

Global Fund HIV/AIDS Funding Request 2024-2026

CCM Meeting

Vientiane Capital, 17 May 2023

Outline of presentation

1. **Process on development of the Global Fund Funding Request**
2. **Updated Epidemiological Data**
3. **Recommendations of Joint TB/HIV Mid-Term Review 2021-2025**
4. **Updated National Action Plan on HIV/AIDS and STI 2024-2026**
5. **Global Funding Allocation for 2024-2026 (GF letter dated 20 December 2022)**
6. **Performance Based Conditions, Conditions and Data Requiring for Reporting under HANSA 2 Project**
7. **HIV/AIDS and STI Main Activities under HANSA 2 Project**
8. **Target Populations: FSW, MSM/TG, PLHIV**
9. **Estimated budget for HIV/AIDS and STI under HANSA 2 Project**
10. **Matching Fund**
11. **Prioritized Above Allocation Request (PAAR)**
12. **Update on core documents and annexes to be submitted to GF on 30 May 2023**

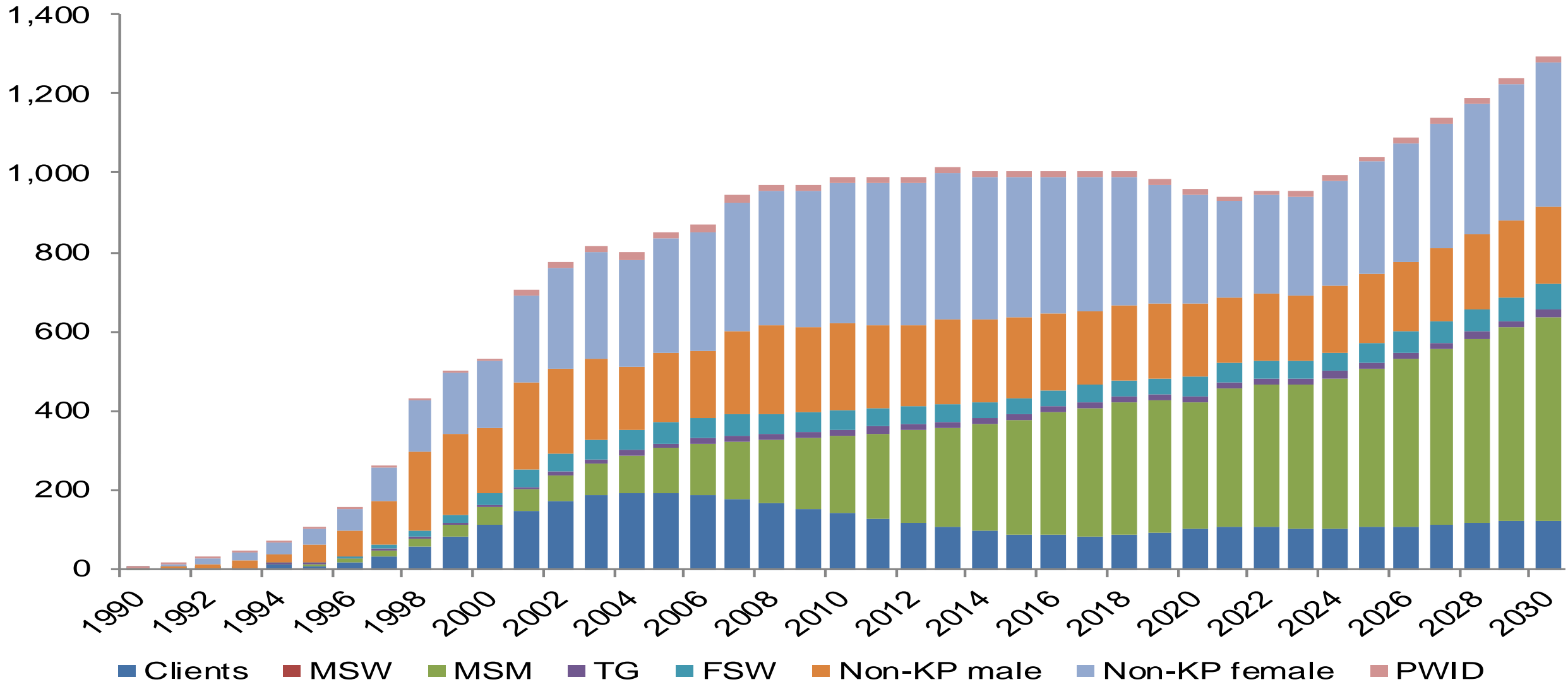
1. Preparation Process of GF Funding Request

No.	Activities
1.	Joint TB/HIV Mid-term Review of 2021-2025
2.	Update NSAP 2024-2026
3.	Partnership Workshop (Departments, Centers of MOH, Stakeholders, CSO, NGO and APL+, KPs)
4.	IQVIA meeting
5.	TB/HIV meetings
6.	Technical Meetings with The GF on different subjects: Allocated fund, Co-funding, Health products, Matching fund.
7.	Technical meetings to prepare HANSA 2 Project
8.	Consultation meeting with CSO, NGO, KPs, and APL+ on technical issues and budget

