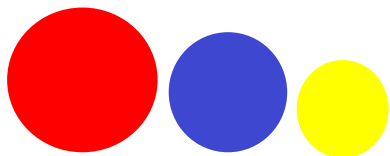


Updates on progress on implementation of GFATM in Lao PDR

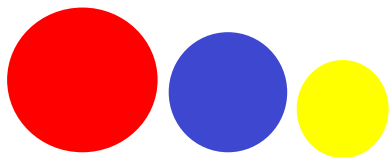
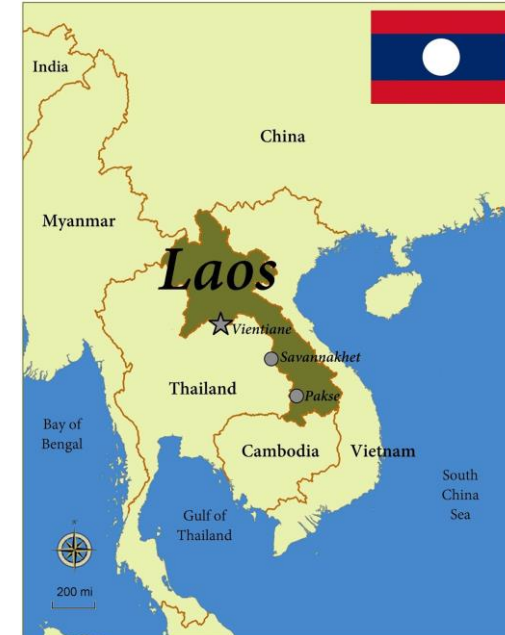
[Name and position of the presenter]

Western Pacific Region Constituency Retreat – 16 – 18 September - Kuala Lumpur, Malaysia



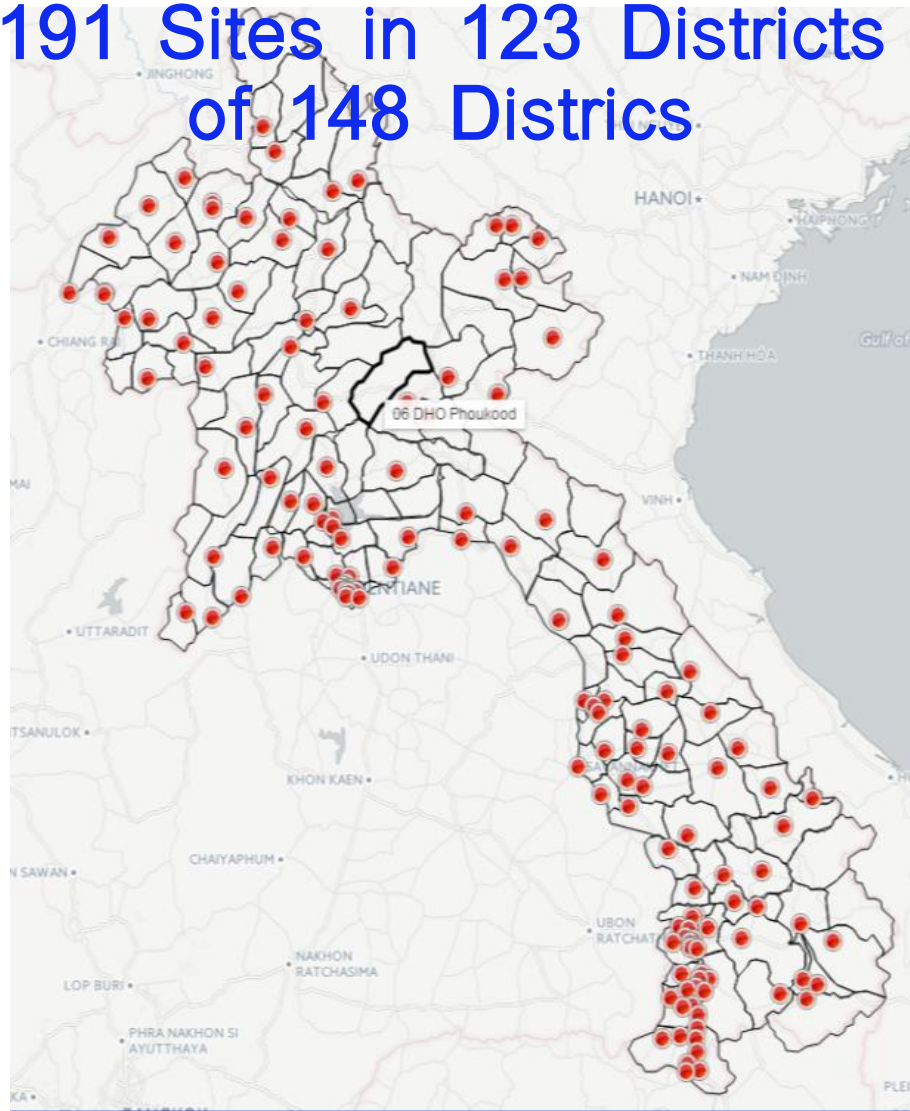
Brief overview

- Lao PDR is located in Indochina peninsula bordering with China(N), Vietnam(E), Myanmar(N-W), Thailand(W) and Cambodia(S)
- Population: 7.7M
- **GDP per capita: 2,054 USD (2022)**
- Summary of Universal Health Coverage (UHC) in the country [*Any policy on UHC? Main financing mechanism for UHC? Does UHC cover any HIV, TB, Malaria intervention*]



