



## ສູນຄວບຄຸມວັນນະໂລກ

#### **National TB Control Center (NTC)**

Health and Nutrition Services and Access Project and C19 RM Global Fund Funding

**CCM Meeting 15 December, 2022** 

## Content

- 1. National TB Control Program and HANSA project updates
- 2. Best practices, challenges and action plan to achieve TB NSP and HANSA year 3 targets
- 3. The Global Fund Covid-19 Response Mechanism (C19RM), LAO-C-MOH

1. National TB Control Program and HANSA project updates

## NTP strategy 2021-2025

Vision: END TB in Lao PDR

#### **Objectives:**

- 50% reduction in TB incidence and 75% reduction in TB mortality by 2025 (compared to 2015)
- Patient centred approach and equity in access to quality TB services
- Protect all TB patients under the National Health insurance system
- Quality TB services in primary health care (contributing to UHC)

#### A WORLD FREE OF TB

ZERO deaths, disease, and suffering due to TB

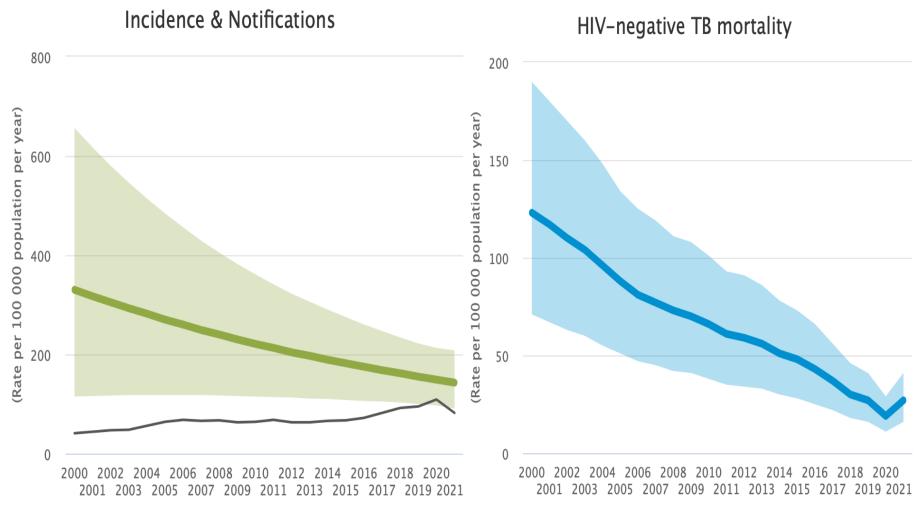
#### **END THE GLOBAL TB EPIDEMIC**

			TARGETS		
	MILES 2020	2025	SDG* 2030	END TB 2035	
Reduction in number of TB deaths compared with 2015 (%)	35%	75%	90%	95%	
Reduction in TB incidence rate compared with 2015 (%)	20%	50%	80%	90%	
TB-affected families facing catastrophic cost due to TB (%)	0%	0%	0%	0%	

<sup>\*</sup> The United Nations Sustainable Development Goals (SDGs) include ending the TB epidemic by 2030 under Goal 3.

## 1.1 TB epidemiology update (WHO 2022)

COVID -19
pandemic in Lao
PDR resulted in
TB notification
fall and
increased
estimated TB
mortality in 2021



Source: WHO draft TB profile Lao PDR 2022

## 1.2 TB laboratory (2)

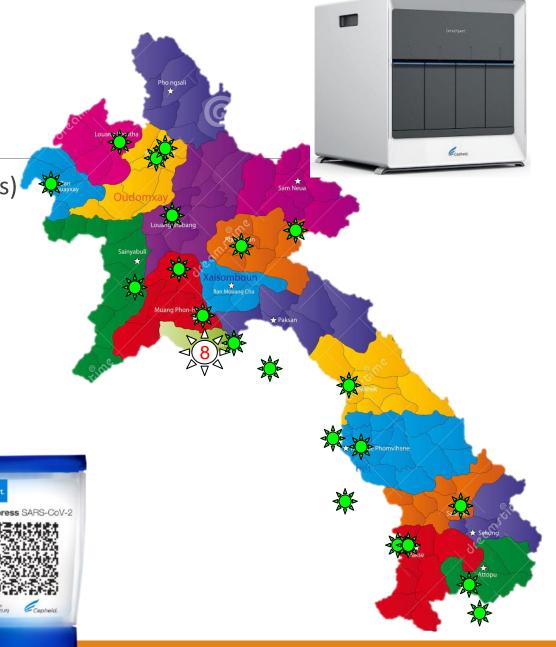
## TB laboratory Network (cont)