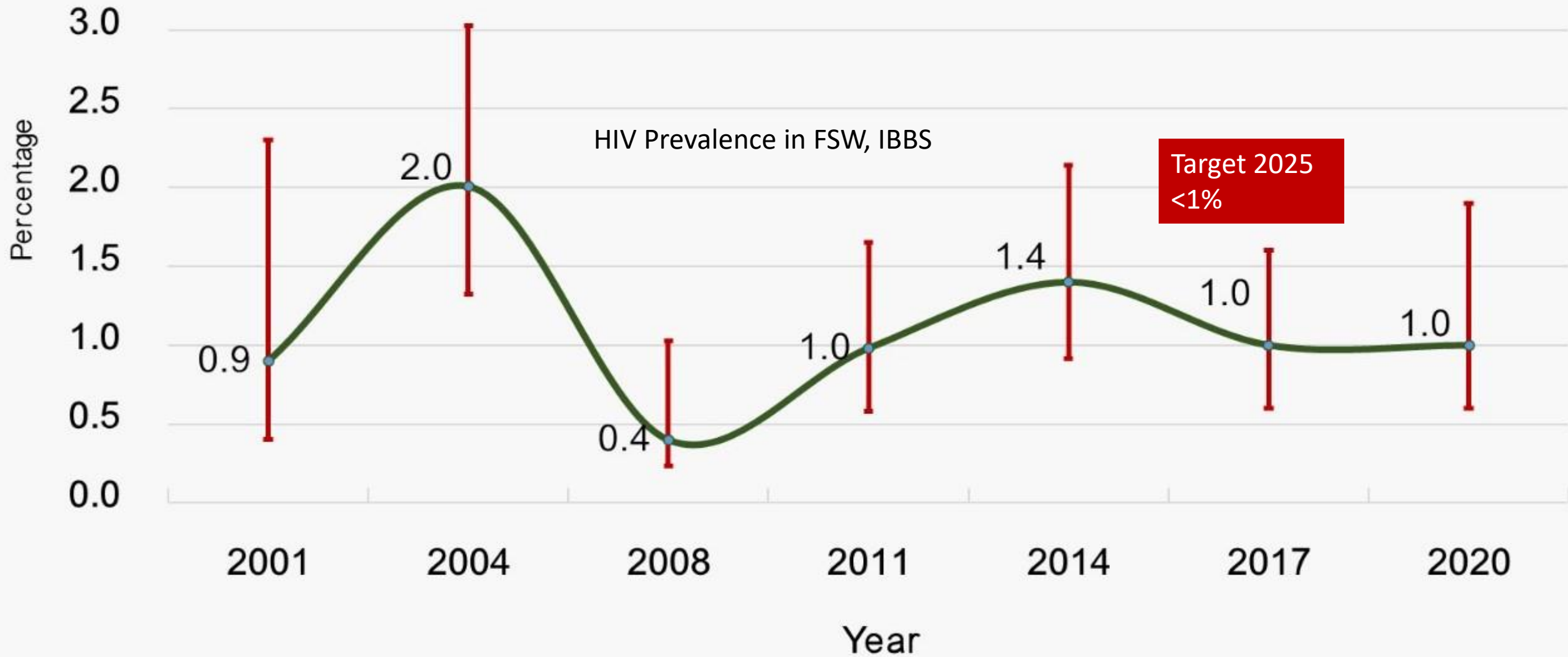
2. Updated Epidemiological Data

HIV Incidence

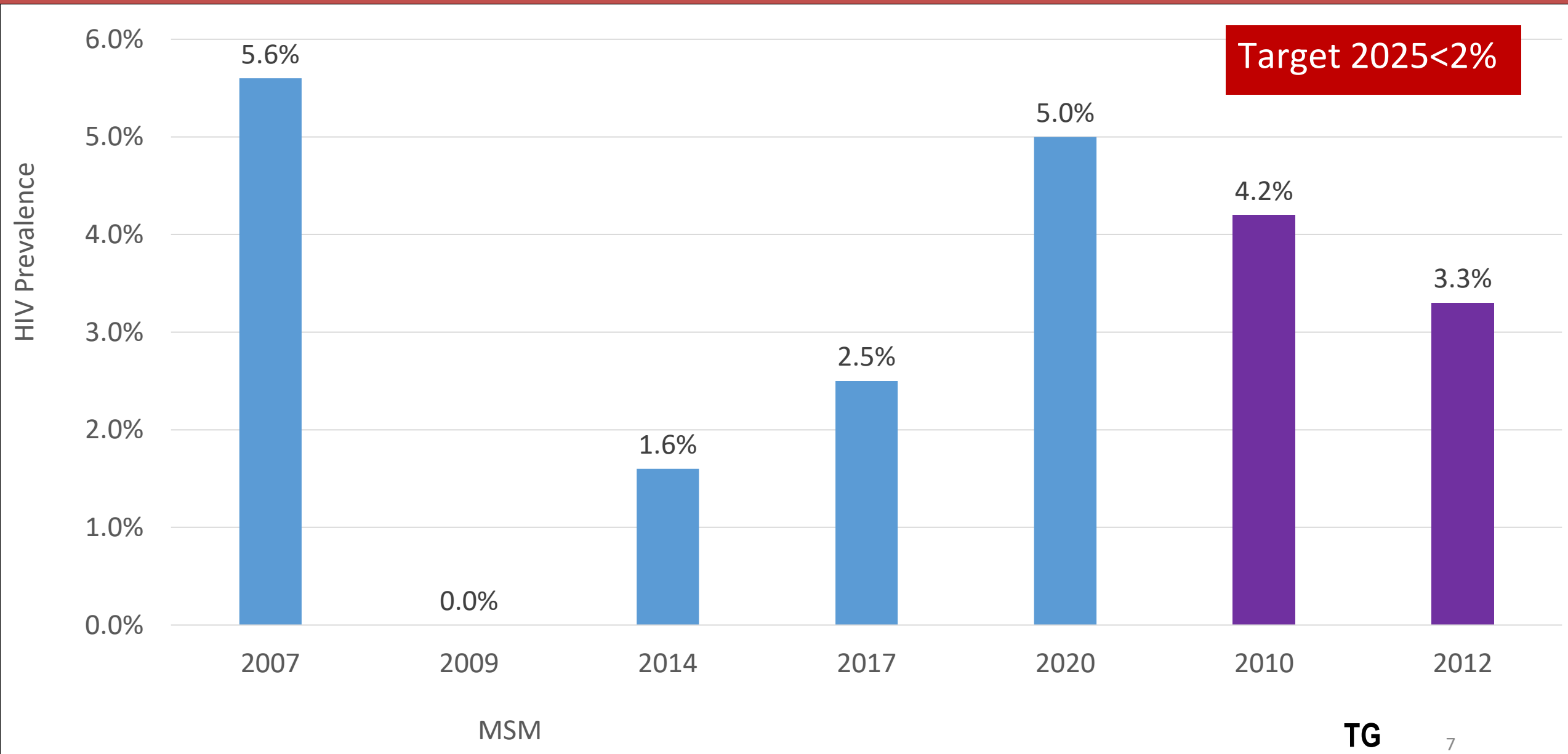
Annual new HIV infections by sub-population, 1990-2030



Program Impact: HIV Prevalence in Female Sex Workers (FSW)