Voluntary Counseling and Testing Sites

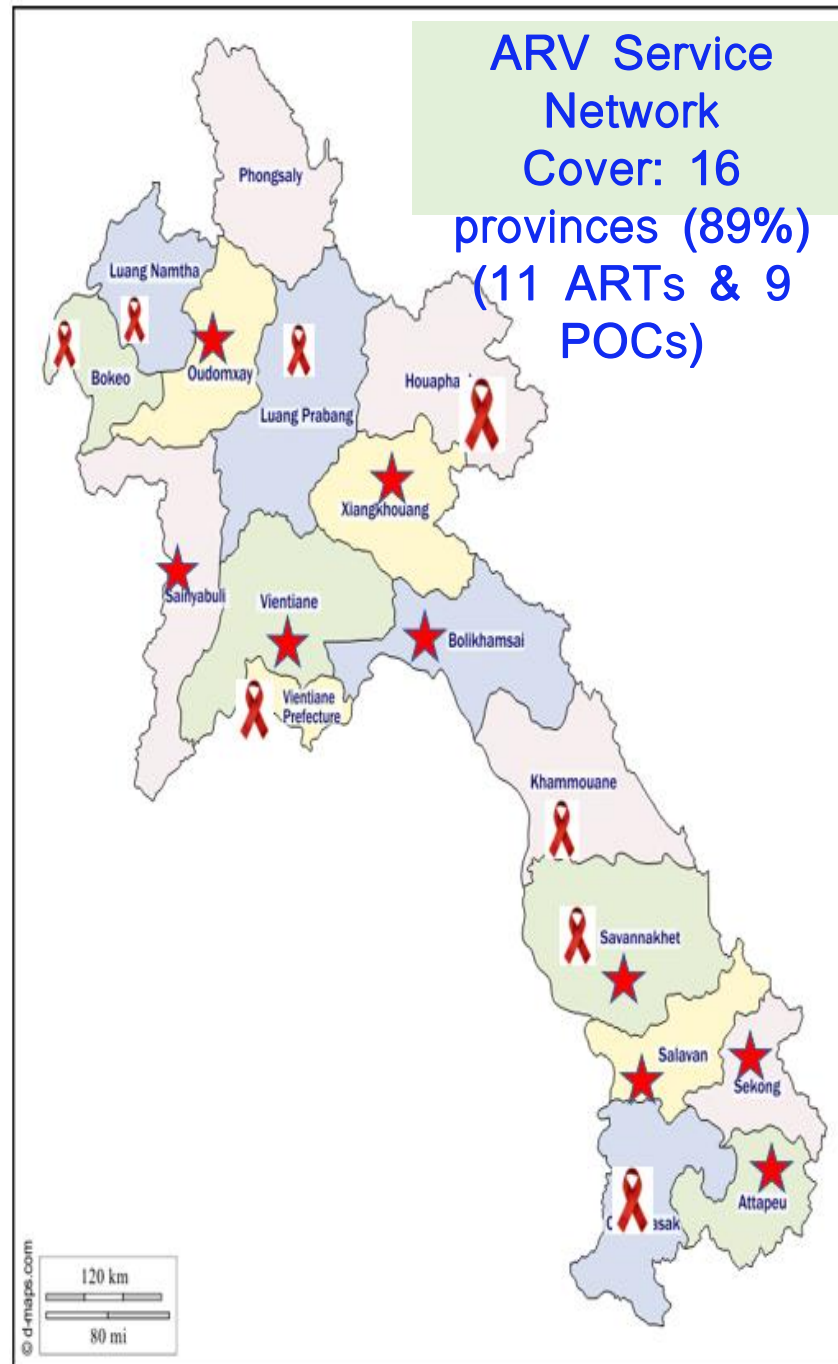
191 Sites in 123 Districts of 148 Districts



Left 25 Districts have not VCT sites

ARV Service Network

Cover: 16 provinces (89%)
(11 ARTs & 9 POCs)



