
RAI4E Funding Request: Laos

COUNTRY COORDINATION MECHANISM MEETING

21 February, 2023



Lao People's
Democratic Republic

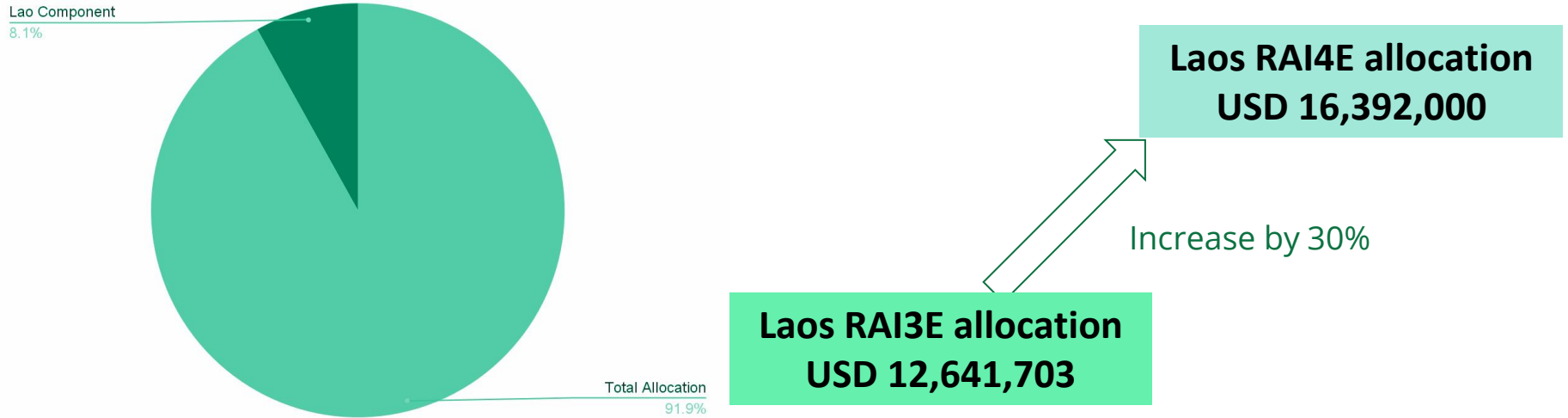
Centre of Malariaology,
Parasitology, and Entomology



Prioritization



Allocation Letter Overview



Approach

Strategic choices for RAI4E were based on:

- 1 Six guiding principles for prioritization
- 2 Alignment with RAI4 strategic priorities
- 3 Transparent and inclusive approach

Prioritized Country Needs

1

Aligned with

- National Strategic Plan 2021-2025
- Global and regional strategies for Malaria elimination

2

Aims at

- Eliminating *P.falciparum* malaria by 2023 & *P. Vivax* in Northern & Central provinces by 2025

3

To continue & scale up

- Accelerator Strategy activities introduced in the third RAI allocation (RAI3E): Pf & Pv

4

To emphasize on

- Hard-to-reach populations, ethnic minorities, migrant and mobile populations, populations in border areas, forest goers and people in camps

5

To engage

- Civil Society Organizations (CSOs)

6

To increase

- Sustainability including the comprehensive integration of CHWs

Alignment with MTR Recommendations



MTR Recommendations & Conclusions

A. Program Management	RAI4 Priorities
<ol style="list-style-type: none">1. Increase efficiency of PAM & DAM existing staff through reallocation of tasks and building capacity;2. Remove critical key commodities from co-financing to RAI grant and replace locally procured items.	<ol style="list-style-type: none">1. Training for PAM & DAM staff2. Most critical key commodities were included in allocation, while the co-financing will include less critical commodities, such as microscopy, entomological equipment, non-malaria commodities (paracetamol, ORS)
B. Case Management	
<ol style="list-style-type: none">1. Strengthen Pv treatment compliance and follow up – 7 day PQ tx added to NMTG2. Delivery of services beyond the village – outreach and VMWs at cultivation sites	<ol style="list-style-type: none">1. Update of treatment guidelines to PMQ 0.5mg/kg over 7 days for G6PD normal patients & inclusion of assisted Pv referral costs;2. Addition of KMWs & MMWs for outreach services in katos and scattered fields;
C. Surveillance	
<ol style="list-style-type: none">1. Use PHEOC hotline to report cases from high burden areas – improve response times2. Shift routine data entry to Health Centre – improve reporting timeliness & free up District team3. Outbreak / FOCl response to be continued	<ol style="list-style-type: none">1. Real time reporting will be done through EOC hotline;2. HC level data entry into DHIS2 platform will be gradually shifted to HC; corresponding training will be conducted to HC staff.3. Targeted outbreak/ FOCl response based on the epidemiology, transmission setting
D. VMWs Integration	
<ol style="list-style-type: none">1. Work with broader MOH on integration of VMWs into community health worker programs2. Improve quality of ICCM training materials	<ol style="list-style-type: none">1. Expanded ICCM services for strata 1&2 and corresponding training2. ICCM training material/content will be customized as per the expanded ICCM packages

