

Report of Joint Oversight Field Visit

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

Bokeo Province

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Prepared by: CCM Secretariat

Participants:

Representative of CCM Members and CCM Secretariat:

1. Lao Tropical and Public Health Institute, OC & CCM
2. Department of International Cooperation, MPI, CCM
3. Institute Department, Lao Federation of Trade Unions, CCM
4. Center for Malaria Parasitology and Entomology (CMPE), MOH
5. Center for HIV/AIDS and STI (CHAS), MOH
6. National Tuberculosis Control Center, MOH
7. Chair of APL+, OC and CCM
8. CCM Secretariat.

Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital, and ARV center;
3. Phaoudom District Health Office/Hospital
4. Mokso Health Center
5. Phouviengxai Health Center
6. Tonpheung District Health Office/Hospital and ARV center;
7. Khounbong Health Center
8. Houylom Health Center

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 and Reporting.

HIV/AIDS

Key Achievements

1. Policy and budget

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Free provide HIV blood test services and treat infected people with ARV drugs
- Received the government budget (Part. 63) for HIV Prevention activity, monitoring to district level and receive budget from HANSA/GF project for treatment the infected patients
- DHIS2 system is available for a recording and reporting at the provincial and district levels

Key Achievements (Conti.)

2. HIV blood test services:

- Bokeo province has HIV testing service points at the provincial hospital, military hospital, 5 district hospitals, the Provincial Red Cross and private clinics
- Received the government budget (Part. 63) to support IEC activities and mobile blood tests in the vulnerable group of FSW
- Use new strategies and innovations in HIV screening such as:
 - Provide counseling to index testing
 - Distribute self-testing kits (Oral Quick) to infected patients who are interested in bringing their partners to self-test and follow up the testing results report online

Key Achievements (Conti.)

- Conduct IEC on HIV/AIDS in the community such as villages, restaurants and schools
- Organize blood test counseling at each point with VCT services to find and quickly refer infected patients to ARV treatment

Key Achievements (Conti.)

3. Treatment and care services for infected patients

- Bokeo province has 02 ARV centers:
 - ARV site at the Provincial Hospital
 - ARV site at Tonphuang District Hospital
- Currently, 402 registered infected patients, and 271 cases are under the treatment
- Improvement in the service system to enable HIV-infected patients to have access to ARV treatment within 1 day (after diagnosis) achieved 40% in 2023
- Available system to follow up the infected patients to keep on for the treatment and Viral Load Testing (VL) to follow up the effectiveness of treatment
- Provincial level monitor and encourage the district level team regularly

Key Achievements (Conti.)

- ARV center sent the drugs to the infected patients who could not come to take the drugs by themselves
- Previously, the activity implementation at the district level is carried out and reporting on time as plan. Actively implemented HIV/AIDS activity with the provincial level, such as health education activities and providing knowledge on the prevention of AIDS and STIs to FSW, high school students, monitoring the villages of HIV infected patients, campaigning to reduce discrimination and stigma in the community.
- Only in Phaoudom District, they provide HIV/AIDS blood test services and counseling for HIV infected patients in the district hospital every Thursday.

Key Issues

- The budget is limited and HIV/AIDS activity has not implemented at health center level
- The supply of condoms is still insufficient to meet demand
- Difficulty in accessing to target groups, especially the special economic zone in Tonphueng District
- Index testing is not done as expected target
- HIV infected patients are increasing, especially in Houyxai and Tonphueng District
- The budget for following-up the infected patients who have lost follow-up is insufficient. The total number of lost follow-up patients are 51 cases, more 4 lost follow-up cases in 2024 and there is no budget for home visit
- The infected patients are not good in cooperative, do not come to the receive the drugs and fail to have blood test as the appointment
- There is a discrimination with infected patients in the community

Key Issues (Conti.)

- The infected patients have a their selves-stigma and discrimination
- The DHIS2 data reporting system is not yet stable
- Insufficient staff and there is a frequent turnover of staff, especially the staff of the ARV center of the provincial hospital are responsible for many duties, causing their work to be delayed sometimes
- District level:
 - Pha oudom District HIV/AIDS Officer (DCCA) is not yet experienced in IEC/teaching media demonstration
 - The activity implementation , planning, summarizing reports and entering data into the DHIS2 system are sometimes delayed due to there is only one person in charge of information in Tonphueng District.
- Devices for IEC are not sufficient for actual activity implementation
- Lack of laptop computers, LCDs, audio devices, vehicles support the activity implementation

Challenge

- The migrant population has increased significantly, causing HIV infection from 2021-2023 to increase compared to last year, especially in Houy Xai and Tonphueng District.
- The budget for the implementation of HIV/AIDS has decreased, but the number of infected patients has double increasing
- Tonphueng District has a lot of infrastructure construction projects and economic growth, resulting in an increase in entertainment places and FSW
- Difficulty for language in communicating information on HIV and STIs for ethnic groups and foreigners
- Service providers also have limited experience and skills in both technical and project management
- The HIV referral system for foreigners, especially Chinese and Burmese, is still limited
- Expanding the blood testing network to health centers

Proposals

- Request more budget for additional preventive work and the cost of blood tests for poor patients, including the budget for follow up patients who lack drugs
- Supporting the telephone for the ARV center
- Increase the budget for follow up the patients who lack of drugs
- Request to replace the new air conditioner and color printer to the provincial ARV center due to they have been used for many years and broken
- Pha Udom District:
 - Request for a budget to implement awareness activities, IEC, test kits and finding HIV cases, home visit with AIDS cases at the village level, schools, FSW
 - Request IEC materials and condoms to support HIV/AIDS and STI Committee
 - Request for laptop computers, motorcycles, LCDs, audio devices to support in the AIDS activity prevention at the district level

Proposals (Conti.)