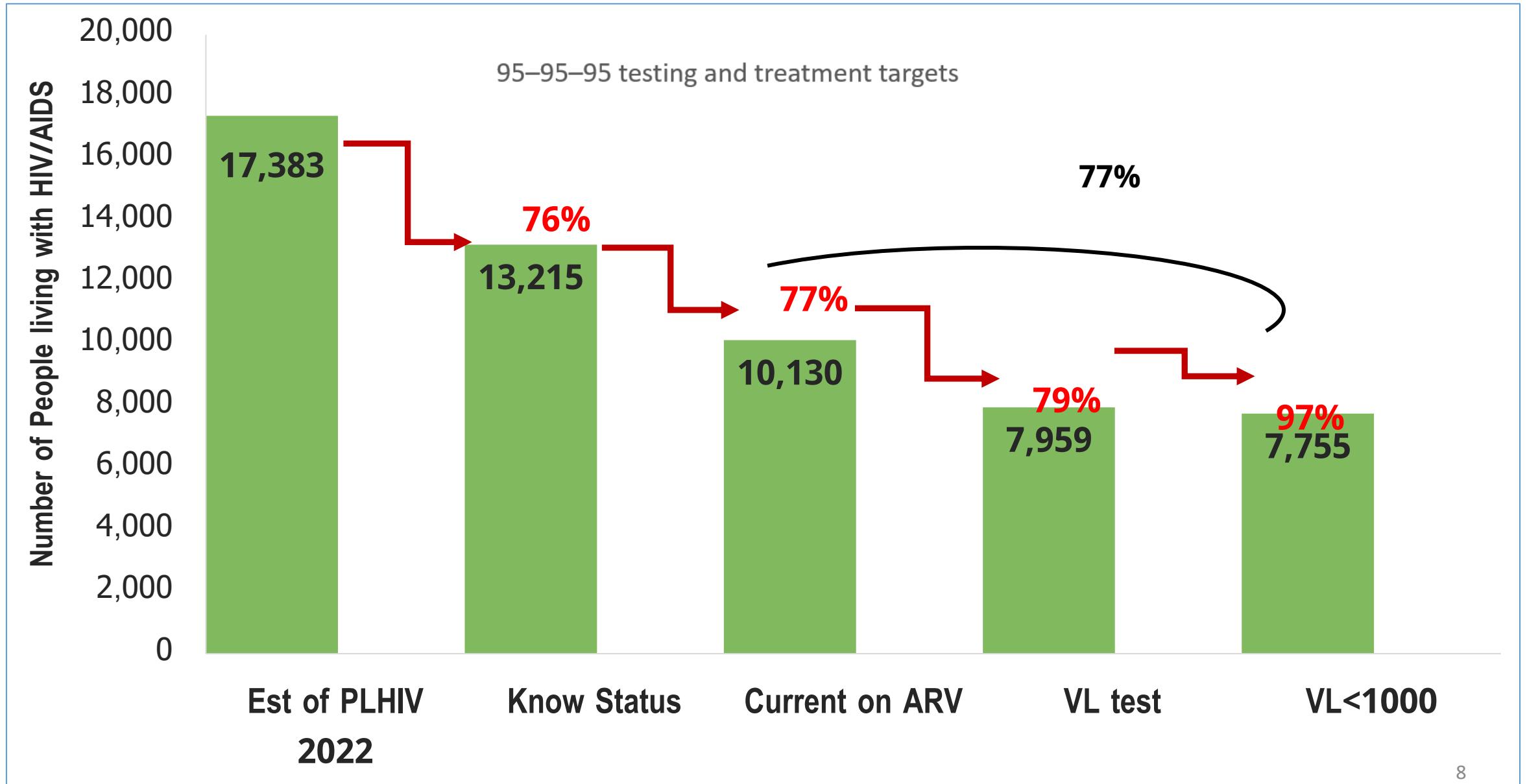
Program Impact: HIV Prevalence in Men who have Sex with Men (MSM)



MSM

TG

Program Impact: Testing and Treatment (2022)



3. Recommendations of Joint TB/HIV Mid-Term Review 2021-2025

NSAP Strategic Objective 1: Strengthen an Enabling Environment for an Effective HIV/AIDS and STI Response

1. Develop an investment case for continuing to progressively increase both donor assistance and government financial allocation (budget line 63) for HIV activities, including conducting the National AIDS Spending Assessment (NASA)
2. Assign existing central-level staff (at CHAS) to be responsible for integration (TB, STI, hepatitis)
3. Confirm priority provinces and districts using strategic information. For priority districts (and health centers if feasible), promote simple activities that can be integrated into existing services. For example, outreach to KPs, the use of rapid screening tests for case finding for KPs & ANC women (1st 95). Also, support to PLHIV who are stable on ART (3rd 95)
4. Continue to focus on prevention among MSM/TG, FSW (1st 95). Where possible, revitalize drop-in centers
5. Expand POCs to priority district hospitals (2nd 95)
6. Invest in HIV training for district & health center levels. This can be joined with TB. Include in training: SI data quality, analysis & use, rapid screening, use of PrEP for KPs, OI prevention & treatment, MMD for PLHIV stable on ART, index testing, stigma/discrimination reduction, within the framework of “5 Goods, 1 Satisfaction”
7. Make PLHIV and KP involvement in HIV campaigns and service delivery regular and less costly. Highlight lessons in the community. mobilization to share across other health services
8. Continue to engage ASEAN to learn regional lessons and apply them in Lao PDR

NSAP Strategic Objective 2: Improve Access to Quality Prevention and Testing Services

1. Continue to target MSM/TG and FSW in the highest-burden provinces (urban areas).
2. Priority Recommendation: Scale up rapid screening, aiming for 95% of KPs in priority locations to know their status.
3. Advocate for greater coverage of testing for ANC women. Consider shifting to rapid screening for ANC as the positivity rate is very low. Consider expanding dual HIV-syphilis testing based on pilot results.
4. Central & provincial levels should scale up PrEP for eligible KPs & initiate for discordant couples. Perform separate quantification from ART.
5. District hospitals & health centers in priority areas should be more involved, as feasible, in outreach to KPs & use of rapid screening for KPs and ANC women, in the context of Primary Health Care.
6. All ART centers & POCs should increase efforts on index testing, aiming for 95% of all partners & children of PLHIV tested, avoiding stigma & discrimination.
7. In each priority province, create an appropriate mix of government-CSO teams for KP outreach & rapid screening. Learn from CSO experience & scale up with government teams.
8. Continue to support CSOs with an emphasis on demonstrating innovations, such as stigma reduction, online outreach, LA-PrEP, and CLM, for continued learning.
9. Invest in small-scale but continuous, systematic STI & hepatitis prevention & testing, focusing on affected groups.

NSAP Strategic Objective 3: Increase Access to Quality Testing, Treatment, and Care

1. Decentralize testing to health centers based on prioritization
2. Introduce community-based testing including HIV self-testing
3. Strengthen index testing through building capacity of ART providers.
4. Strategic scale up of optimal testing modalities to identify infants and older children.
5. Increase access to viral load monitoring amongst those in need (e.g., pregnant women).
6. Strengthen linkages through decentralization of HIV treatment to health center level
7. Increase operational coordination meetings for TB/HIV at service delivery level
8. Introduce TB testing approaches for PLHIV that yield same day diagnosis (e.g TB LAM)
9. Ensure eligible PLHIV have access to TB prophylaxis
10. Integrate screening of Hepatitis (B&C), NCDs, Cervical Cancer and STIs, i.e
11. Build HIV service providers capacity on management of HIV co-morbidities
12. Identify and adapt differentiated service delivery models for testing and treatment
13. Plan for patient satisfaction surveys / community-led monitoring to inform quality improvement

4. Updated NSAP 2024-2026

Strategic Objective 1: Strengthen an enabling environment for an effective HIV/AIDS and STI response

- Law, policy and advocacy; human resources; sustainability and investment; governance and management; strategic information; stigma and discrimination; and international and cross-border cooperation.