TB diagnosis by GeneXpert (24 GeneXpert laboratories)

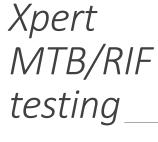
2. TB Treatment monitoring by ZN microscopy

- 3. GeneXpert integrated platform
  - HIV VL
  - Covid-19 testing

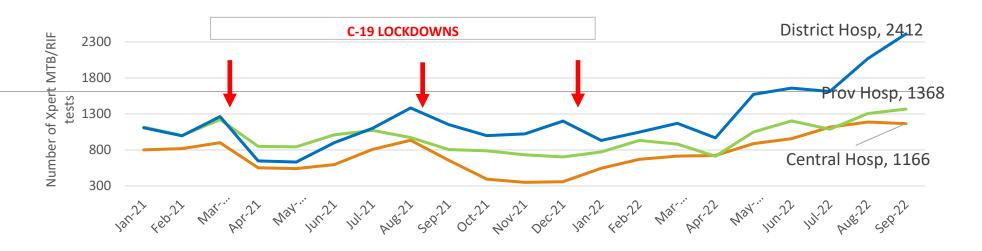




## 1.3 TB case finding (1)



(NTC/NRL, HMIS TB tracker)



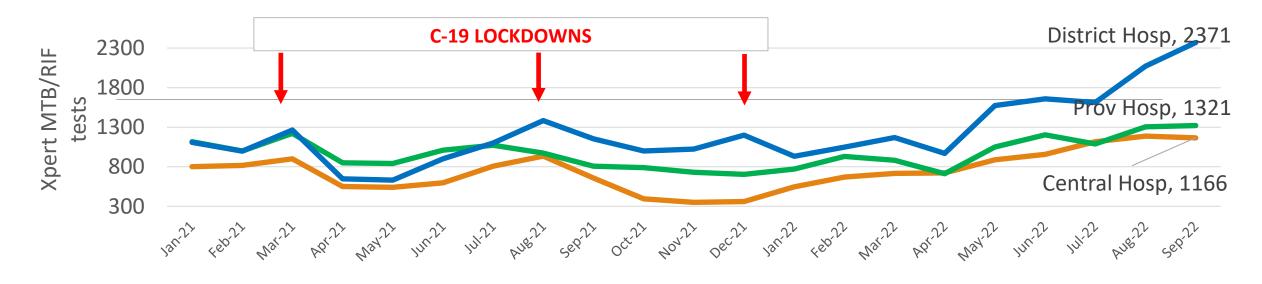
Provisional\* number of people with new or relapse episodes of TB notified per month

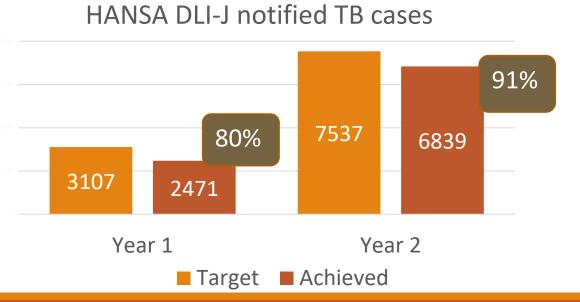
# TB notification (all new and relapse)