➤ **Tonphueng District:**

- Request the project to provide retraining for district hospital and health center staff
- Request the central level to consider allocating more staffs as appropriate
- Request the central level to consider and provide assistance in initiating a coordination system in the prevention and control of AIDS/STIs and tuberculosis in the Special Economic Zone to go along with the socio-economic development of the special zone
- Organizing the patient referral system to access treatment for both Lao and foreigners as appropriate so that infected patients can access effective treatment to reduce the transmission of tuberculosis and the spread of new infections in the community in the future,
- Request for the allocation of projects and more budgets from the central level to help the provincial and district levels.

Tuberculosis

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Received budget from the government, HANSA project and humanities project
- The policy of free diagnosis and treatment of TB
- Analytical equipment is sufficient to meet the demand
- Sufficient TB drug can be provided regularly and on time
- There is a DHIS2 for recording and reporting system and TB Tracker data entry
- There is a GeneXpert to for sputum testing to find TB suspecting case to diagnose
- All TB patients received voluntary counseling for HIV testing
- There is a TB control network from the provincial, district and health center level

Key Achievements (Conti.)

- Reporting is using the DHIS2 system at the district/province/central level
- The district level monitor and supervise health centers regularly
- Management and follow-up TB patients in the DHIS2 system by individual data entry (TB Tracker) which is very convenient in reporting and using data
- Each health center has a refrigerator to collect sputum samples in suspected cases of TB sent to GeneXpert for diagnosis.
- NTC has launched ACF activities together with the provinces and districts at the Mok So Health Center in Pha Oudom District to screen for TB patients.

Key Issues

- The staff in charge of TB at the health center level are frequently turnover and have not been trained in TB work
- Sending samples of suspected cases of TB from health centers to districts and districts to provinces has not been implemented regularly
- TB Officer at the district level have many responsibilities that make it impossible to follow up patients during treatment according to the technical manual
- Data entry in the DHIS2 system is still not well done and timely
- Patients who have been treated for a period of time and their symptoms have improved, do not want to continue taking the drugs as scheduled resulting in lost follow up patients.
- Receive a delayed budget and the budget for IEC materials and monitoring activities at the village level is still limited

Proposals

- Propose to re-train those in charge of TB, analysis at the district and health center levels
- Propose the central level to provide more 3 computers to use for entering data into the DHIS2 system
- Request a budget for the poor patients to travel to take the drugs at the health center or district hospital
- Request more budget for sending samples or incentive for collecting samples (health center to collect samples at villages or sending samples from villages to health center)

Malaria

Key Achievements

- Receive technical guidance, project management from the DCDC, CMPE and Provincial Health Department
- RAI3E projects support the budget such as: surveillance, response, malaria elimination areas
- Monitoring and supervision from the provincial to district malaria unit for the area (project management, case management, vector control, surveillance and IEC/BCC)
- Repair vehicles received from the support of the RAI3E project
- Budget for strengthening reporting between the central and the provincial level
- Budget for office administration and for sending glass kits
- The provincial and district levels have a quarterly meeting for learn lessons to supervise and monitor on project management
- There is a surveillance system. The tests and drugs for Malaria treatment are available

Key Achievements (Conti.)

- Training on malaria eradication and the integration of malarial drug effectiveness monitoring with the IDES surveillance system for health center staffs (achieved beyond expectations)
- The implementation of the activity has achieved the goal according to the plan
- Receive training, monitoring and storing the activity documents in the control and eradication of malaria into the file cabinet and Google sheets to prepare for the certification of the district and province free of malaria according to the strategy period.
- Timely reporting and reporting with the DHIS2 system

Key Issues

- The implementation of the activities according to the annual budget plan is also seen to be delayed causing the budget has been deducted and the project plan is 2 times/year
- The staff in charge of Malaria in some districts and health centers have been replaced so that the new replacement do not understand due to the previous staff have not trained to the new staff
- Malaria control and prevention is still the responsibility of the public health sector and not the responsibility of the general public
- The migration of the population of neighboring countries with a war which will be the condition and cause of the new malaria epidemic
- **Proposal:** To support the budget and activity implementation on time

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 at provincial, district and health centers
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 implementation
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

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. Focus on TB suspected case finding among the risk groups and all their relatives in districts and health centers
11. District and health center level as well as volunteer workers, to use the government's promotional budget portion to implement the activities
12. Integrate TB activities with other activities to provide TB information to the community

Providing comments

Thanks