Lao PDR TB-HIV funding request

Global Fund GC7 2024-2026_TB_

National TB Centre

CCM Meeting 17 MAY 2023

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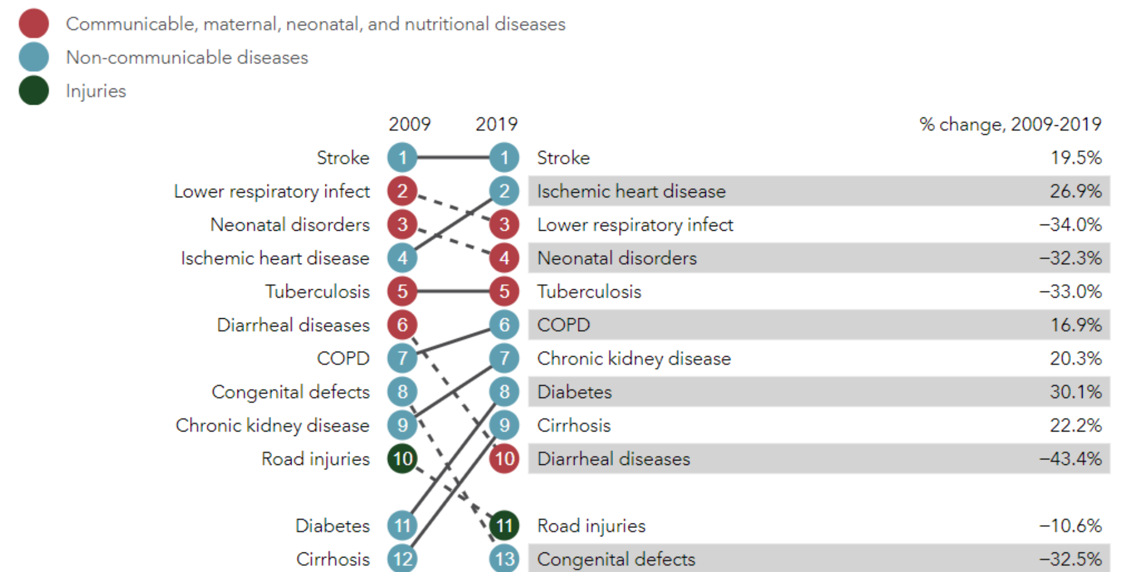
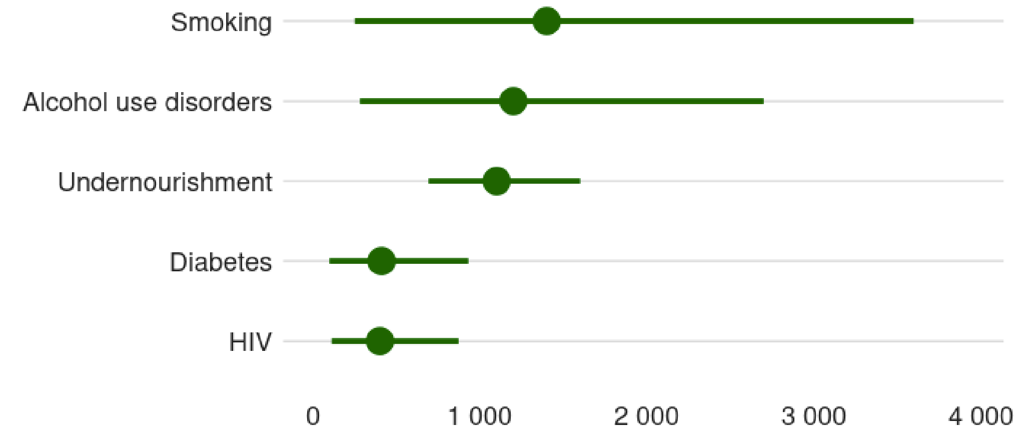
TB burden and response (1)