MTR Recommendations & Conclusions (cont'd)

E. Logistics	RAI4E Priorities
<ol style="list-style-type: none"> 1. Improve logistic management and coordination between program and warehouses at all levels (central, province, district) - data entry, data accuracy and data use in mSupply and DHIS2 for prevention of stock outs. 2. Increase the budget for warehouses and shipping at all level. 	<ol style="list-style-type: none"> 1. Coordination between CMPE and FDD (central level) and PAM/DAM and FDD (meetings) & develop linkage between m Supply and DHIS2 to ensure data consistency; 2. In-country PSM costs were revised.
F. Vector Control	
<ol style="list-style-type: none"> 1. Full coverage LLIN mass campaign 2. Continuous distribution to MMP, forest goers, pregnant women and military 3. Integrated of LLINs report in DHIS2 	<ol style="list-style-type: none"> 1. Procurement of LLINs 2. Integration of LLINs report in DHIS2 and corresponding training for PAM/DAM staff
G. Acceleration Strategies	
<ol style="list-style-type: none"> 1. Strengthen delivery of all AS interventions through outreach – kato based VMW and MMW. 2. Continue to strengthen community and cross sectoral advocacy - establishing a district committee to monitor activities every quarter. 3. Adopt species specific AS strategies to try and increase impact on Pv. 	<ol style="list-style-type: none"> 1. Expanded services to hard-to-reach areas and addition of KMWs & MMWs for outreach services in katos and scattered fields; 2. Community advocacy & cross sector advocacy activities; 3. Continuation of Pf AS and initiation of Pv AS activities (TDA, AFS, IPTf).
H. Malaria Elimination & Certification	
<ol style="list-style-type: none"> 1. Train VMW to do simplified 'classification' without the HC support (in villages with VMW in an elimination district). 2. Refine foci definition to include transmission sites beyond the village (i.e. Kato or forest/cultivation area). 3. Roll out subnational malaria free certification – strong subnational verification and validation processes to prepare for eventual national elimination certification. 	<ol style="list-style-type: none"> 1. Included in training of VMWs 2. Ento assessment at malaria foci and hotspots 3. Elimination certification activities and training; expected malaria certification in 8 provinces

Priority Modules



Allocation Guidance

Allocation Letter: Aims of the Allocation

In Lao (PDR), there are 90 health center catchment areas supported by CSOs located along the border with Vietnam and Cambodia. Malaria cases from these catchment areas constitute a significant portion of all malaria cases in the five southern provinces.

Activities should continue with the support of partners and the successful intensification/ last mile approaches should be continued.

Case Management

Routine Activities (Continuation of RAI3)	Pv Radical Cure	PPM	CIFIR in elimination districts	Targeted outbreak response
<p>Rationale: Elimination, effectiveness</p> <ol style="list-style-type: none"> 1. Case diagnosis & treatment for whole country 2. ICCM training 3. VMWs incentives and travel costs 4. Testing & Anti-malaria commodities 5. iDES 	<p>Rationale: Elimination, effectiveness, equity engagement</p> <ol style="list-style-type: none"> 1. G6PD testing at all hospitals & HCs in strata 3 & 4 2. Assisted Pv referrals and treatment follow up by VMWs and HCs 	<p>Rationale: Elimination, effectiveness, engagement</p> <ol style="list-style-type: none"> 1. Testing & treatment in Burden Reduction areas. 2. Referral in Elimination areas. 3. Training & supervision. 	<p>Rationale: Elimination, efficiency, effectiveness</p> <ol style="list-style-type: none"> 1. Case notification, investigation and FOCI response in elimination districts following 1-3-7 approach 2. Real time reporting through EOC hotline 3. Training 	<p>Rationale: Elimination, efficiency, effectiveness, equity engagement</p> <ol style="list-style-type: none"> 1. Targeted outbreak response based on the epidemiology, transmission setting 2. Real time reporting through EOC hotline