Strategic Objective 2: Improve access to quality prevention and testing services

- Prevention and testing among key populations (FSW, MSM/TG, and PWID/PWUD); and services such as condoms, STI services, blood safety, online and social media, and PrEP; and effective linkage to testing and treatment, including index testing.

Strategic Objective 3: Increase access to quality testing, treatment and care services

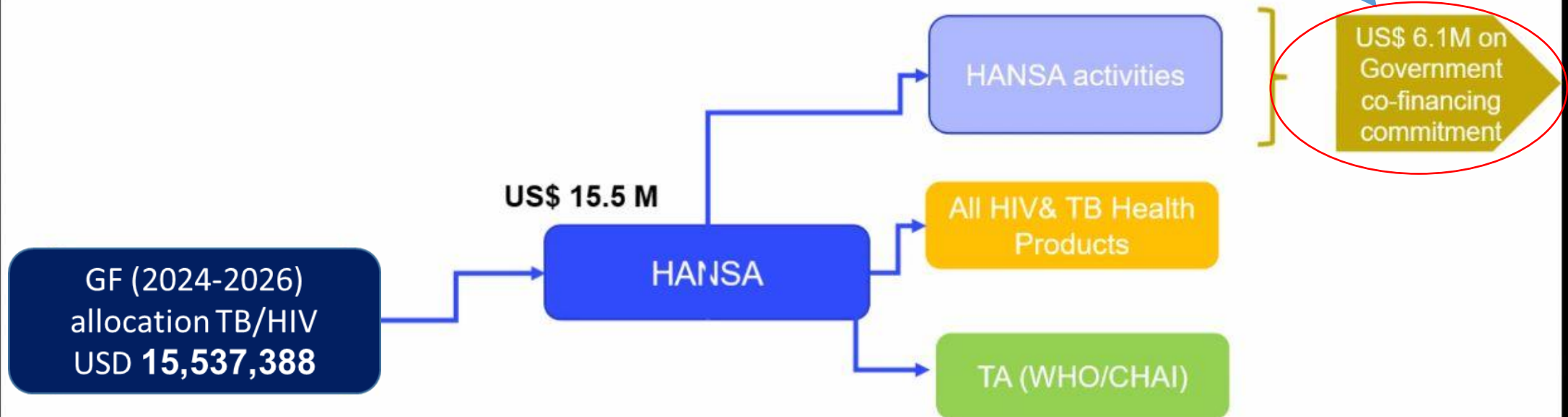
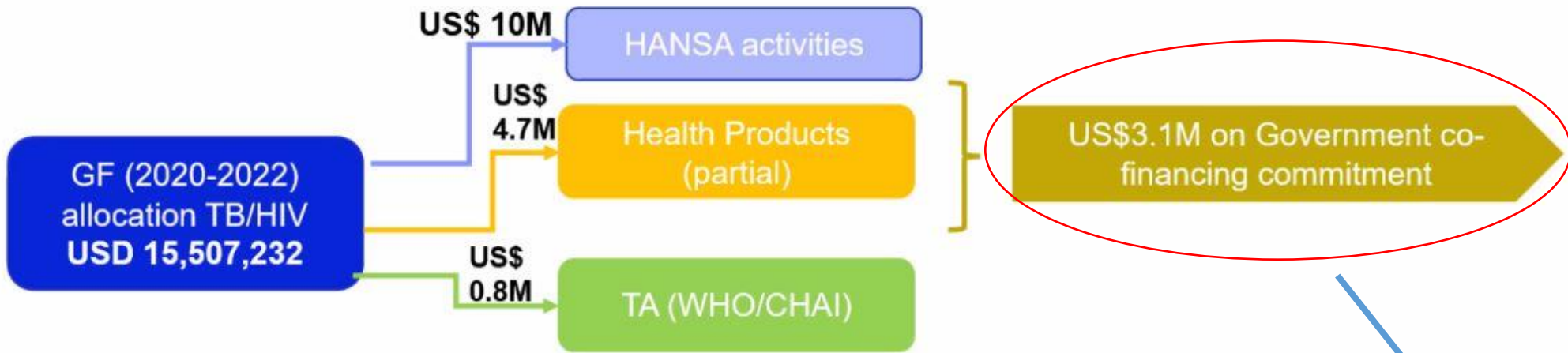
- Testing and treatment quality and effectiveness, effective ART for all PLHIV; effective screening and treatment for TB and other co-infections such as syphilis and hepatitis B and C; care and support to encourage retention, good adherence, and family and community-based support; promotion of index testing; reduction of stigma and discrimination; and improved quality of life of PLHIV.

5. Global Fund Allocation for 2024-2026 (Allocation letter dated 20 December 2022)

Eligible disease component	Allocation (US\$)	Allocation Utilization Period
HIV	7,449,033	1 January 2024 to 31 December 2026
Tuberculosis	8,088,355	1 January 2024 to 31 December 2026
Total	15,537,388	