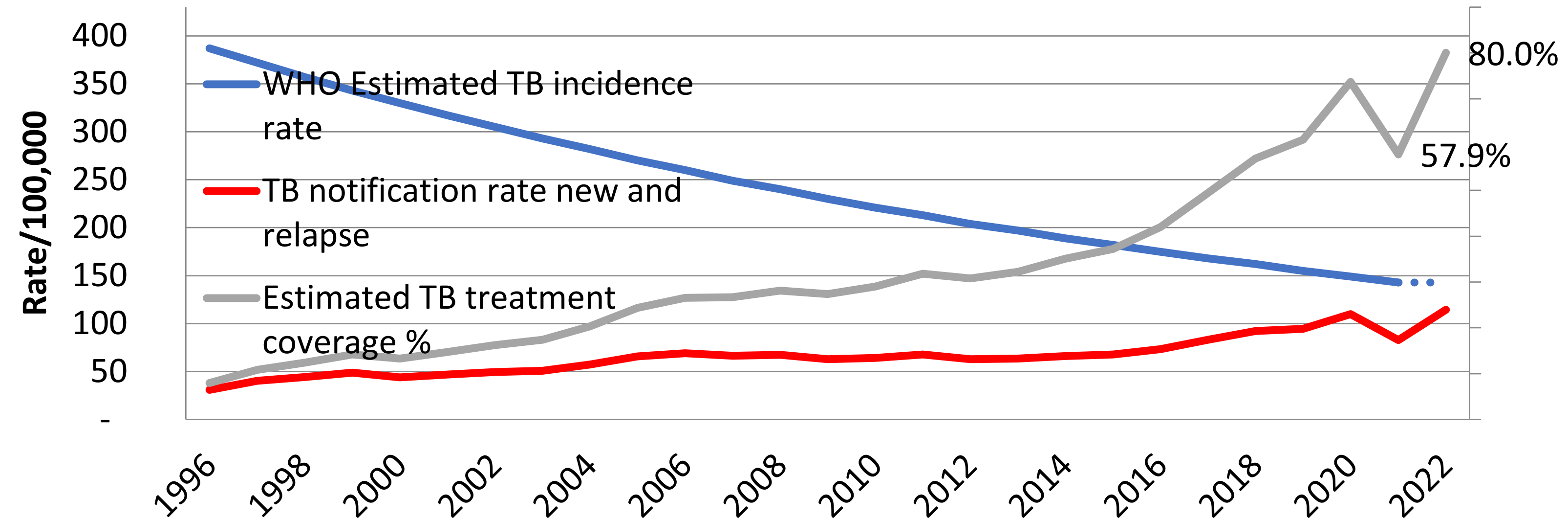
- 2,240 deaths per year
- TB is 5th highest cause of death, 2019, unchanged since 2009
- 11,000 cases estimated
- Main risk factors include high smoking rates (32% adult males)
- 2021 estimated incidence (143/100,000) lower than Cambodia (288), Myanmar (360), Vietnam (173) and same as Thailand

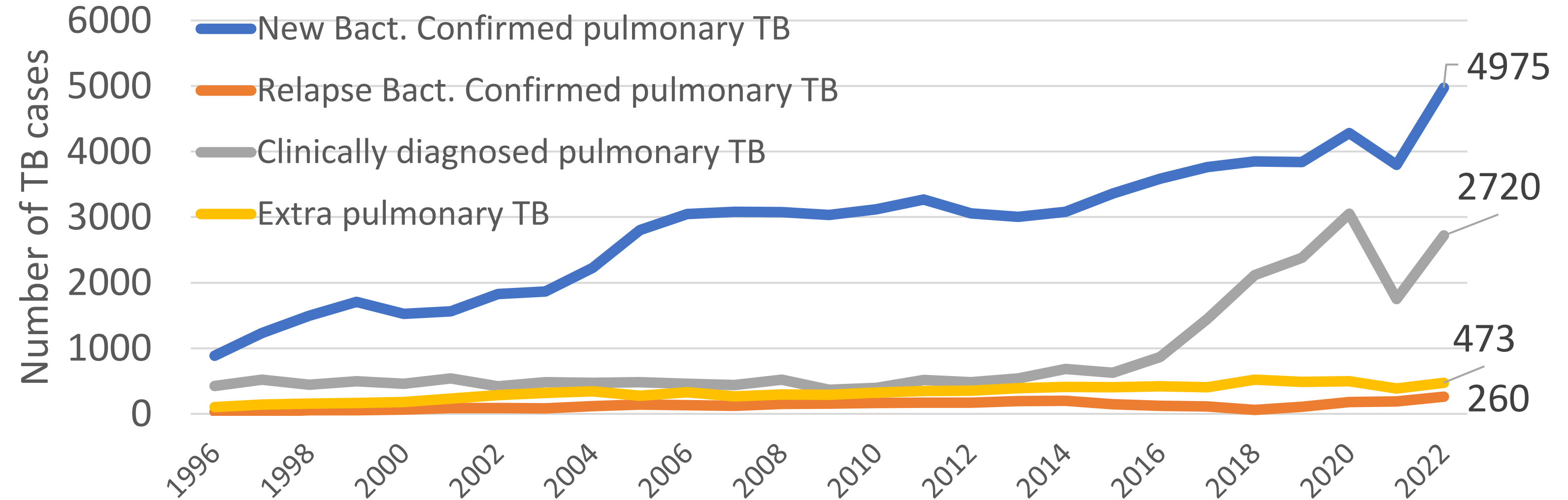




TB burden and response (1)