1. Vientiane Capital



- Setthathirath Hospital
 - Mahosot Hospital
 - Mitsophab Hospital
2. Savannakhet Hospital
 3. Champasack Hospital
 4. Bokeo Hospital
 - Tonrpeung Dist. Hospital
 5. Louangnamtha Hospital
 6. Louangphrabang Hospital
 7. Khammouane Hospital
 8. Houaphanh Hospital

9 POCs

- 1- Oudomxay Hospital
- 2- Salavanh Hospital
- 3- Vientiane Hospital
- 4- Xayabouly Hospital
- 5- Xiengkhouang Hospital
- 6- Borikhamxay Hospital
- 7- Sekong Hospital
- 8- Attapeu Hospital
- 9- Songkhone Dist Hospital

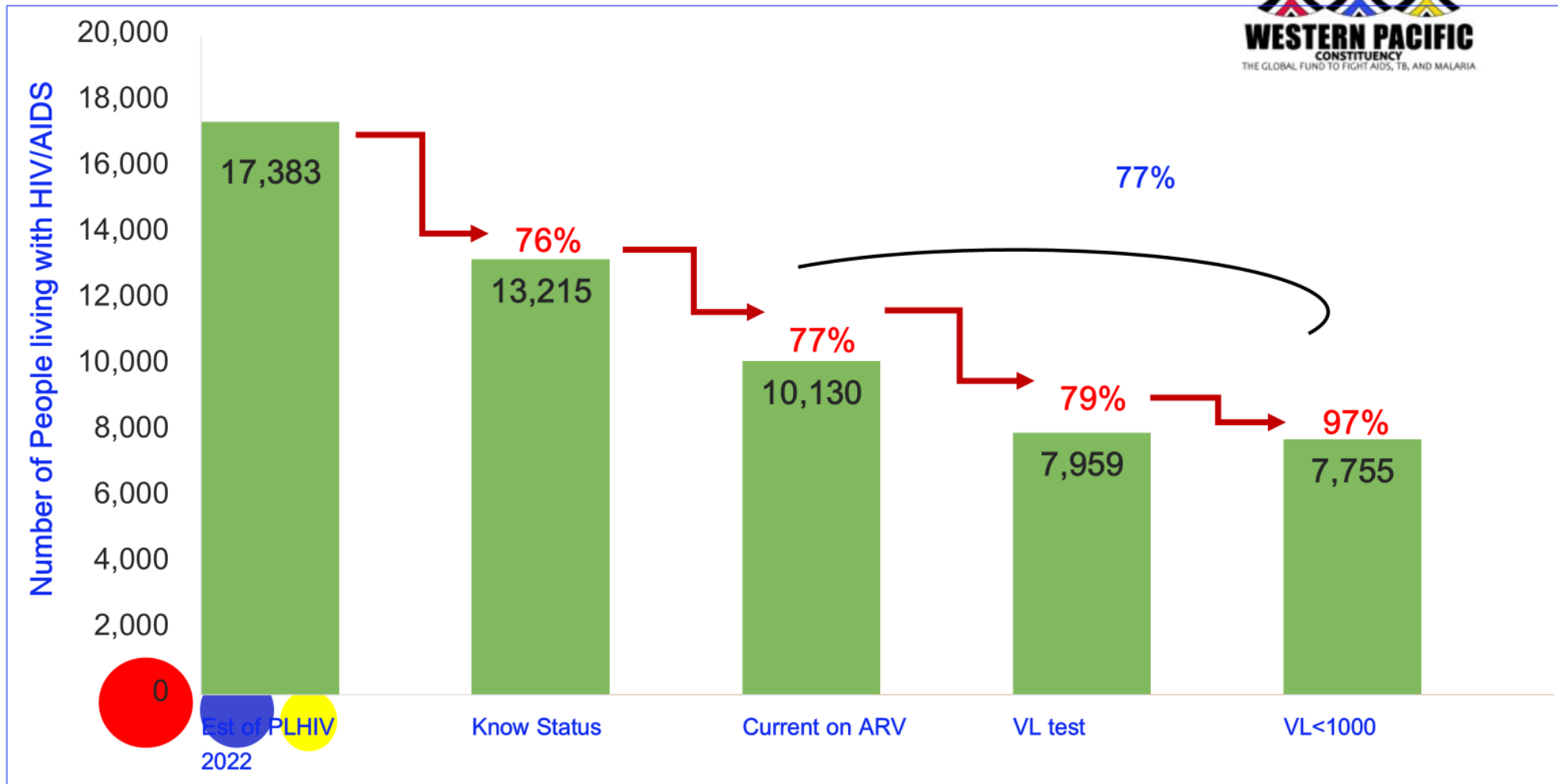
2 New POCs in 2023