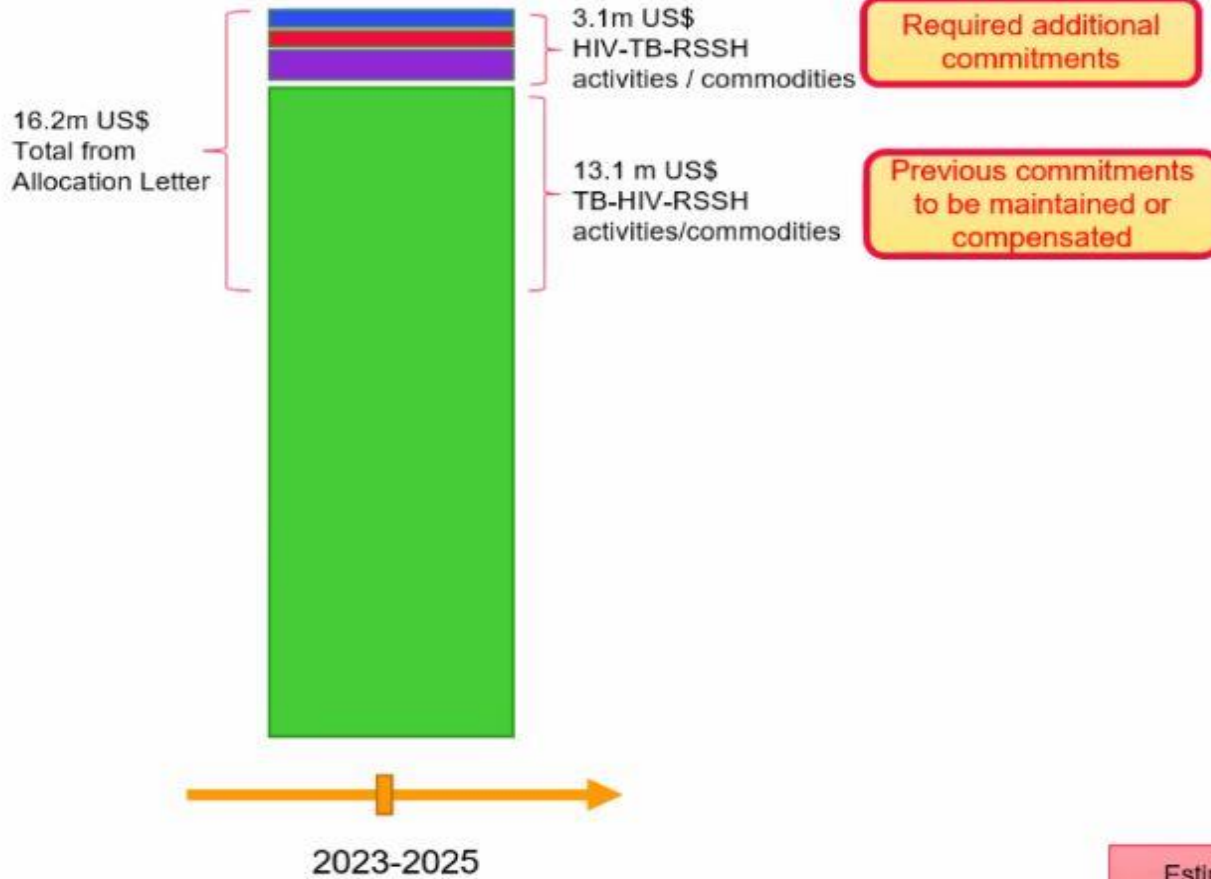
Opportunities for Funding Beyond the Allocation Amount :

- Lao People's Democratic Republic is eligible for the following catalytic Matching Funds
→ **US\$2,000,000** for integrated laboratory systems strengthening.



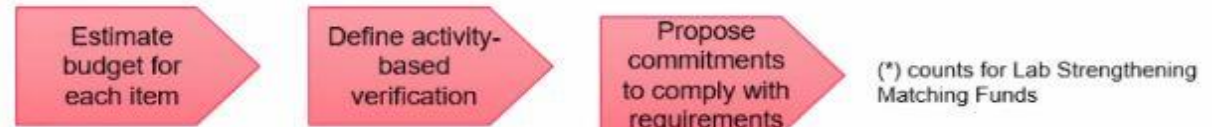
less money for Hansa activities on HIV and TB because health products are taking a higher percentage of the allocation.

If all **Core HIV and TB health products** are now to be procured with GF funding, the shortfall needs to be **compensated**, and the requirement for additional commitments met



Suggestions of co-financing commitments for the 2023-2025 period

- Procurement of medicines to treat opportunistic infections, co-infections and co-morbidities (e.g., STIs, Hep B)
- Procurement of PPE, general laboratory equipment, laboratory reagents and consumables
- Service and maintenance costs for health equipment (e.g., x-ray, microscopes, GeneXpert equipment)
- X-Ray diagnostic for respiratory problems in out-patients included in NHIB coverage
- Development and sharing of SOPs for specimen collection, management and transportation with all levels (*)
- Budget for sputum transportation included in NHIB capitation payment instead of reimbursement based (*)
- Training health facilities and CSO on appropriate management of specimen from suspected cases of priority diseases (*)
- Provision of nutrition and transportation support for TB and HIV patients in high-burden provinces
- Contact tracing budget included in capitation or performance payment
- Establishment of differentiated services for KP in high burden provinces
- Establishment of ART centers / one-stop facilities at sub-provincial level.
- Connectivity solutions for laboratory equipment and interoperability of middleware with integrated LIS (*)



percentage of the allocation.

It's the expectation is that the government will fulfill this requirement and we will be

6. Key populations and people living with HIV/AIDS access to HIV services

Indicators Name	Data required in reporting
1. Percentage of HIV testing among FSW	1.1 Percentage of FSW received HIV testing during the past 12 months 1.2 Percentage of FSW with HIV infection referred to ART during the past 12 months
2. Percentage of HIV testing among MSM/TG	2.1 Percentage of MSM/TG received HIV testing during the past 12 months 2.2 Percentage of MSM/TG with HIV infection who referred to ART during the past 12 months 2.3 Number of MSM who initiated any PrEP product at least once during the reporting period in high burden provinces
3. Percentage of PLHIV enrolled on ART	3.1 Percentage of PLHIV and on ART with a viral load test result 3.2 Percentage of people living with HIV and currently on ART who are receiving multi-month dispensing of antiretroviral medicine 3.3 Percentage of PLHIV newly initiated on ART who were screened for TB 3.4 Percentage of PLHIV registered receiving TPT/IPT for TB prevention – WB proposed 3.5 Percentage of pregnant women with HIV infection referred to care and treatment 3.6 Percentage of HIV exposed infants having access to HIV testing less than two months after birth.

7. HIV/AIDS and STI Main Activities under HANSA 2 Project

PBC 1.1: Increase coverage of HIV testing among FSW

Description: Percentage of FSW who have received an HIV test in the past 12 months and know their results

PBC	Year 1 target June 2024-May2025	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
Description: Baseline (92%)	93%	94%	95%	95%	95%
Integrated planning, budgeting and financial reporting for the HC level	Integrated outreach activity carried out by HC staff and CSO in selected district and HCs – to provide HIV services and prevention package				
Scalability	In selected provinces	In selected provinces	In selected provinces	In selected provinces	In selected provinces
PBC value	190,838.20	190,838.20	190,838.20	190,838.20	190,838.20
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information..				
Data source/Agency	DHIS2 / CHAS-MOH				
Verification Entity	HANSA 2				
Procedure					

PBC 1.1: Increase coverage of HIV testing among FSW

1. Update the mapping of locations and sub-populations of FSW, update size estimation and HIV prevalence, and inform program planning
2. Develop standard guidelines for implementation of prevention activities, specifying comprehensive and minimum packages
3. Conduct training for health and community workers in delivery of services for female sex workers and their sexual partners and clients
4. Development of online and social media interventions to reach female sex workers for HIV services, STI testing and prevention, condoms and lubricant use, Hepatitis and PrEP
5. HIV case finding: in health care setting and community through CBT, outreach activity using rapid screening test kit, HIVST and index testing.
6. Strengthen on service delivery and strategic information system (M&E capacity building and coordination, routine data management, data quality and data use, continue to strengthen the surveillance system (HSS+) S&D survey and Policy development)
7. Scale up PrEP for female sex workers in priority locations
8. Establish community-based clinic as one-stop-shop at community level to provide HIV service including testing and treatment, PrEP services in priority locations.