https://www.who.int/teams/globaltuberculosisprogramme/data#prov notifications



## 1.3 TB case finding (2)

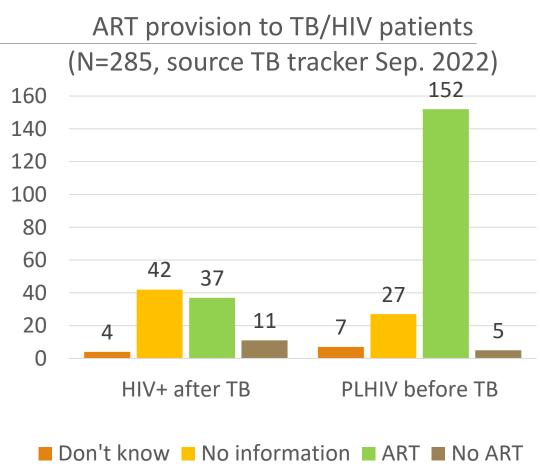




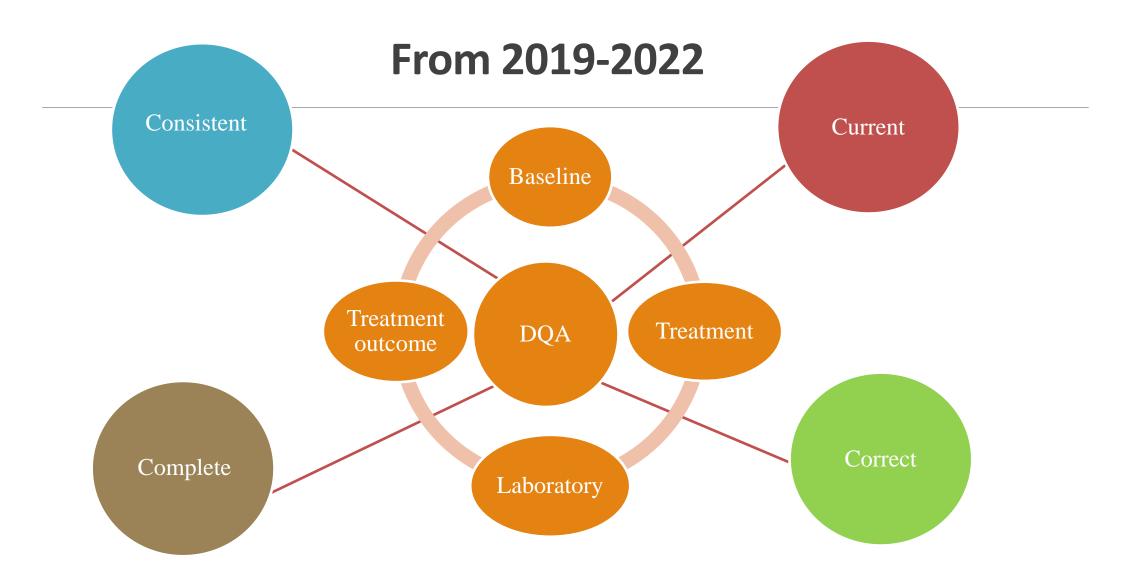
HANSA DLI-J	Y2 (Jun 2	021 to May 2022),	22), DHIS2			
	Target	Result	%			
<b>TB notification</b> # (new and relapse all forms)	7,537 TB cases	6,839 TB cases (source TB tracker DHIS2)	91%			
<b>Xpert coverage %</b>	100%	100%	100%			

## 1.4 TB/HIV collaborative activities

NTC	CHAS
89% TB patients had and HIV test result in 2022 3Q. 33% among TB/HIV patients were newly tested HIV+ after TB diagnosis,	66% TB/HIV patients were PLHIV referred by ART units
ART treatment. Among 285 did not receive ART and 80 information (in DHIS2 TB tra	(28%) had no ART status
	758 newly diagnosed PLHIV received TPT in 2021