- 1- Phongsaly
- 2- Saysomboon

Summaries of HIV, TB and Malaria burdens and achievements

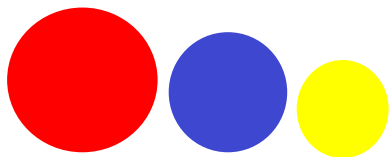


HIV treatment Cascade for 95 95 95 Targets in 2022



Achievements in Tuberculosis control

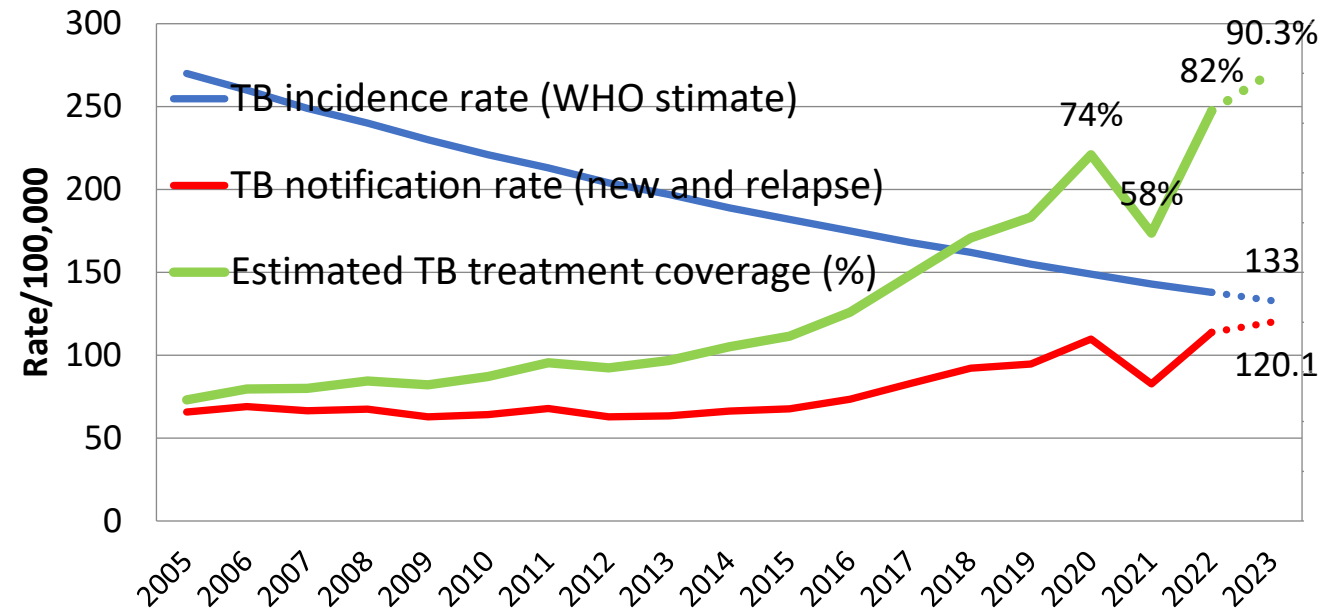
Tuberculosis remains a public health threat with WHO estimated 10,000 incident new and relapse TB cases or 132 (81-197)/100,000 pop. and 756 (384-1220) deaths due to TB in 2023.



3. TB program achievements (2023)



TB treatment coverage of WHO incidence estimate (new and relapse all forms), 2005-2023 *