PBC 1.2: Increase coverage of HIV testing among MSM/TG

Description: Percentage of MSM/TG who have received an HIV test in the past 12 months and know their results

PBC	Year 1 target June 2024-May2025	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
Description: Baseline (48%)	57%	70%	84%	95%	95%
Integrated planning, budgeting and financial reporting for the HC level	Outreach activity carried out by HC staff and CSO in selected district and HCs – to provide HIV services and prevention package				
Scalability	In selected provinces	In selected provinces	In selected provinces	In selected provinces	In selected provinces
PBC value	210,405.47	205,025.47	212,345.47	212,345.47	212,345.47
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information..				
Data source/Agency	DHIS2/ CHAS-MOH				
Verification Entity	HANSA 2				
Procedure					

PBC 1.2: Increase coverage of HIV testing among MSM/TG

1. Update the mapping of locations and sub-populations of MSM/TG, update size estimation and HIV prevalence, and inform program planning
2. Develop standard guidelines for implementation of prevention activities, specifying comprehensive and minimum packages
3. Conduct training for health and community workers in delivery of services for MSM/TG and their sexual partners
4. Development of online and social media interventions to reach MSM/TG for HIV services, STI testing and prevention, condoms and lubricant use, Hepatitis and PrEP
5. Implement testing for case finding: in health care settings, in the community, through mobile outreach, adopting methods of index and self-testing.
6. Scale up PrEP for female sex workers in priority locations
7. Establish community-based clinic as one-stop-shop at community level to provide HIV service including testing and treatment, PrEP services in priority locations.
8. Strengthen on service delivery and strategic information system (M&E capacity building and coordination, routine data management, data quality and data use, continue to strengthen the surveillance system (HSS+) S&D survey and Policy development)

PBC 2: Increase coverage of PLHIV enrolled on ART

Description: Percentage of PLHIV enrolled on ART

PBC	Year 1 target June 2024-May2025	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
Description: Baseline (75%)	78%	81%	83%	86%	89%
Integrated planning, budgeting and financial reporting for the HC level	Integrated Outreach activity carried out by HC staff and community workers in selected district and HCs – to provide information of HIV care and treatment and linkage to early ART				
Scalability	In selected districts	In selected districts	In selected districts	In selected districts	In selected districts
PBC value	556,578.00	553,979.60	559,785.16	559,785.16	559,785.16
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information..				
Data source/Agency	DHIS2/ CHAS-MOH				
Verification Entity	HANSA 2				
Procedure					

PBC 2: Increase coverage of PLHIV enrolled on ART

1. Expanding ART/POC sites in priority area. Target 2 ART/POC sites in each year
2. Build capacity for health care workers to improve early/rapid ARV treatment with patient-centered approach and AHD, HIV/TB and other co-morbidity management at all ARV and POC sites.
3. Support integrating of routine HIV services for pregnant women at HCs in high burden areas, and ensure linkage PLHIV to access care and treatment
4. Improve Quality of HIV services based on 5 Good and 1 Satisfaction policy and patient centred approach (Improve referral system, Training on HTS, PMCT, EID; On site supervision...)
5. Assessment and conducting on S&D reduction in healthcare facilities and community in selected facilities and areas
6. Develop S&D operational plan and manual guideline to reduce S&D in HF and Community – incorporating with QI & QPS
7. Capacity building for HCWs and CSO staff on S&D intervention and integrate S&D into routine QI efforts
8. Strengthening on DQA for ARV tracker for ART & POC sites
9. Support community involvement of PLHIV to be peer counsellors working at ART&POC sites.

8. Target Populations: FSW, MSM/TG, PLHIV

PBC 1: Number of target FSW (2024-2027)

Province	Estimated population (FSW)					Tested for HIV (FSW)					HIV Testing Coverage (FSW)				
	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027
Vientiane Capital	3,983	4,041	4,097	4,149	4,201	3,664	3758	3852	3942	3991	92%	93%	94%	95%	95%
Vientiane Province	1,659	1,683	1,707	1,728	1,750	1,526	1565	1604	1642	1662	92%	93%	94%	95%	95%
Khammouan	1,378	1,398	1,417	1,435	1,453	1,267	1304	1336	1368	1385	92%	93%	94%	95%	95%
Savannakhet	1,677	1,701	1,725	1,747	1,768	1,542	1582	1621	1659	1680	92%	93%	94%	95%	95%
Champasack	1,342	1,362	1,381	1,398	1,416	1,235	1266	1298	1328	1345	92%	93%	94%	95%	95%
HANSA PBC Target	10,038	10,185	10,327	10,457	10,588	9,235	9,476	9,711	9,939	10,062	92%	93%	94%	95%	95%

PBC 2: Number of target MSM/TG (2024-2027)

Provinces	Estimated population (MSM + TG)					Tested for HIV (MSM + TG)					HIV Testing Coverage (MSM + TG)				
	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027
Luangprabang	2,057	2,087	2,116	2,142	2,169	988	1190	1481	1800	2060	48%	57%	70%	84%	95%
Xayabouli	1,272	1,290	1,308	1,324	1,341	611	736	916	1113	1274	48%	57%	70%	84%	95%
Vientiane Province	2,363	2,397	2,430	2,460	2,491	1134	1366	1701	2067	2366	48%	57%	70%	84%	95%
Bolikhamsay	730	741	751	760	769	350	422	525	638	731	48%	57%	70%	84%	95%
Khammouan	1,247	1,265	1,282	1,298	1,314	599	721	898	1091	1249	48%	57%	70%	84%	95%
HANSA PBC Target	7,669	7,781	7,887	7,985	8,083	3,681	4,435	5,521	6,708	7,679	48%	57%	70%	84%	95%

PBC 3: Number PLHIV enrolled on ARV (2024-2027)

Province	Estimated population need for ART					Cumulative number of PLHIV enrolled on ART					Coverage of PLHIV enrolled on ART				
	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027	Y0 2023	Y1 2024	Y2 2025	Y3 2026	Y4 2027
HANSA PBC Target Nationwide	17,972	18,687	19,469	20,297	21,164	13,479	14,576	15,770	16,847	18,201	75%	78%	81%	83%	86%

9. Estimated budget for HIV/AIDS and STI under HANSA 2 Project

Budget of HANSA 2 Project 2024-2026 (GF allocation)

