

Report of Joint Oversight Field Visit

**Activities supported by the Global Fund to Fight AIDS,
Tuberculosis and Malaria (GFATM)**

Vientiane Province

Date 1-5 August 2023

Prepared by: CCM Secretariat

Participants:

Representative of CCM Members and CCM Secretariat:

1. Department of Planning and Finance (DPF), MOH, OC member;
2. Centre for Malaria Parasitology and Entomology (CMPE), MOH;
3. Center for HIV/AIDS and STI (CHAS), MOH;
4. National Tuberculosis Control Center, MOH;
5. Lao Tropical and Public Health Institute, CCM and OC Member;
6. Inspection Department, Lao Federation of Trade Unions, CCM Member;
7. International Organization Division, DIC/MPI, CCM member;
8. Civil Society Organization Division, Department of Public Administration Development, MOHA, CCM and OC member;
9. Chair of APL+, CCM and OC Member;
10. CCM Secretariat.

Visiting Sites

1. Provincial Health Department;
2. ART center at provincial hospital;
3. Feuang District Health Office/Hospital
4. Phatang Community Hospital
5. Phonyaeng Community Hospital
6. Vangvieng District Health Office/Hospital
7. Namone Community Hospital
8. Somboun Community Hospital

Main Purpose:

To oversee the overall implementation progress, key issues and challenges of the activities supported by the Global Fund at provincial, district and health center level by focusing on: Finance; Procurement; Implementation; Reporting and Results.

HIV/AIDS

Key Achievements

- Under leadership from the provincial and district government, the projects were successfully implemented;
- ART center and ART team for HIV/AIDS patients are available at the provincial hospital;
- Received funding from HANSA in the 1st year of \$7,751, in the 2nd year of \$7,692, in the 3rd year of \$6,480, including the budget for Point of Care (POC)

In addition to ARV at the provincial hospital, POC is available for service

- A professional guest house has been used for POC Office
- POC officially provided the service on 08/09/2021 which received some budget from the HANSA project
- People infected with HIV receive free charge for blood tests and treatment

Key Achievements (Conti.)

POC Implementation

- There are **10** staffs in charge
 - Patients can access for services faster and easier
 - Reduce the rate of patients who lost follow-up and lack of treatment
 - Reduce costs of travelling, allowance and accommodation for patients who are taking the drug
 - Strategy u=u
- **8 Sept 2021 to 30 Jun 2023**, a total of **188** cases are taking ARV drug
 - In **2022**, blood test **1676** cases, HIV positive **59** cases (blood test for **865** pregnant women, HIV positive **3** cases)
 - **Jan – Jun 2023** blood test **912** cases, HIV positive **25** cases (blood test for **528** pregnant women, HIV positive **2** cases).

Key Achievements (Conti.)

Cumulative number of AIDS cases in provincial hospitals from 2010-2023

- There are reported 11 places;
- Tested Numbers 149,815 cases;
- Number of infected HIV 717 cases;
- Number of infected AIDS 64 cases;
- Number of infected AIDS dead 21 cases
- From Jan to Jun 2023, a total of HIV testing 4,348 cases, infected HIV 37 cases
- Overall, the supply of test kit is adequate and timely
- Counseling service before and after blood test and before access to ARV drug treatment
- Enter data and reporting through DHIS2 system regularly from district to provincial level

Key Achievements (Conti.)

Indicators that have been implemented to FSW

Year	Access to FSW			Blood testing in FSW			HIV positive Cases	
	Indicator	Achieved indicator		Indicator	Achieved indicator			
Year1	715	375	52,44%	715	375	52,44%	0	0%
Year 2	1.125	1.122	100%	1.125	1.122	100%	3	0,26%
Year3	1.176	1.669	142%	1.176	1.669	142%	7	0,41%

Key Achievements (Conti.)

Indicators that have been implemented to MSM

Year	Access to MSM			Blood testing in MSM			HIV positive Cases	
	Indicator	Achieved indicator		Indicator	Achieved indicator			
ປີ1	235	235	100%	235	235	100 %	2	0,85%
ປີ2	1,005	1,229	122%	955	1,229	129 %	18	1,46%
ປີ3	1,145	1,402	122%	1,090	1,402	129%	13	0,92%

Key Issues

- Some districts have delayed in entering data and do not on time and the data is still incomplete
- The IEC, mass media and materials are insufficient to access the risk target groups such as government staffs, soldiers, police officers and difficulties to reach the high-risk groups, for instance many FSW and MSM use smartphones, social-media and personal contact to communicate with their clients;
- The supply of condoms is still insufficient to meet the demand
- Volunteers has low skills to persuade the target group with risky behavior to come to the VCT center for blood tests and unable to refer all infected HIV cases for the treatment
- The target group often move to places, change their phone numbers, mostly they use internet sim-card that can only support the signal for social networks

Key Issues (Conti.)