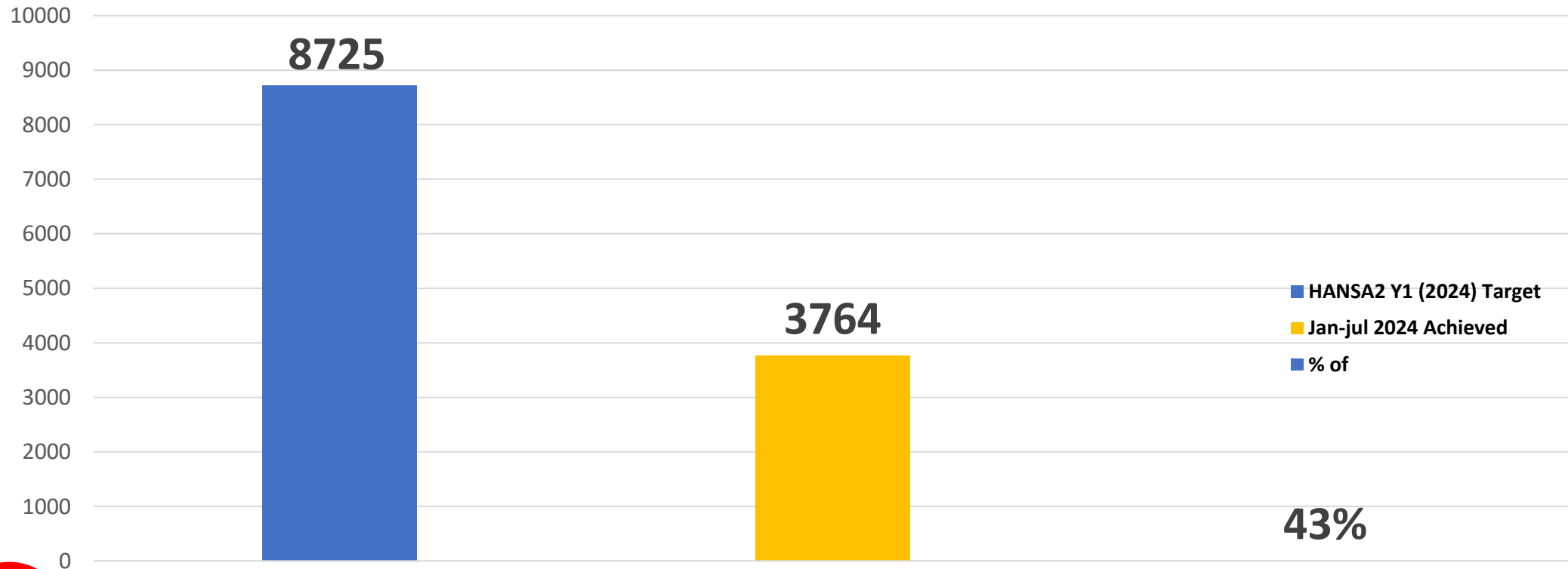


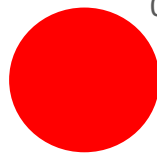
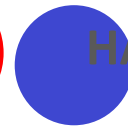

*DHIS2 TB tracker data, 2023 preliminary data with estimated TB incidence 133/100k

Year	2020	2021	2022*	2023*
Population # (U.N.)	7.3 M	7.4M	7.5M	7.6M
TB incidence rate/100k pop. # (WHO estimates) (a)	149 (11,000)	143 (10,582)	138 (10,350)	133 (10,108)
Notification rate/100k (new & relapse) (b)	109.8	82.7	114	120
TB treatment coverage (b/a)	74%	58%	84%	90%
Presumptive TB tested for diagnostic (new test) #	46,006	34,880	44,825	48,393
Population testing rate for TB %	0.63%	0.48%	0.60%	0.64%
Presumptive TB with GeneXpert valid test (Xpert MTB testing coverage) %	40,878 (89%)	34,254 (98.2%)	43,866 (98%)	47,128 (97%)
Notified TB cases new and relapse #	8,013	6,123	8,686	9,124
Bacteriologically confirmed PTB new and relapse # and %	4,462 (55.7%)	4,001 (65.3%)	5,421 (62.1%)	5,625 (61.7%)
TB notified from ACF # (%)	2,120 (27%)	1,159 (19%)	2,031 (24%)	2,176 (24.5%)
TB in children 0-4 #	18	8	26	36
TB in children 5-14 #	55	43	69	67
TB notified by community/CSOs #	430	270	412	419
TB notified by private sector #	193	21	25	32
TB notified in prisons # (non ACF)			171	219
Treatment success of drug sensitive TB (new and relapse)	89.9% (6,087/6,770)	88.6% (7,183/8,112)	88.5%* (6,732/7,610)	-
TB patients with HIV test # (% among all TB cases)	6,618 (83%)	5,221 (84.5%)	7,679 ,8,776 (87.5%)	7,968 ,9,095 (87.6%)
TB/HIV treatment coverage # (% of TB/HIV estimated incidence)	369/610 (60%)	307/610 (51%)	349/470 (74%)	369/470 (78.5%)
TB/HIV patients on ARV# (%)	300/369 (81%)	257/307 (84%)	254/349 (73%)	287/369 (78%)
New PLHIV started TPT (CHAS)	598 (60%)	560 (56%)	613 (61%)	703 (70%) 3q
Children under 5 started IPT (estimated 0.4 per household of pulmonary MTB+)	316/1,781 (18%)	175/1,594 (11%)	286/2,128 (13%)	304/2,173 (14%)
DR-TB patients enrolled # % enrolled among diagnosed	41/49 (84%)	40/44 (90%)	44/52 (85%)	37/42 (88%)
DR-TB treatment success	30/41 (73%)	33/40 (82%)	31/44 (70%)	

5.1 HANSA 2 PBC 7.1 Number of notified TB cases of all forms (New and Relapse) January to Jul 2024

Number of notified TB cases



   HANSA2 Y1 (2024) Target

Jan-jul 2024 Achieved

% of

Achievements in Malaria Control



1,200,320

LLINs/LLIHNs distributed*
(including 360,000 from PMI & 152,000 from co-financing)

1,089

Confirmed malaria cases in low endemic areas investigated.