Case Management

Specific Prevention Interventions

Pf AS

Rationale:
Elimination, effectiveness, engagement

Continuation of Pf Acceleration Strategies to cover:

1. Pf-VMWs
2. Mobile Malaria Workers MMWs
3. Kato malaria workers KMWs
4. TDA activities
5. AFS activities
6. IPTf activities
7. LLIN/LLIHN distribution for forest goers

Pv AS

Rationale:
Elimination, effectiveness, engagement

1. Pv-VMWs
2. Mobile Malaria Workers MMWs
3. Kato malaria workers KMWs
4. TDA activities
5. AFS activities
6. IPT activities
7. LLIN/LLIHN distribution for forest goers

Other

Rationale:
Elimination, effectiveness, Engagement, supporting elements

1. Commodities
2. Community advocacy & cross sector advocacy
3. Household census
4. Supervision
5. Training and meetings

Annual Target population in RAI4E:

Pf AS: 12,000 (2024)

Pv AS: 25,000



Community Systems Strengthening & HR

Community engagement, linkages and coordination

Rationale:
Efficiency, equity, engagement

1. VHV landscape analysis
2. Expanded ICCM training in strate 1 & 2
3. Supervision

VMWs

Rationale:
Elimination, efficiency, equity, engagement

1. Routine outreach to katos & mobile sites
2. Supervision from central to PAM/DAM and district coordinators



Vector Control

LLINs

Rationale:
Elimination, effectiveness,
engagement

1. Mass distribution in strata 3 & 4
2. Continuous distribution in strata 3 & 4 for MMPs, forest goers, pregnant women & military
3. Distribution for outbreak & FOCI responses

Entomological surveillance

Rationale:
Effectiveness

1. Ento assessment at malaria foci and hotspots
2. Review and update guidelines
3. Training for sub-national staff
4. Develop entomological surveillance database in DHIS2

IRS

Rationale:
Elimination,
efficacy,
effectiveness

1. Update IRS SOP
2. Training
3. Conduct IRS as part of the foci or outbreak response

IEC/BCC

Rationale:
Engagement

1. Tailor material/content to targeted groups
2. Community-based IEC/BCC activities

RSSH M&E

DHIS2

**Rationale:
Elimination,
effectiveness, equity
engagement**

1. Training at all levels including HCs
2. DHIS2 data entry at HC level - real time reporting from HCs

Malaria Free certification activities

**Rationale:
Elimination, effectiveness,
engagement**

1. Appointment of evaluation team
2. Training for central & sub-national staff (partially under co-financing)
3. NMEC & PMEC Meetings (partially under co-financing)
4. Expected malaria certification in 8 provinces

Surveys

**Rationale:
Elimination,
effectiveness, equity
engagement**

1. Bed net survey after LLINs mass distribution;
2. Mapping of high risk and hard to reach population in malaria hotspots, their habitats and behaviors.

RSSH Health Products Management

PSM

Rationale: Efficiency, supporting elements

1. Coordination between CMPE and FDD and PAM/DAM and FDA (meetings)
2. MPSC supervision and training
3. Develop linkage between m Supply and DHIS2 to ensure data consistency
4. Focal person for supply chain management at PAM, DAM, HC, CSOs
5. LMIS SOP update and training



