

Report of Joint Oversight Field Visit

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

Oudomxay Province

Date 26-30 August 2024

Prepared by: CCM Secretariat

Participants:

Representative of CCM Members, OC, NTC, CMPE and CCM Secretariat:

1. Chair of Regional Coordinating Mechanism, former Director General Department of Communicable Disease Control, MOH
2. Lao Tropical and Public Health Institute, OC & CCM
3. Lao National Chamber of Commerce and Industry, CCM
4. Pharmaceutical Manufacture No 3, CCM
5. Center for Malaria Parasitology and Entomology (CMPE), 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, TB, and ARV center;
3. Houn District Health Office/Hospital
4. Phonxay Health Center
5. Naxiengdee Health Center
6. Pakbeng District Health Office/Hospital;
7. Singxay Health Center
8. Xayxana 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 levels by focusing on: Finance, Procurement, Implementation and Reporting.

Brief overview of Oudomxay Province

- Located in the center of 4 northern provinces.
- bordering with China (N), Vietnam(E), Thailand(W)
- Total area is 15,370 square kilometers, 85% of mountainous area.
- There are 7 districts, 472 villages, 51,165 households, 62,384 families, 360,811 head counts
- 100% of Health Facilities Service covering its province:
 - 1 provincial hospital
 - 1 provincial military hospital.
 - 1 provincial military hospital F3
 - 1 private hospital
 - 6 district hospitals
 - 53 Health Centers

HIV/AIDS

Key Achievements

1. Policy and budget

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Received budget of implementation in FY 2023: \$6,480 and FY 2024: \$7.297,31
- 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
- Staff were trained for VLAO and DHIS2 system and also available for a recording and reporting at the provincial and district levels

Key Achievements (Conti.)

2. HIV blood test services:

- Oudomxay province has HIV testing service points at the provincial hospital, military hospital, 6 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
- Organize blood test counseling at each point with VCT services to find and quickly refer infected patients to ARV treatment
- There's ARV treatment Unit and POC at provincial level.

Key Issues

- The budget is limited and HIV/AIDS activity has not implemented at health center level
- Difficulty in accessing to target groups, testing numbers has decreased compared to its indicators
- HIV health prevention activities are not yet fully accessed and Supervision visit for FSW and shop are not well cooperative
- Delayed in receiving budget from National levels (received budget in May 2024) and must be completed the activity implementation within 2024.
- Infected patients are increasing in each year, mostly are migrant workers groups (Vietnamese)
- Some infected patients are not good in cooperation for blood test, 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 communities
- There's delay in activity implementation, budget planning, reporting, and data entry on The DHIS2 system.

Challenge

- The HIV service point is not sufficient for the patients
- HIV RDT is not sufficient.
- Lack of Supervision visit for infected patients who lack of ARV drug and vulnerable patients.
- Lack of budget for taking care of infected patients in the communities in order to decrease the discrimination for HIV infected patients
- Lack of budget for HIV prevention advocating, health education, and mobile testing service
- Limited staff with limitation of handling multiple tasks
- Forecasting plan, HIV RDT and ARV commodities reporting are not well organized.
- VL, EID, and CD4 testing are not implemented fully.
- VLAO system is not yet frequently used.

Proposals

1. Specific building for ARV testing
2. Laptop Notebook and printer
3. Increase the budget for diagnostic Testing for HIV infected patients
4. Budget for HIV infected patients supervision visit at village levels
5. Request for the training of treatment for HIV-Related causes, providing recommendation for HIV blood testing and providing ARV drug
6. Refresh training for VLAO and data entry for DHIS2, forecasting plan HIV reagents and ARV drug
7. Training for VL, EID, and CD4
8. Request budget for HIV infected patients and vulnerable patients

Proposals (Conti.)