6,964

Confirmed malaria cases were detected. 100% were treated as per national treatment guidelines

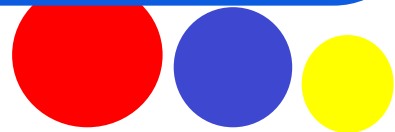
2,381 VMWs

2,347,203

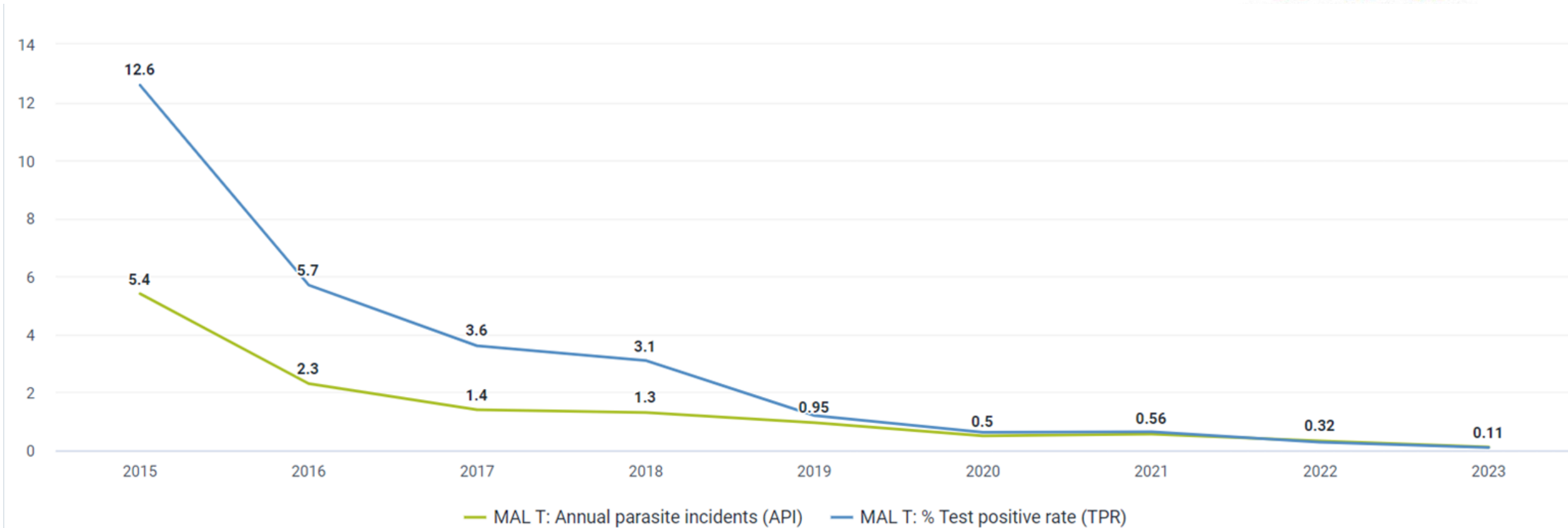
Suspected malaria cases that received a parasitological test.

88

Active foci received response within 7 days.



