take this opportunity to extremely thankful and appreciation the Global Fund's engagement to work with the Government of Lao PDR in the fight against these two diseases.

Sincerely yours,



Bounfeng PHOUMMALAYSITH, MSc, MMA, Ph.D.

#### Lao People's Democartic Republic Peace Independence Unity Democracy Prosperity

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

HIV program: \$ 1,809,384

Total:

TB program: \$1,292,062.51

\$ 3,101,446.51

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

HIV Control Program (USD)											
Item No.	Proposed interventions		2021		2022		2023	То	tal for 3 yrs	Govenrment Budget Category	
Comp	onent 3: Treatment, Care and Support (	focus	on Health	pro	ducts and e	quip	ment Procu	rem	ent)		
1	HIV test kits procurement	Т		\$	99,050	\$	109,910	\$	208,961	63	
2	ARV drug procurement	S	106,720	\$	352,135	\$	603,168	\$	1,062,023	63	
2	OI/STI drug procurement	13	75,936	\$	59,856	\$		\$	135,792	63	
3	CD4 analyzer/acessories	7	101000	5	33,919	5	36,196	\$	70,115	63	
4	VL, EID cartridges & MDR genotyping	+		c	159,832	Ś	172,662	Ś	332,494	63	
5	Grand total:	S	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)



Lao People's Democratic Republic Peace Independent Unity Democracy Prosperity

Ministry of Health CDC Department National Tuberculosis Center

Summary of Co-Financing Contribution

		TB Cont	rol Program (USD	)	
No.	Proposed Intervention	2021(Y1)	2022(Y2)	2023(Y3)	Total
1	First line drugs	0	153,103.81	157,911.14	311,014.95
2	PSM and Shipping Costs for FLD Drugs (11%)	0	16,841.42	17,370.23	34,211.65
3	Second line drugs	0	72,134,28	84,318.84	156,453,12
4	PSM and Shipping Costs for SLD Drugs (9%)	0	6,492.09	7,586.70	14,080,79
5	(5.10)	149,700	84.830	242,015	476,545
6		5,988.00	3,393.20	9,680.60	19,061,80
7	Xpert Modules	0	9.000	9,000	18,000
8	PSM and Shipping Costs for GX Module (5%)	0	450	450	900
9	GX Calibration Kits	0	8,325	8,325	16,650
10	Lab Reagents	0	24.962	24,962	49,924
11	Lab Consumable	0	94,610.60	94,610.60	189,221.2
12	TB QA Fests	2000	2000	2000	6000
12	15 411100-	Total			1,292,062.51USI

National Tuberculosis Control Center

# HIV Co-financing Budget 2021-2023

Year	Budget Commitment	Budget Amount Approved	Amount spent	(%)
2021	\$ 156,783	\$ 167,856	\$ 162,192	103%
2022	\$ 573,304	\$ 397,335		
2023	\$ 1,079,308	\$ \$08,871 (not yet approved)		

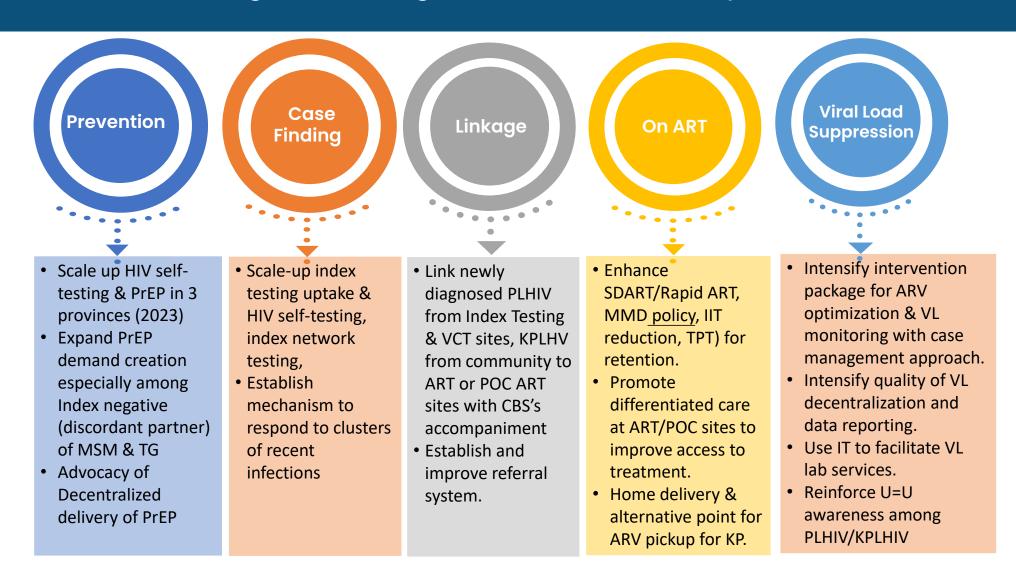
Additional funds request for 2022 submitted to MOF with total 520,593 \$

Note: 16.518kip/\$ - BOL Exchange rate on 29SEP2022

# Challenges

- HIV commodities gap through co-finance commitment
- Co-finance commitment is approved in local currency (kip)
- Co-finance budget for 2022 is currently not spent, and for 2023 not yet approved.
- Due to currency depreciation, it might not sufficient for forecasted needs

#### Program Strategies and areas development



**Cross-Cutting Approach: (1)** Ensuring KP-community-led monitoring data are used for program improvement planning. **(2)** Strengthening to manage DHIS2 and utilize data for program monitoring at national and sub-national level.

#### Strategic Activities to Accelerate 95-95-95 by 2030

# Diagnose all people with HIV as soon as possible

- HIV self-test
- Index & recency testing and hotspot reach
- Online reach and link to test, focus on MSM/TG and young populations
- PITC for risk
   populations e.g.,
   TB/STI/HIV
   symptomatic cases

#### **Treat**

PLHIV rapidly and effectively to reach sustained VL suppression

- Referral system & Lab notification in health care facilities and link to treat
- Same Day ART/ Rapid ART
- Establish QI coaches and Case manager
- Differentiated ART services delivery
  - Integration HIV with other diseases (TB, STI, hepatitis, NCD, COVID-19)
  - Multi-month dispensing (MMD)
  - Telehealth and home delivery
- Enhance adherence, treatment and VL literacy & retention
- POC VL & EID
- S&D monitoring in health care facility and community
- TPT, Urine LF-LAM

# Prevent new transmission by using proven

interventions

- PrEP demand creation
- Differentiated PrEP delivery model
- Combination prevention

# Respond quickly for potential outbreak

- Provincial mapping,plan, resourcemobilization
- Improve data quality and use data for program improvement and coaching
- Recency surveillance and using recency data for public health responses

**Cross cutting activities:** Update policy/guidelines, data quality improvement, M&E, training, ECHO, stigma and discrimination reduction, QI/coaching, community-led monitoring

# **Evolution of Quality**

- Quality practices are integrated at service delivery level
- Quality practices are part of national policies and frameworks
- Build capacity to maintain quality at all levels, especially as we move towards 70% indigenous partners



Continue to support on site coaching for care and treatment services and integrate with SIMS visit



In 2023, CHAS will continue to support capacity building for healthcare providers from 11 ART sites and POC sites using in-person/online platform/ECHO



ຂອບໃຈ

Thank you