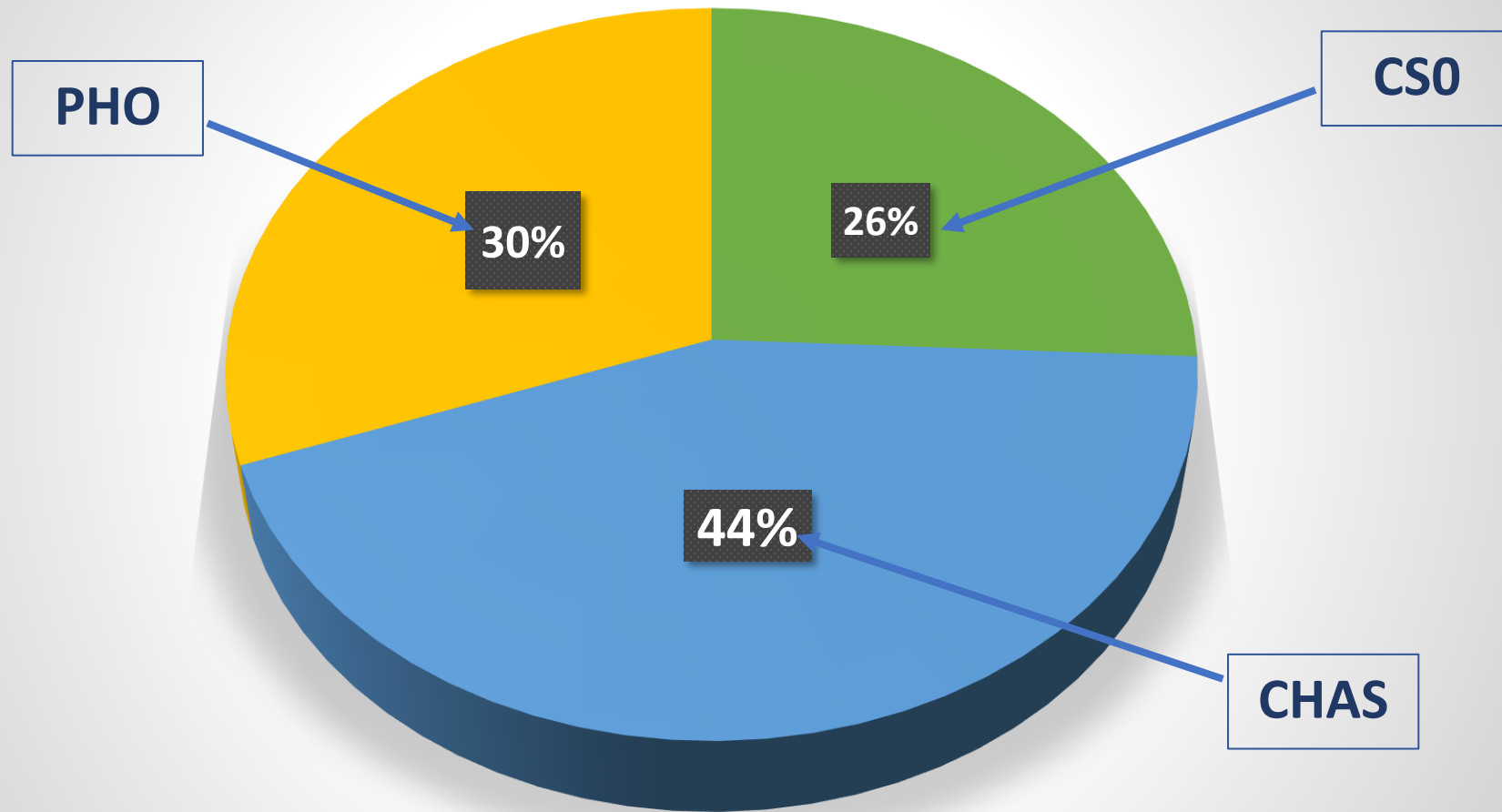
HANSA 2	2024	2025	2026	Total 3 years	%
PBC 1 FSW	178,794	178,794	178,794	536,383	7%
PBC 2 MSM/TG	194,065	201,185	208,505	603,756	8%
PBC 3 ARV	288,028	283,030	286,435	857,493	12%
Input based	274,138	264,038	275,437	813,613	11%
Health Products	1,058,813	1,648,741	1,930,220	4,637,774	62%
Total	1,993,839	2,575,788	2,879,392	7,449,019	100%

*Budget of HIV PBC activities for HANSA 2 Project 2024-2026

PBC	2024	2025	2026	Total 3 years	%
PBC 1 FSW	186,890	186,890	186,890	560,670	20%
PBC 2 MSM	206,053	200,784	207,952	614,789	22%
PBC 3 ARV	545,063	542,519	548,204	1,635,786	58%
Total	938,006	930,192	943,046	2,811,245	100%

HANSA 2 activities budget by implementers

3 Years 2,811,245 \$



Co-financing for HANSA 2 Project (2024-2026)

Co-Financing	2024	2025	2026	Total 3 years
PBC 1 FSW	110,980	110,980	110,980	332,940
PBC 2 MSM/TG	140,630	140,630	140,630	421,889
PBC 3 ARV	148,878	148,878	148,878	446,634
Health Products	258,393	417,014	691,443	1,366,850
Input based	336,827	100,413	101,926	539,165
Total	995,707	917,914	1,193,856	3,107,478

10. Matching Fund 2024-2026

Matching Fund Proposal - Lao PDR Laboratory Systems Strengthening

No.	National LSS Interventions (all sources)	Matching Fund activities to complement existing investments	<u>HANSA/ existing funds</u>	Matching Fund request
1	Establish integrated transportation of samples for infectious disease (18 province)	Implement <i>integrated</i> sample transportation from DH upward, building on existing TB sample transport down to HC (HANSA-funded) <ul style="list-style-type: none"> • Refreshing relevant national guidelines • Baseline assessment of current specimen transport mechanisms & optimization analysis • Training, implementation, monitoring & supervision • Procurement of equipment & consumables for diagnostic specimen management & transportation • Sample transportation costs (mechanism TBD) 	<u>\$ 450,000</u>	\$ 640,000
2	Laboratory integration and efficiencies of services	Move towards integration of lab services to rationally allocate limited resources across vertical programs and general laboratory <ul style="list-style-type: none"> • Updating/revising national norms & standards, including basic testing package and requisite capacity, waste management guidelines • Standardization of essential diagnostic tests, utilization of existing infrastructure and equipment for multi-disease testing • Integration of training, supervision (complementing HANSA-funded TB lab training) • Procurement of equipment & consumables for lab waste management • Development & implementation of maintenance plan for all equipment (complementing HANSA-funded GX warranty) 	<u>\$ 567,000</u>	\$ 605,000