9. Request budget to conduct the activity of taking care of patients in communities, decreasing the discrimination-disgusted on HIV infected patients
10. Request budget for HIV Dissemination and mobile testing service
11. Request for HIV RDT reagents (HIV Self-Test)
12. Request for Prep Drug
13. Request the incentive for 01 volunteer living with HIV
14. Request for exchange skill with ARV centers and abroad
15. Request for patients' document cabinet
16. Request for a vehical (Car) for HIV and STI work

Tuberculosis

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- The Tuberculosis activities were successfully implemented and completed.
- Received budget from the government and HANSA project for conducting activities in FY 2023: 240.116.250 Lak (\$13.090) and FY 2024: 366.022.000 Lak
- Policy for free TB diagnostic test and treatment
- Sufficient TB drug can be provided regularly and on time
- Having DHIS2 for recording and reporting system and TB Tracker data entry
- There is a GeneXpert to for sputum testing to find TB diagnostic result
- All TB patients received voluntary counseling for HIV testing
- There is a TB control network from the Central, provincial, district and health center level

Key Achievements (Conti.)

- Reporting is using the DHIS2 system at the district/province/central level
- The district level conducted Supervision visit at 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.
- Children under 5 years contacting with TB patients Pb+, received drug prevention for TPT

Key Issues

- Difficulty in accessing to target groups, testing numbers has decreased compared to its indicators
- Conducted ACF activity with NTC and found high TB infection compared to other districts
- TB prevention drug are not available for Children
- Delayed in receiving budget and health Advocating is insufficient
- Sending samples (Sputum) for testing with GeneXpert at provincial TB Unit has decreased compared to 1% of population
- Some People in community are unaware of TB testing and treatment
- Patients take medication after being diagnosed with tuberculosis, in some cases there are allergies or side effects that make the patient not take the medicine regularly
- Villages in remote area are hard to access to get the medicine

Proposals

- New TB Building
- Propose extra budget
- Request for necessary equipment for TB work at district level:
 1. 1 printer
 2. Cabinet for containing document
 3. 1 vehical
 4. 1 staff quota for health center

Malaria

Key Achievements

- Receive technical guidance, project management from the DCDC, CMPE and Provincial Health Department
- There's Regulation, Policy, Decree, and guidance for the references of the activity implementation
- Received good cooperation from various sectors: Provincial hospital, District Health Office, Heal Centers, and other stakeholders
- Received equipment, RDT, treatment medicine, chemical, etc
- RAI3E and RAI4E projects support budget such as: surveillance, response, malaria elimination areas from provincial level down to health centers and limited area, Moreover, there's administration budget for arranging the meeting provincial-district, district-health centers and budget for ICCM meeting for health centers, VHW, and budget for sending report. The total budget received FY 2023 was 307,145,000 LAK and FY 2024 510,097,000 LAK

Key Achievements (Conti.)

- Received the support from PAM Unit down to district level (project management, Malaria case management, carrier control, and surveillance)
- Received budget for strengthening the reporting work between central level and provincial level
- Provincial level and district level arranged quarterly exchange knowledge for monitoring and supervision of project management
- There's surveillance system on hand, testing equipment, and sufficient treatment commodities
- Accomplished the activity implementation as planned
- Timely reporting and reporting with the DHIS2 system

Key Issues

- Delayed in receiving budget and activity implementation caused delayed in consolidate the budget report in time for provincial request
- There's no treatment poster, treatment guideline, and diagnostic test result for OPD at health centers
- Blood test for Malaria has not been hit the target
- Staff turned over and new staff are not trained
- People in communities are not aware of Malaria control
- Blood test for Malaria has not been hit the indicators (Some districts)
- Sending glass plates for Malaria test has not completed compared to indicators (Some districts)

Challenges

- Majority, Doctors are still complicated in writing prescription (especially creating prescription for Malaria testing)
- Staff turned over are the main factors for disrupting the Malaria work progress as new staff are mostly volunteers.
- Some doctors in some health facilities don't have deep insight of Malaria and Dengue

Proposals

Provincial level:

- Propose extra budget and activity support for 3 diseases
- Request to provide activity and budget from provincial level down to health centers
- Request for Laptop Notebook
- Request to transfer budget on time (possibly the beginning of the year)

Proposals (Conti)

District and HC levels:

- Propose extra budget and activity support for 3 diseases
- Request for Laptop Notebook
- Request to transfer budget on time (possibly the beginning of the year)

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 (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. 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