## 1.5 Data Quality Assessment (DQA) in TB tracker DHIS2



## 1.6 HANSA DLI-J (TB) Conditions and Payment

	Year 0 (2019-2020)		Year 1 (2020-2021)		Year 2 (2021-2022)		Year 3 (2022-2023)		Year 4 (2023-2024)
<ol> <li>3.</li> </ol>	information on the proportion of presumptive TB or MDR-TB patients examined by GeneXpert by province	2.	Provinces that achieved the targeted number of notified TB cases of all forms  Provinces which have achieved an increase of twenty (20) percentage points over the previous year; or reached or maintained one hundred percent (100%) GeneXpert coverage.	2.	Provinces that achieved the targeted number of notified TB cases of all forms Provinces which have achieved an increase of twenty (20) percentage points over the previous year; or reached or maintained one hundred percent (100%) GeneXpert coverage.	2.	Provinces that achieved the targeted number of notified TB cases of all forms Provinces which have achieved an increase fifteen (15) percentage points over the previous year; or reached or maintained one hundred percent (100%) GeneXpert coverage	2.	Provinces that achieved the targeted number of notified TB cases of all forms Provinces which have reached or maintained one hundred percent (100%) GeneXpert coverage
	Nationwide		Nationwide		Nationwide		Nationwide		Nationwide
	DLI value: US\$ 800,000 1.US\$ 200,000 2.US\$ 200,000 3.US\$ 400,000		DLI value: US\$ 950,000 1.US\$ 750,000 2.US\$ 200,000		DLI value: US\$ 950,000 1.US\$ 750,000 2.US\$ 200,000	[	OLI value: US\$ 900,000 1.US\$ 700,000 2.US\$ 200,000		Not available

## 1.7 HANSA Budget and Expenditures YO and Y1

#### HANSA Work-Plan Y0

	No.	Implementer	Percentage	Budget	Expenditures Apr 21-Mar 22	Balance	Absorption rate
	1	National Tuberculosis Center	44.28%	\$354,325.26	\$341,785.02	\$12,545.68	96.46%
_	2	CSO: PEDA	6.25%	\$50,058.57	\$50,058.57	00	100%
	3	CSO: CHias	6.25%	\$50,000.59	\$50,000.59	00	100%
	4	CSO: HPP	6.25%	\$50,002.96	\$00	\$50,002.96	00%
	5	Province	37.00%	\$295,824.14	?	?	?
		Total:	100.00%	\$800,211.51			

#### HANSA Work Plan Y1

	No.	Implementer	Percentage	Budget	Expenditures Apr-Nov 2022	Balance	Absorption rate
	1	National Tuberculosis Center	51.08%	\$635,225.00	\$405,901.18	229,323.82	63.90%
, L	2	CSO: PEDA	5.26%	\$50,000.00	\$50,000.00	00	100%
	3	CSO: CHias	5.26%	\$50,000.00	\$50,000.00	00	100%
	4	CSO: HPP	5.26%	\$50,000.00	\$50,000.00	00	100%
	5	Province	33.13%	\$314,775.00	?	?	?
			100.00%	\$950,000.00			

2. Best practices, challenges and action plan

to achieve TB NSP and HANSA year 3 targets

## 2. Best practices and action plan to achieve Y3 targets (1)

Best practices/ Challenges	Action Plan
Expand screening with digital X-ray and testing with GeneXpert to save lives and cut TB transmission	Scale-up outreach active case finding (ACF) among TB household contacts, prisoners and other hard to reach groups by provincial teams
	Equip and train 5 additional provincial teams to conduct ACF
➤ Ensure uninterrupted supply of	➤ Provide ≈50,000 Xpert TB tests/year and
GeneXpert equipment and tests	GeneXpert machines, connectivity, spare modules, calibration kits and maintenance
➤ Integrate GeneXpert platforms in the	Provide other GeneXpert tests: Xpert XDR, COVID 10 testing LIV/ viral lead, early infant
laboratory country network	COVID-19 testing, HIV viral load, early infant diagnosis (EID), Hepatitis B viral load

## 2. Best practices and action plan to achieve Y3 targets (2)

#### **Best practices/ Challenges**

■ Uninterrupted supply of tests and drugs until Q3 2024 (to bridge with the next grant 2024-2026, considering 9 month lead time for TB drugs), based on LOHP joint funding amended 2021-23

#### **Action Plan**

#### **GF procurement Y2**

Y2 TB drugs were paid and shipped and cover until Q2 2023
Y2 41,000 GeneXpert TB tests + PSM in Y2: \$503,700.58 pending GF payment in Y2

#### **Co-financing for TB Y3 = \$1,171266.40**

- \$88,011.72 TB tests + GeneXpert modules already paid
- \$188,423.60 TB drugs already paid
- \$46,937.43 pending payment of PSM Cost for TB Drugs on process
- \$965.28 pending payment of PSM Cost for GeneXpert TB tests and Modules
- \$257,693.20 for remaining TB drugs
- \$503,700.58 for 41,000 GeneXpert TB tests + PSM in Y3
- \$68,689.80 for 32 GeneXpert modules and 60 calibration kits
- \$105,821.80 for laboratory reagents and consumables