Programme Performance - API and MPR



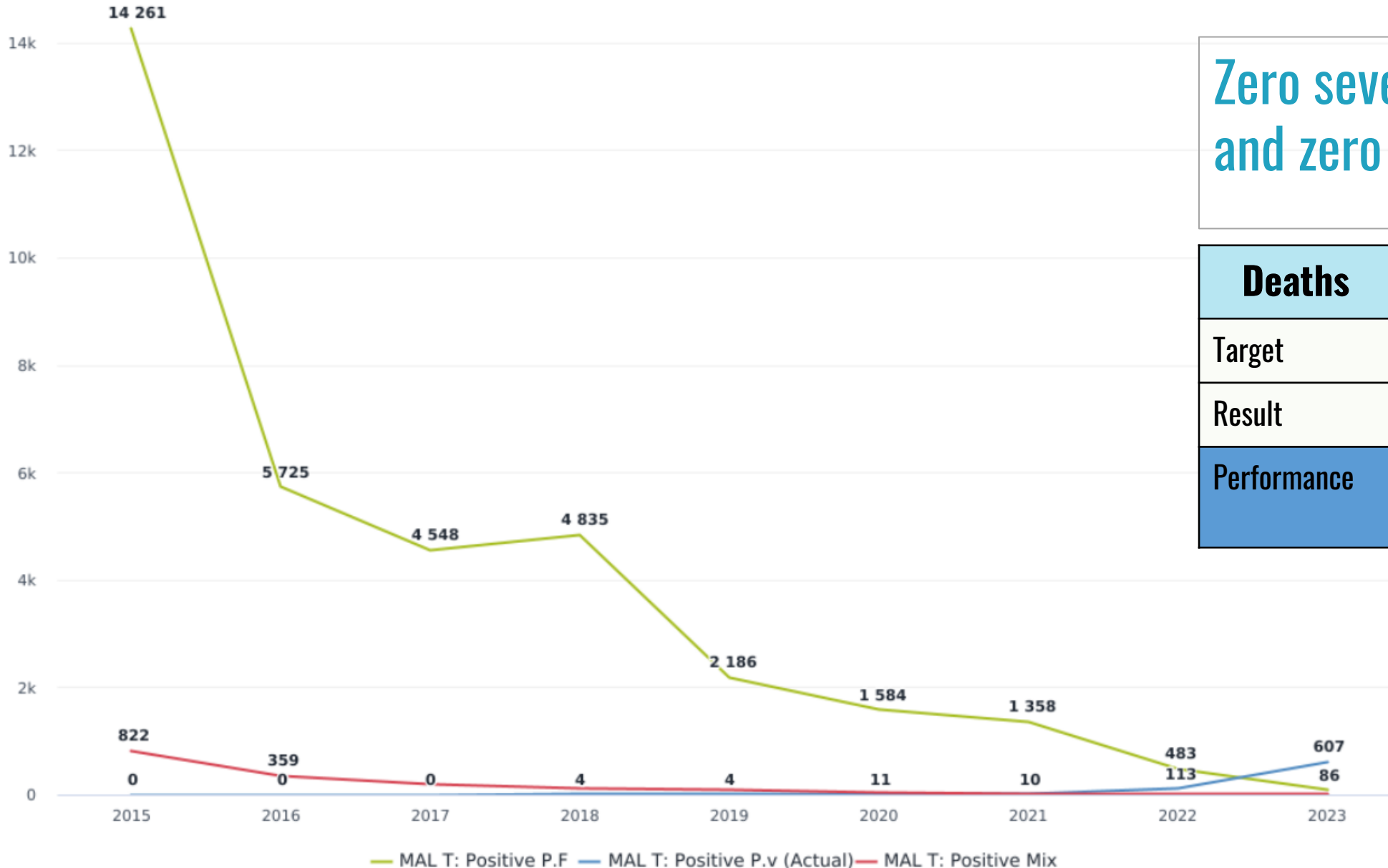
API	2021	2022	2023
Target	1.5964	1.2375	0.7503
Result	1.3080	0.99	0.2920
Performance	On-Track	On-Track	On-Track

MPR	2021	2022	2023
Target	0.59%	0.42%	0.21%
Result	0.61%	0.28%	0.08%
Performance	Off-track	On-track	On-track

Programme Performance - Malaria Cases & Deaths



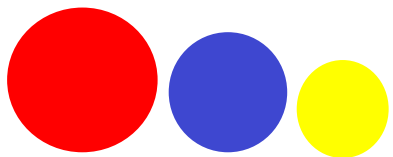
Zero severe malaria cases and zero deaths in 2023



Deaths	2021	2022	2023
Target	0	0	0
Result	1	1	0
Performance	Off-track	Off-track	On-track

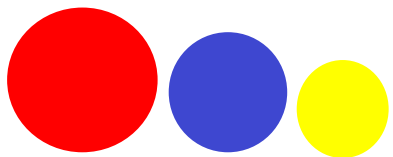
Partnership with Global Fund (waiting from data from 3 diseases)

- Receiving GF grants *[from which year to which year]*
- Programs receiving GF grants *[which ones? HIV, TB, Malaria, HSS...]*
- Total funding from GF until end of 2023:
- Funding approved for 2024 – 2026: *[amount, for which programs?]*
- Transition to domestic financing: *[which programs, parts of programs have been transitioned to domestic financing]*
- Contributions of the GF to HIV, TB, Malaria in the country *[for example: cover xx% of ARV, main source of funding for prevention...]*



Country's priorities for HIV

- Population priorities [*Which populations are most affected by HIV, TB, Malaria?*]
- Intervention priorities
- Other priorities

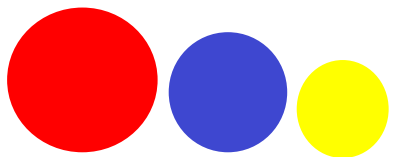


Country's priorities for TB



Population priorities: remote and vulnerable population (PLHIV, isolated villages, prisons)

Intervention priorities: TB prevention and care within primary health care (PHC) contributing to Universal Health Coverage (UHC): health facility based in whole country and ACF in vulnerable populations and prisons, household contact examination, TB preventive treatment, nutritional support to TB patients, community based interventions



Country's priorities for malaria

Country Priorities

Which populations are most affected by malaria?