- 20+ year fall in incidence due to increased case finding and improved socio-economic conditions
- Significant increase in clinically diagnosed pulmonary cases since 2015
- 2021 dip in performance due to Covid-19, with rebound to 2020 levels in 2022
- 2,500 cases missed in 2022





MTR recommendations to End TB

*"**Finding more cases is the most urgent and highest priority for impact on TB**, therefore the MoH/DPC/NTC should prioritise efforts to:*

- Strengthen capacity of the public TB centres, especially TB units serving remote areas, to identify presumptive cases of TB, and enable and encourage the clinical diagnosis of pulmonary TB, with training, additional funds, and better supervision
- Ensure children with TB receive appropriate diagnosis and treatment, strengthen the management of children with TB and uptake of TB preventive therapy
- Secure timely funding of essential drugs and diagnostics
- CHAS and NTC to collaborate more effectively for earlier diagnosis of HIV and starting of ART, improved joint data management and data use and joint approach to reducing stigma
- MOH/DDC/NTP to develop a plan for further integration of TB and HIV services within primary health care.

NSP 2024-2028 impact indicators and targets to End TB

Are aligned with the global End TB strategy:

- 1) to reduce the number of TB deaths by 75% in 2025 and 90% in 2030 compared to 2015 (WHO estimated 3,550 TB deaths in 2015 and 2,240 (30 per 100,000) in 2021);
- 2) to reduce the TB incidence (new and relapse all forms) by 50% from 182/100k in 2015 to 91/100k in 2025 (WHO estimate 143 (91-208)/100,000 in 2021);
- 3) zero catastrophic costs among TB patients and families by 2025 (62.6 % in 2019).

NSP 2024-2028 End TB priority interventions

- To decentralise and integrate TB, HIV and malaria services in primary health cares (PHC);
- To increase PHC health facilities contribution to patient centred TB services (at district, health centres and community levels);
- To increase awareness on TB in villages and patients access to health centres with community-based approaches/partners;
- To decentralize TB clinical diagnostic capacity with use of chest X-ray by districts;
- To provide free access to chest X-ray screening for persons living with TB patients;
- To engage village health committees, village health workers and health volunteers in supporting the health centre staff for TB awareness, referral of patients, household contact tracing and treatment support.
- To support NRL and laboratory network extension and integration;
- To decentralise systematic screening for TB among vulnerable populations including prisoners and isolated ethnic minorities by decentralised provincial level ACF teams;
- To streamline and decentralise TB and HIV collaborative activities to all provinces and districts;
- PHO/DHO to ensure real time surveillance using DHIS 2 TB tracker and data use for action;
- NHI to cover full TB diagnosis and treatment package for all TB patients (DS/DR-TB, TB/HIV patients)

HANSA 2 will contribute to End TB Outcome indicators

- **1) Increase the TB treatment coverage** of WHO estimated incidence of TB cases new and relapse all forms from 78% nation-wide in 2022 (pending the 2022 WHO estimate of incidence) to ≥95% by 2025 and onwards
- **2) Increase the MDR/RR-TB treatment coverage** from 36% in 2022 (of WHO estimated incidence 98 MDR-TB cases) to 70% in 2024, 75% in 2025 and 80% in 2026.
- **3) Increase the number and proportion of TB diagnosis and treatment among children** 0-14Y from 1.5% in 2022 to 4% in 2026
- **4) Increase TB Preventive Treatment (TPT) coverage among children U5Y** household contacts of bacteriologically confirmed pulmonary TB patients from baseline 10% in 2022 to 70% in 2026
- **5) Increase the number and proportion of TB patients with an HIV test available** from 80% in 2022 to 100% in 2026
- **6) Increase ART care among TB/HIV patients** from 80% in 2022 to 100% in 2026
- **7) Zero catastrophic costs** among TB patients and families by 2025 (was 62.6 % in 2019)

HANSA 2 Component 1

Quality Performance Score (QPS) system, vignettes were developed to monitor the implementation of the integrated essential TB services in health centres:

- HC level identification of TB presumptive patients and sending of TB specimens for rapid molecular testing
- Screening of household TB contact persons including children and uptake of TPT prioritizing children under 5 year old.
- Monitoring of TB cases under treatment
- Integrated outreach activities