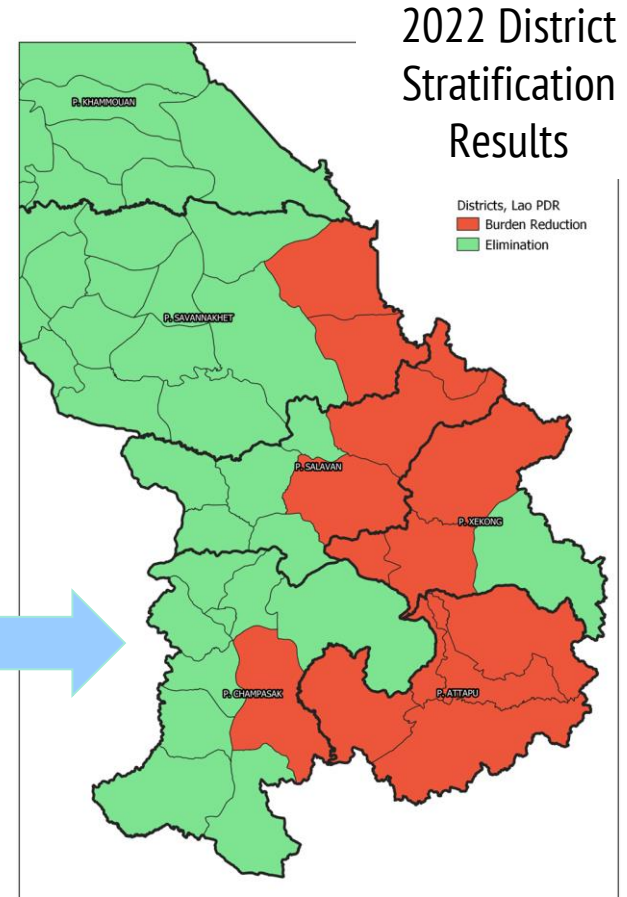
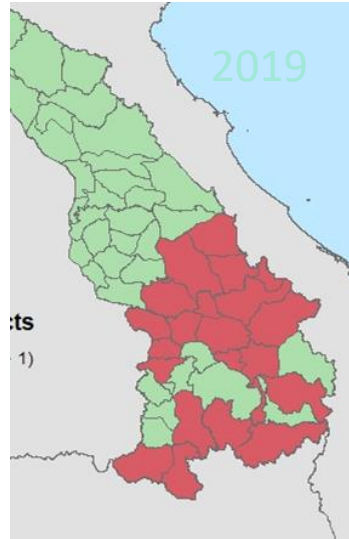
Priority Areas



District Stratification Final Results

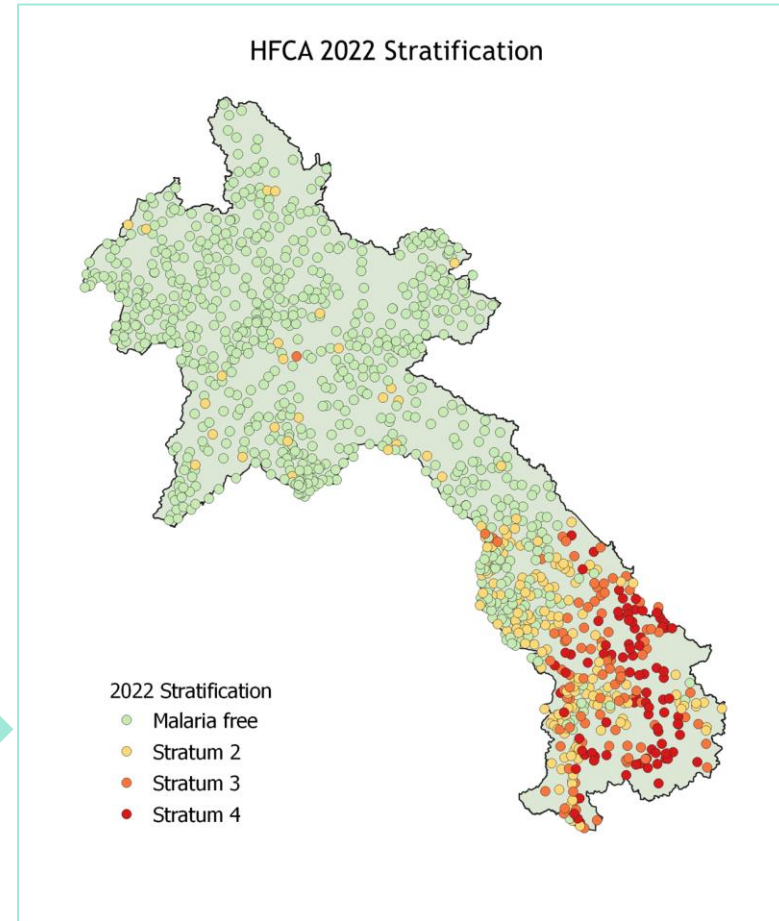
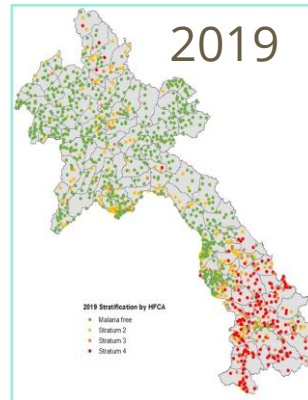
CONTROL MODE	2019	2022
Total Elimination	125	134
Total Burden reduction	23	14