- Difficult to reach the target group due to the outbreak of covid-19 and most of the restaurants are closed
- The number of restaurants/entertainment places within the province is increasing
- Migrant groups and clients of FSW do not think they are at risk of HIV infection and sexually transmitted diseases
- Some people living with HIV have not accessed to ARV treatment due to they are poor
- The target groups preferred not to have an HIV test at the hospital
- At the district level, the staffs are changed, the old retirees, the new comers have not been trained
- The patients who were diagnosed HIV positive cases in the district hospital have been referred to the provincial hospital, but many cases were lost, and those HIV infected cases have not accessed to ARV treatment

Key Issues (Conti.)

- Some HIV positive cases have the problem of not taking drugs continuously
- For the provincial hospital, there are insufficient staffs but they are responsible for many tasks that causes to their report is delayed
- Devices such as computers are insufficient to support their work
- Some new staffs have not understood their work, and no training has been provided to them yet;
- Some staffs still understand that the HIV/AIDS works the activities with additional compensation from their salary
- The coordination of referring patients from the district to the province is not consistent according to the system

Proposals from local levels

- Requesting for the participation of many parties to raise funds and increasing more budget for HIV/AIDS activities
- Increase motivation to access, find target groups to receive health services and refer more infected cases for the treatment
- Increase the supply of condoms to meet demand
- At the district level, proposed to have a retraining on counseling due to the new staff have not been trained especially in HIV/AIDS work
- At the health center level, proposed to have a training for the staff on counseling and blood tests as well as the reporting system because the HANSA program suggested to have blood tests for pregnant women and their spouses, but health workers have not yet been trained
- There should be a follow-up of patients referred for verification at the provincial hospital and patients who are taking drug to prevent drug shortages, incorrect taking drugs and lost follow-up patients

Proposals from local levels (Conti.)

- To have access to families and communities of infected people to educate them not to discriminate and stigmatize.
- The internal sector in the Provincial hospital requests to increase **1** more nursing staff
- Requests for **1** laptop for the provincial hospital's team
- Requests the Provincial HIV/AIDS Secretariat to organize a training workshop with the persons in charge of HIV/AIDS throughout the province to discuss and agree on the testing, writing the VCT code, and the coordination process in referral patients to the province
- Sambon Health Center in Vang Vieng District request a HIV test kits/reagent to test because there are many migrant workers in that area

Tuberculosis

Key Achievements

- Under leadership from the provincial and district government, the projects were successfully implemented
- Facilitated by various parties involved in the activities implementation such as PEDDA helped to find **37** TB patients in **2022** and **10** TB patients in the first six months of **2023**
- The provincial hospital can support the treatment of patients from **11** districts and **2** community hospitals are available for DOTS network, with **2** staff in charge of TB work
- There is **01** isolated building including **08** beds to treat TB and TB/HIV patients, especially Pb+
- Tuberculosis treatment is free of charge and any patient will not be allowed to pay their own money

Key Achievements (Conti.)

- Analytical equipment is sufficient to meet the demand
- Sufficient TB drug can be provided regularly and on time
- There is a recording system, TB Tracker data entry and reporting system
- There is a GeneXpert to for sputum testing for suspecting case to diagnose for TB
- All TB patients received voluntary counseling for HIV testing
- There is a TB control network from the provincial, district and community hospital levels
- Reporting is using the DHIS2 system at the district/province/central level;
- The district level has monitored the community hospitals within the district regularly

Key Achievements (Conti.)

- The management and following-up TB patients in DHIS2 system with individual data entry (TB Tracker) is effective and easy to report
- Have a good knowledge of the budgeting process and have the ability to use grants from the HANSA program
- Each community hospital has a refrigerator to collect sputum samples;

Key Issues

- PEDDA that carries out activities in 04 districts (Kasi, Hinherp, Muen and Feuung District) in 2022, found TB patients does not meet the set indicators (20 people per district per year) and the number of TB patients have not been entered in the DHIS2 system that found by PEDDA;
- Some districts still do not enter information, do not evaluate the treatment of patients that transferred to the TB Tracker system, causing a delay in the evaluation of treatment;
- Patients do not cooperate in treatment, causing more lost follow-up of treatment
- The patient's understanding of health problems, especially TB, is still low and do not intend for the prevention and treatment

Key Issues (Conti.)

- Patients receive a delayed diagnosis and combined with co-infection (TB/HIV) resulting in a high mortality rate
- The person in charge of TB at the district level does not pay attention to follow-up the treatment of patients who move from the provincial hospital to continue treatment in the district hospital;
- Receive a delayed budget
- The budget for IEC materials and monitoring activities at the village level is still limited;
- Some districts, the TB case detection rate is relatively high, but screening for suspected cases of TB and sending sputum samples for diagnosis is not high that causes the number of TB patients is still low;

Key Issues (Conti.)

- The sending of sputum samples from community hospital and district hospitals for diagnostic testing at provincial hospitals by GeneXpert has not yet reached the expected rate compared to 1% of the population
- Insufficient staff at TB unit, one staff is responsible for many duties, the employees have been changed frequently in some districts and no training has been provided to them yet
- The number of notified TB cases all form (new and relapse) did not meet the target ($484/555 = 87\%$)
- Suspected TB cases sent for diagnosis still do not meet the target compared to 1% of the population ($2,304/4,787 = 48\%$)

Key Issues (Conti.)