PBC 5: Reaching the unreached to End TB					
Implementing Agency (ies)	Year 1 target June 2024-May 2025	Year 2 target June 2025- May 2026	Year 3 target June 2026 – May 2027	Year 4 target June 2027 – May 2028	Year 5 target June 2028 – May 2029
National Tuberculosis Center **Total PBC value: US$**	1. At least 8,725 notified TB cases of all forms (new and relapse) 2. At least 50% of number of household contact children under 5-year-old* received TPT	1. At least 8,647 notified TB cases of all forms (new and relapse) 2. At least 60% of number of household contact children under 5-year-old received TPT	1. At least 8,569 notified TB cases of all forms (new and relapse) 2. At least 70% of number of household contact children under 5-year-old received TPT	1. At least 8,302 notified TB cases of all forms (new and relapse) 2. At least 80% of number of household contact children under 5-year-old received TPT	1. At least 7,945 notified TB cases of all forms (new and relapse) 2. At least 90% of number of household contact children under 5-year-old received TPT
PBC value (not including domestic co-financing)	1. 819,431 (80%) 2. 204,858 (20%)	1. 755,787 (80%) 2. 188,947 (20%)	1. 800,478 (80%) 2. 200,120 (20%)		
PBC Eligible expenditures Total 2024-26: US$2,969,621	NSP related priority activities to: Support integration of TB activities at PHC level: Build capacity for provision of patient centred and integrated TB, TB/HIV services at provincial, district, HC, VHV, VHW, Village levels; Training paediatricians and OPD/IPD physicians on lung health and TB including clinical diagnosis in adult and children; Household contact TB screening and referral; Treat all TB cases and provide TPT at least to children under 5 after excluding active TB; Active case finding (ACF) to reach the unreached in remote areas and in prisons; Increase MDR/RR-TB treatment coverage; TB/HIV collaborative activities; Community TB care delivery; Laboratory system strengthening (LSS) including transportation of specimens, expand molecular testing capacity and other laboratory main functions; Monitoring/reporting and data use for action with TB tracker.				
Input based	Procurement of TB diagnostics and medicines (US$4,509,362 for 3 years); Technical assistance for TB and HIV and laboratory				

Expected TB needs and sources of funding (1)

PBC / INPUT	(All)			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
Co-funding	1,338,858.11	1,234,057.43	526,228.42	3,099,143.96
GF DIRECT PROCUREMENT	2,187,556.12	1,152,163.33	1,172,074.46	4,511,793.92
GF TA	213,600.00	196,650.00	196,650.00	606,900.00
HANSA2 PBC	1,024,288.83	944,734.17	1,000,598.32	2,969,621.31
Grand Total	4,764,303.06	3,527,604.94	2,895,551.20	11,187,459.20

Expected TB needs and sources of funding (2)

PBC / INPUT	**PBC**			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
HANSA2 PBC	1,024,288.83	944,734.17	1,000,598.32	2,969,621.31
1. Support integration of TB prevention and care at PHC level	264,525.81	298,527.62	332,739.07	895,792.50
2. Increase Tuberculosis Preventive Treatment (TPT) uptake among children under 5	76,863.95	92,236.74	107,609.53	276,710.22
3. TB/HIV collaborative activities	13,304.45	13,304.45	13,304.45	39,913.35
4. Community TB care delivery	138,829.85	139,873.22	138,829.85	417,532.93
5 Cross cutting LSS	191,044.30	192,951.93	192,951.93	576,948.15
6. Cross cutting procurement	227,114.25	93,193.84	99,273.43	419,581.51
7. Cross cutting management	112,606.21	114,646.37	115,890.06	343,142.64
Grand Total	**1,024,288.83**	**944,734.17**	**1,000,598.32**	**2,969,621.31**

Expected TB needs and sources of funding (3)

PBC / INPUT	**INPUT based**			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
Co-funding	1,338,858.11	1,234,057.43	526,228.42	3,099,143.96
GF DIRECT PROCUREMENT	2,187,556.12	1,152,163.33	1,172,074.46	4,511,793.92
GF TA	213,600.00	196,650.00	196,650.00	606,900.00
Grand Total	**3,740,014.23**	**2,582,870.77**	**1,894,952.89**	**8,217,837.88**

Prioritized Above Allocation Request (PAAR)

PAAR proposed interventions (TB)	US$ Y1-3	Priority level
Training HCs and VHVs based on National TB manual on TB awareness sample collection and referral, diagnosis, treatment, contact investigation	320,000	High
Additional home visits by HC staff for TB contact tracing	276,710	High
Active case finding (ACF) in prisons and high TB burden districts by central and provincial ACF teams (operational costs)	353,350	High
Purchase 12 digital X-ray machines for ACF provincial teams and selected high-burden TB districts (including 10% PSM costs)	792,000	Medium
Training of physicians on chest X-ray reading	42,554	High
Training of X-ray technical staff	42,554	High
Training/retraining for health staff at prison on TB screening and case management	37,953	High
Scaling-up community based interventions by CSO in more districts	300,000	High
TOTAL	2,165,121	