## 2. Best practices and action plan to achieve Y3 targets (3)

#### **Best practices/ Challenges**

- ➤ Improve TB case finding in children
- ➤ Streamline TB/HIV collaborative activities
- ➤ Address barriers to treat all DR-TB patients at province/district level
- ➤ Nutritional support and social protection for DS and DR-TB patients
- ➤ PHOs/DHOs perform real time surveillance with DHIS 2 TB tracker to report progress and prioritize interventions
- ➤ Delays in fund flow needs to be mitigated for DLI J Y2 particularly province to district level (specimen transport fee)

#### **Action Plan**

- Train/retrain physicians on diagnosis and treatment of TB in children;
- ➤ Maintain communication and collaboration with CHAS/NTC
- Expand patient centred, ambulatory treatment of DR-TB with all-oral shorter regimens
- Full NHI coverage and nutritional and social support to all TB and DR-TB patients
- ➤ Training and on site coaching of provinces and districts health offices on the use of DHIS2 TB Tracker
- ➤ Disbursement in time

## 2. Best practices and action plan to achieve Y3 targets (4)

#### Multisectoral approach:

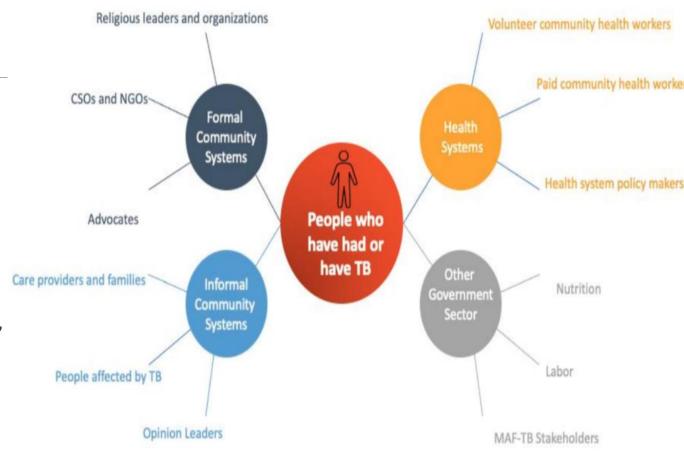
## End TB with the CCM, Ministries and departments and implementers

MoH Departments (DPC, DCDC, DHR, FDD), NNC, NCLE, Health Education Centre, MPSC, CHAS, Ministry of labour and social welfare (NHI bureau), Department of Security, Lao Women Union,

PHOs and DHOs and all hospitals (central, province, district) and health centres;

Community systems, people affected by TB and families

WHO, World Bank, Global Fund, DFAT, CHAI, CILM, KIT, France Expertise, JICA



"One System approach to End TB"
WHO Guidance on Community & Civil Society
Engagement to End Tuberculosis, 2022

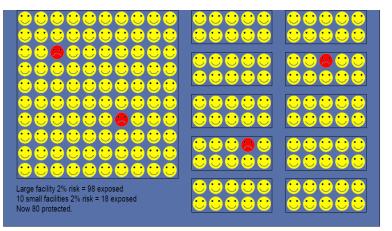
## 3. The Global Fund Covid-19 Response

Mechanism (C19RM), LAO-C-MOH

NTC part

## C19RM Summary of Activities and Procurement by NTC

Budget by Module - Intervention	Budget of Year 2	Expenditure s Jan-Dec 2022	% Absorption of 2022	Carry Forward to 2023	Budget of Year 3	Total Budget available in Year 3
COVID 19- COVID Diagnostics and testing	426.599\$	105.712\$	24,78%	320.887\$	138.938\$	459.825\$
COVID19-Case management, clinical operations and therapeutics	469.920\$	211.500\$	45,01%	258.420\$	18.880\$	277.300\$
COVID19-Laboratory systems	99.465\$	27.840\$	27,99%	71.985\$	6.000\$	77.985\$
COVID19-Mitigation for TB programs	143.553\$	72.740\$	50,67%	70.813\$	121.349\$	192.162\$
Program management-Grant management	46.190\$	30.840\$	66,77%	00	36.380\$	36.380\$



# Thank you