- The community hospital also did not intend for screening suspected cases and sends sputum samples for testing to diagnose for TB
- Family members/closed-persons of TB patients with suspected symptoms are still reluctant for a health check-up
- Patients rejected the treatment, most TB patients are people with low incomes, which makes difficult in travelling costs to continue receiving the drug
- People in remote areas do not receive information on TB

Proposals from local levels

Provincial Level

- Request central level to conduct a quarterly monitoring
- Request the district hospital pay more attention to follow-up on testing (Especially for infected patients: end of February, May and June) and evaluate the treatment results of patients who have been referred to the district level to continue treatment, as well as update the data in the TB Tracker system when the patient has completed 6 months of treatment and send back the treatment results to the provincial hospital
- Integrate TB work with other work to help in providing TB information to the community

Proposals from local levels (Conti.)

- Request for budget to organize the annual TB Workshop with DTM and analyze unit from all districts within the province
- Request for a budget for retraining TB work for community hospital
- Request for computers, printers for the provincial level and computers for the district level to support TB work

District Level

- Propose the provincial level to advise and assist the staff in charge of TB at the district level who are newly replacement and have not been trained
- Request for a budget to organize the annual TB consultation workshop with community hospitals and village health volunteers.

Malaria

Key Achievements

- RAI3E projects support the budget such as: surveillance, response, malaria elimination areas
- Receive technical guidance, project management from the DCDC, CMPE and Provincial Health Department
- The technical staffs at provincial and district level participated in the seminar meeting and learned lessons from provinces and districts;
- The provincial, district and community hospital levels have a quarterly meeting for learn lessons (follow-up on project management)
- Trained iccm for staffs in charge of Malaria at community hospital (diagnosis, treatment, package, surveillance and monitoring, case management, vector control, surveillance and health education) for each staff from 50 different places

Key Achievements (Conti.)

- Monthly meeting between the district and the community hospital (set work plans and submit monthly reports)
- The task of investigating transmission points and malaria elimination response areas have not yet been implemented due to no malaria case has been reported
- Delivery (QA)
- The maintenance cost for vehicles of RAI3E,
- Capacity building for communication skills
- Office supplies

Key Issues

- The budget for monitoring at the provincial, district, and community hospital levels is limited, resulting in difficult to implement activities
- Blood tests in some months are still low in some health facilities due to no patients who meet the criteria for blood tests or health provider do not order for the tests
- Some health providers still do not pay attention to ordering blood tests according to the poster recommended in the blood test conditions
- Some messages in the site visit form are difficult to understand and make confusing
- Inadequate devices, especially computers or laptops in some districts have poor connection quality

Key Issues (Conti.)

- The entry of epidemic data packages into the DHIS2 system is not timely in some districts due to one staff at district level is responsible for many tasks, which complicates the administration of work.
- Some service points have replaced new staff in charge without experience, have never been trained, causing mistakes in filling in the monthly report summary form
- Vang Vieng district has a lot of malaria infections and based on the results of the survey, the density of water worms in each village is still high, so will have a high risk of an outbreak in a large area.

Proposals from local levels

- Propose to the central level to arrange for anthelmintics and provide a budget for malaria prevention and control activities in a timely manner and request for spraying machines and liquid
- To organize an annual training (or seminar) to exchange lessons on the site visit form at the provincial, district and community hospital levels and train on how to enter the database into the DHIS2 system and other work related to malaria
- Request for computers (laptops + printers) 15 high-speed internet for 11 districts and 4 high-speed internet for provinces
- Request for 50 mobile phone that can collect data and forward information to community hospitals across the province
- Request for 1 pick-up car to serve the activities of malaria work
- Request to increase more budget ceiling so that monitoring activities are implemented quarterly in 11 districts and 50% of community hospitals
- Propose to improve the site visit form to be easy and understand.

Recommendation from OFV Team

1. Provincial level, to add more staff to some units in the operation work of 3 diseases;
2. Central level, capacity building on technical aspect including DHIS2 for staff in each level;
3. Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers;
4. Conduct orientation workshop to build common understanding on the programs;
5. Prepare detail work plan and share responsibility with units and partners concerned
6. Provincial level, regularly monitoring and supervision districts and health centers

Recommendation from OFV Team (Conti.)

7. Provincial and district level, to review, verification and approve data in DHIS2 system regularly
8. Should be provided with adequate tools especially computers to ensure timely reporting
9. To ensure that the medicine and RDTs are sufficient;
10. Increase budget absorption in the 3rd and 4th quarter;
11. Focus on TB suspected case finding among the risk groups and all their relatives;
12. To use the existing staff in the CDC sector to work as integrated manner;
13. District and health center level, to use the government's promotional budget portion to implement the activities.

Providing comments

Thanks

Provincial Health Department



Provincial Hospital



Feuang District Hospital



Phasung Community Hospital



Phonyaeng Community Hospital



Vangvieng District Health Office



Namone Community Hospital



Somboun Community Hospital