Matching Fund Proposal - Lao PDR Laboratory Systems Strengthening

No.	National LSS Interventions (all sources)	Matching Fund activities to complement existing investments	HANSA/ existing funds	Matching Fund request
3	Strengthen laboratory data systems and information sharing	Progress toward a national LIMS system, connecting all provincial laboratories, and use of data for decision-making <ul style="list-style-type: none"> • Procurement of equipment & services (phased expansion of LIMS to connect all PH) • Integration with existing DHIS2 & surveillance data systems, sample tracking (linked with sample transport) 	\$ 327,800	\$ 370,000
4	Strengthen Quality Management System	Targeted quality activities in service of #1-3 above <ul style="list-style-type: none"> • Revise guidelines and provide training on laboratory and specimen management procedures (supports #1, #6) • Integrate EQA programs (integrating HIV, TB, and other diseases) (#2) 	\$ 992,950	\$ 200,000
5	Institutionalize biosafety, biosecurity and bio-risk assessment	Targeted biosafety activities in service of #1-3 above <ul style="list-style-type: none"> • Biosafety cabinet certification & replacement HEPA filters (#2) • Capacity building for biosafety cabinet field certifiers - basic accreditation (#2, supports bringing TB activities closer to general lab) 	\$ 237,000	\$ 125,000
6	Enhance surveillance preparedness and response to disease outbreaks	Targeted surveillance activities in service of #1-3 above <ul style="list-style-type: none"> • Training in TB/HIV genomic sequencing for public health response and treatment (#2, complementing current plan to establish a surveillance lab at NCLE) • Procurement of consumables 	\$ 2,175,000	\$ 60,000
	Total		\$ 4,749,750	\$ 2,000,000

11. Estimated budget for PAAR for HIV/AIDS and STI 2024-2026

Prioritized Above Allocation Request (PAAR) HIV Program (2024-2026)

No.	PAAR Proposed Interventions	US\$ 2024-26	Priority level
1.	Update the mapping of key populations (FSW, MSM/TG)	55,520	High
2.	Conduct training for health and community workers to access and provide HIV services for key populations in additional priority provinces	20,808	High
3.	Develop guidelines for the implementation of preventive comprehensive and minimum packages for key populations	15,000	Medium
4.	Conduct mobile outreach activities for HIV testing for key populations (FSW, MSM/TG) in selected high burden locations in addition to HANSA 2 project	234,803	High
5.	Develop online and social media interventions for KP, including training for health and community workers, mass media and KP	58,152	Medium
6.	Initiate and scale up PrEP for FSW and MSM/TG, including training, laboratory testing fee	94,176	High
7.	Establish HIV community-based clinic to provide HIV services to key populations (capacity building, supervision, supplies, prevention activities)	191,160	High
8.	Strengthen strategic information (M&E), data quality assurance for health workers, partners, CSO and health workers, including routine data quality assurance (RDQA)	177,090	Medium
9.	Strengthen HIV sentinel surveillance (HSS) for key populations (FSW and MSM/TG)	334,037	High
10.	Advocate HIV activities for new provinces for key populations	42,840	High

Prioritized Above Allocation Request (PAAR) HIV Program (2024-2026), cont

No.	PAAR Proposed Interventions	US\$ 2024-26	Priority level
11.	Provincial program management for key populations, including supplies for outreach activities	59,900	High
12.	Expand and scale up ART and POC sites in high burden locations	41,409	High
13.	Support integrated HIV services for pregnant women at health centers in high burden locations and ensure linkages to care and treatment, including HIV exposed infants and children. (Training, supplies, assessment)	88,200	High
14.	Improve quality of HIV services using Quality Performance Score Card (QPS) in line with MOH “5 Goods and 1 Satisfaction” policy	24,480	High
15.	Conduct assessment on stigma and discrimination (S&D) in healthcare facility and in the community and implement activities to reduce S&D	107,078	High
16.	Support PLHIV engagement in HIV services at ART and POC sites, including counselling, psycho-social (mental) support,	187,212	Medium
17.	Provide care and support for PLHIV, including affected children and women (Nutrition supplement, life-skills building, tele-health support (mental health support))	67,524	Medium
18.	Conduct community led monitoring (CLM)	12,000	High
19.	Procure condom and lubricant for key populations	147,698	High
20.	HIV test kits for pregnant women at ANC	50,000	High
Total		2,009,113	

12. Update on core documents and annexes to be submitted to GF on 30 May 2023

Update on core required documents and annexes to be submitted to the GF by 30 May 2023

Core required documents		
No.	Required documents	Update as of 17 May 2023
1	Draft of the Project Appraisal Document (PAD) which provides an overview of HANSA 2 investment. Information on the financial and health sector must be included, as well as details on the implementation arrangements, measurement framework with values and targets for HIV and TB.	Draft available (Prepared by HANSA 2- DPF, WB)
2	Country Dialogue Narrative (<i>GF specific template attached</i>).	Drafted by CHAS and TB
3	CCM Endorsement (<i>GF specific template attached</i>)	To be prepared by CCM Sec
4	CCM Statement of Compliance (<i>GF specific template attached</i>).	To be prepared by CCM Sec
5	HIV and TB NSP expected to be drafted and shared by the National Programs by <u>end February 2023</u>	NSAP 2024-2026 available
6	Co-financing commitments for 2020-2022 and 2023-2025 letter (<i>GF specific template attached</i>).	Letter drafted
7	Funding Landscape Table (<i>GF specific template attached</i>)	Drafted
8	Health Product Management Tool (<i>GF specific template to be shared soon</i>).	Available
9	Essential Data Table (<i>GF specific template attached</i>)	Drafted

Update on core required documents and annexes to be submitted to the GF by 30 May 2023

Annexes		
1	HANSA Evaluation Report. The evaluation has been finalized. The report is expected to be shared and published by <u>end of January 2023</u> .	Available (HANSA Project)
2	Report on Community Consultation , including the civil society funding priorities. The report is being finalized and it will be shared and published <u>by mid-January 2023</u> .	Available (HANSA Project)
3	Health Sector Reform Strategy 2016-2025. This strategy was endorsed by the National Assembly in January 2014.	Available (HANSA)-MOH
4	Joint HIV/TB MTR. This joint mid-term review is being conducted now. The report is expected to be finalized by <u>end of February 2023</u> .	Available
5	Gender Assessment published in August 2020 and National Gender Strategic Plan (if available)	Available (HANSA) – MOH
6	DLI Learning Report conducted during Q3 of 2022.	Available (HANSA)
7	List of Annexes and Abbreviations	Available

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