- Under the 2022 stratification 91% of districts are elimination vs 84% in 2019
- One district (Boulapaha, Khammouane) remained elimination but API is 2.7



HFCA Strata Map

Final Strata	Total HFCAs
Malaria Free	849
Stratum 2 (Low Risk)	193
Stratum 3 (Med Risk)	97
Stratum 4 (High Risk)	88



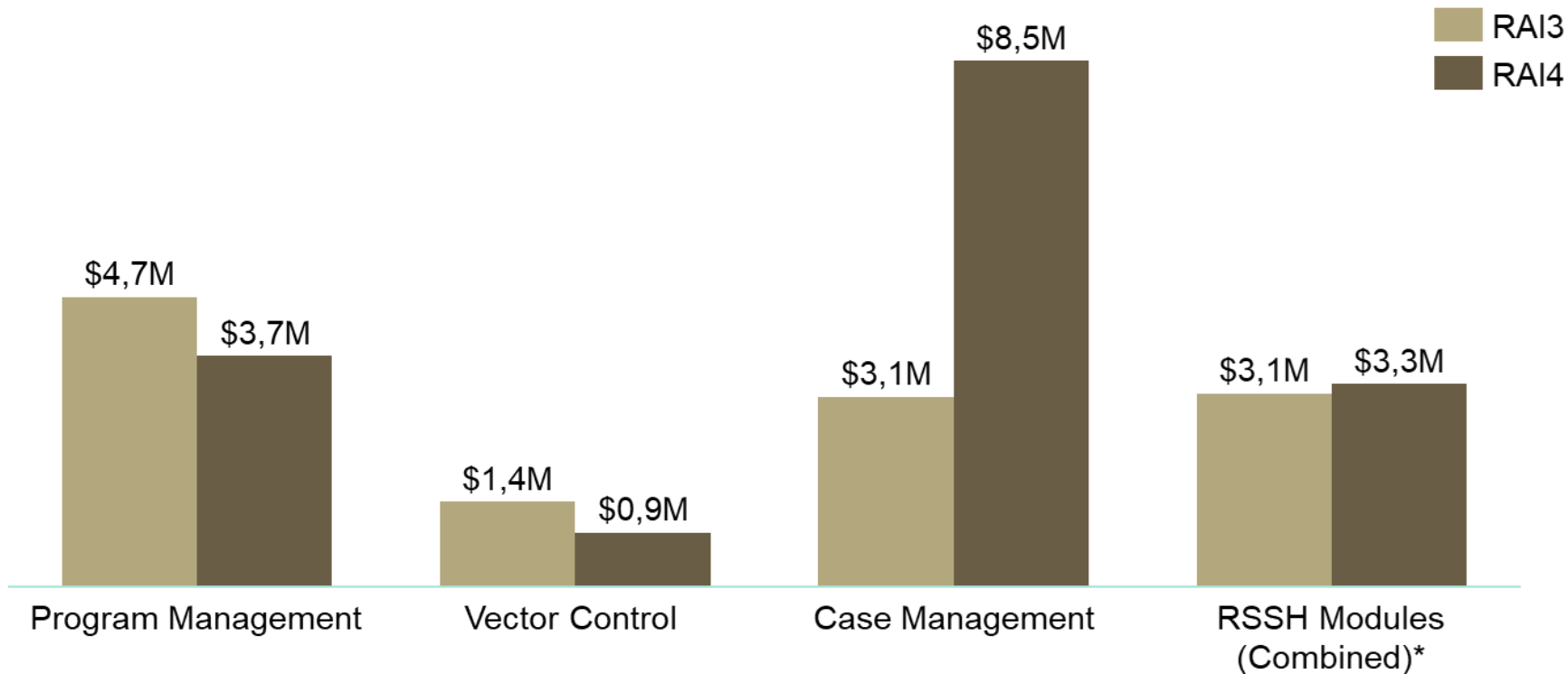
Comparison with RAI3E



Main Changes from RAI3E

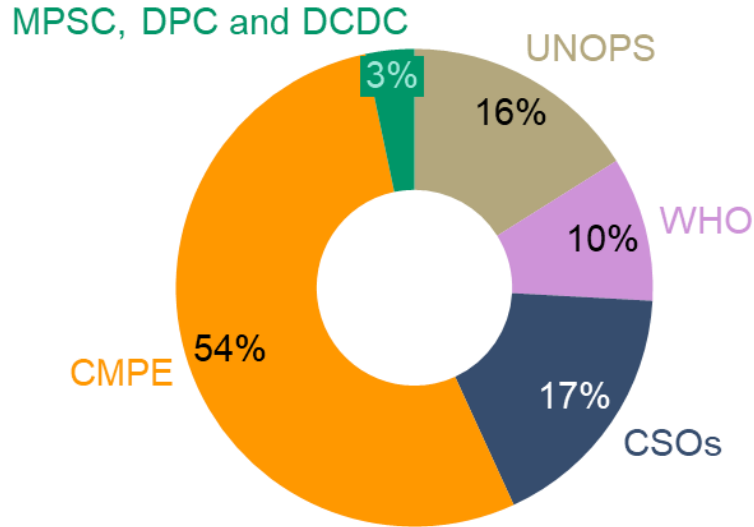
VMWs	LLIN Distribution	Elimination Accelerator Strategies	Pv Radical Cure	PPM
<ol style="list-style-type: none"> 1. Addition of KMWs & MMWs for outreach services in katos and scattered fields 2. Addition of KMWs & VMWs for AS activity 3. Total number of VMWs: 2,576 (Routine, AS, and outreach) 4. CMPE will supervise 1,036 VMWs & CSOs will supervise 1,540 VMWs through district facilitators (both including routine, AS and outreach) 	<ol style="list-style-type: none"> 1. Mass distribution for <ul style="list-style-type: none"> ● Strata 4 (>20 cases) except PH and DH with no local transmission ● HFCA in Strata 3a (10-20 cases), strata 3b (5-10 cases) if they border high risk areas such as BR areas or Cambodia., 2. Continuous distribution covering: <ul style="list-style-type: none"> ● MMPs & pregnant women ● military, ● OB & FOCl response and ● AS for forest goers. 	