- Malaria transmission is focalized in southern Lao.
- Malaria affects people who spend time in the forest or forest fringe where the mosquitoes live. These primarily constitute ethnic minority communities who go to the forest to collect forest commodities or clear forests for cultivation. Poverty is higher than the general population among these populations. The highest-risk groups are highly mobile, spending weeks and months at a time in high-risk locations (forests and fields), which makes reaching this population challenging.
- The army is another high-risk group when patrolling forested areas in southern Lao.

Intervention priorities

- Maintain strong malaria control interventions (surveillance and rapid response, good case management monitoring for drug resistance, vector control, community engagement).
- Ensure treatment compliance for Pv radical cure to prevent relapses of Pv malaria.
- Continue to develop innovative and aggressive strategies to target the residual hotspots, such as targeted or reactive drug administration,

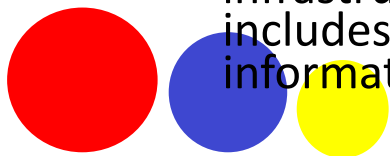
Other priorities

- Attaining malaria elimination certification, which required rigorous surveillance, data collection and documentation.

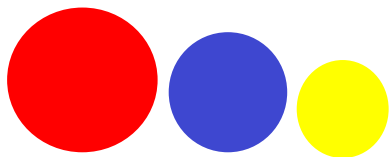


Country's priorities for health

- **Strengthening Primary Healthcare:**
 - Enhancing the primary healthcare system to ensure accessible, equitable, and quality care for all citizens, with a focus on prevention, hygiene, and health promotion.
- **Reducing maternal and child mortality rates :**
 - by improving access to quality reproductive, maternal, neonatal, and child health services. Emphasis will be placed on immunization programs, nutrition, and addressing communicable diseases that particularly affect these groups.
- **Combating Communicable and Non-Communicable Diseases:**
 - Continuing efforts to control and reduce the prevalence of communicable diseases such as malaria, tuberculosis, and HIV/AIDS while also addressing the growing burden of non-communicable diseases (NCDs) like diabetes, cardiovascular diseases, and cancer through prevention, early detection, and management.
- **Strengthening Health Systems and Human Resources:**
 - Building a resilient health system by developing the healthcare workforce, improving infrastructure, and ensuring the availability of essential medicines and technologies. This also includes capacity building for healthcare professionals and enhancing health management information systems



- **Ensuring Health Equity and Financial Protection:**
 - Expanding national health insurance coverage to protect against financial hardship due to health expenses and ensure equitable access to health services for all, particularly for vulnerable populations such as the poor, ethnic minorities, and people living in remote areas.
- **Promoting Healthy Lifestyles and Preventive Health:**
 - Encouraging behavioral changes to promote healthier lifestyles, reduce risk factors for diseases (such as tobacco use, unhealthy diet, and lack of physical activity), and raise awareness about the importance of self-care, family health, and community engagement.
- **Improving Emergency Preparedness and Response:**
 - Strengthening the country's capacity to prepare for and respond to health emergencies, including natural disasters, disease outbreaks, and pandemics, by developing robust emergency response plans and building resilient health infrastructure.
- **Enhancing Environmental Health and Addressing Climate Change**
 - Focusing on environmental health by addressing water, sanitation, and hygiene (WASH) issues, as well as the health impacts of climate change.
- **Advancing Digital Health and Innovation:**
 - Utilizing digital technologies and innovative solutions to enhance healthcare delivery, improve health data management, and facilitate telemedicine and remote healthcare services, particularly in underserved areas.

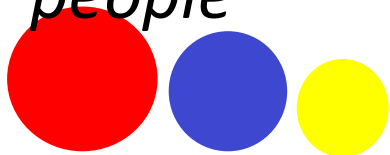


Impacts of climate change

Climate change has imposed serious consequences to many diseases, e.g. increased rain fall is used to be closely linked to vector borne diseases such as malaria and dengue etc...

Heavy rains and drought episodes impact agriculture, food supply and livestock, in turn worsening social condition and undernutrition forcing local labors to migrate to big cities or across the border and this are the root causes of human trafficking , child/and or labor exploitation and contracting of diseases, such as HIV, TB and malaria.

Heat waves affect more poorest, children and elderly people and sick people



Any recommendation to the GF (waiting from 3 diseases)



- Advocacy-focused, advocating for increased investment from the Global Fund and development countries for their commitment ending TB/HIV and Malaria for the lower income counties:
- We urgently call on the Global Fund to extend the transition period for lower-income countries, ensuring continued support that is critical for saving the lives of millions affected by HIV, TB, and malaria. This compassionate action will prevent a devastating gap in care and maintain the progress we've made in combating these diseases.
- We strongly advocate for the Global Fund to address the investment imbalance in Asia and the Pacific region, allocating more resources to save countless lives impacted by HIV, TB, and malaria. By increasing funding equality in this underserved area, we can dramatically improve health outcomes and create a more equitable global response to these devastating diseases.