<ol style="list-style-type: none"> 1. Continuation of Pf accelerator strategies 2. Implementation of Pv accelerator strategies 	<p>Change of treatment guidelines to:</p> <ol style="list-style-type: none"> 1. PMQ 0.5mg/kg over 7 days for G6PD normal patients <p>While keeping same as RAI3:</p> <ol style="list-style-type: none"> 1. PMQ 0.75mg/kg over 8 weeks for G6PD deficient and intermediate (female) patients, or if patients G6PD status is unknown 	<ol style="list-style-type: none"> 1. Testing & treatment in 14 Burden Reduction districts: 83 PPM

RAI3E vs RAI4E Budget by Module

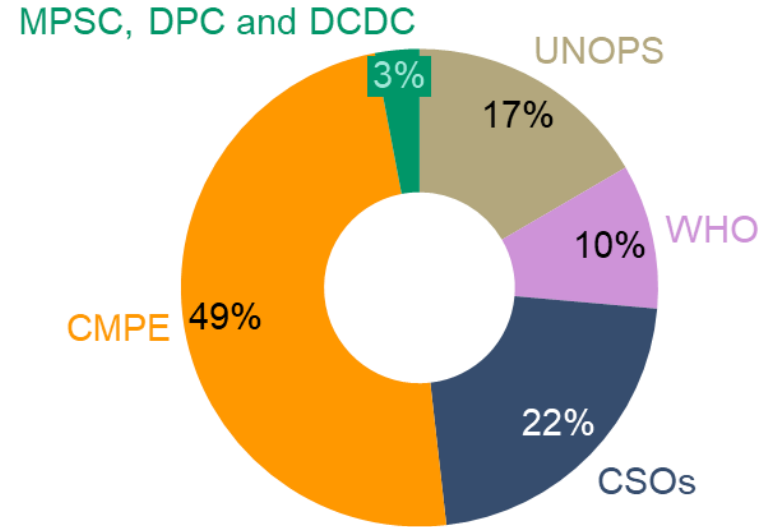


*GF RSSH modules for which budget has been allocated in the RAI4 application include Health Sector Planning and Governance for Integrated People-centered Services, RSSH: Health Financing Systems, Human Resources for Health (HRH) and Quality of Care, Health Products Management Systems and Monitoring and Evaluation Systems

RAI3E vs RAI4E Partner Budget Share



RAI3E Budget



RAI4E Budget

Thank you!



Lao People's
Democratic Republic

Centre of Malariaology,
Parasitology, and Entomology

