

# **RAI4E Malaria Grant - Laos Progress Update**

## **JOINT MEETING**

**Executive Committee and Oversight Committee**

**04 December 2024**

# Presentation Outline

- 1 Malaria situation update
- 2 Reactive accelerator strategies
- 3 Financial compliance and verification

# Malaria Situation

Jan-Oct  
2024

% change from  
Jan-Oct 2023

635,760  
tested

-9%

275  
positive

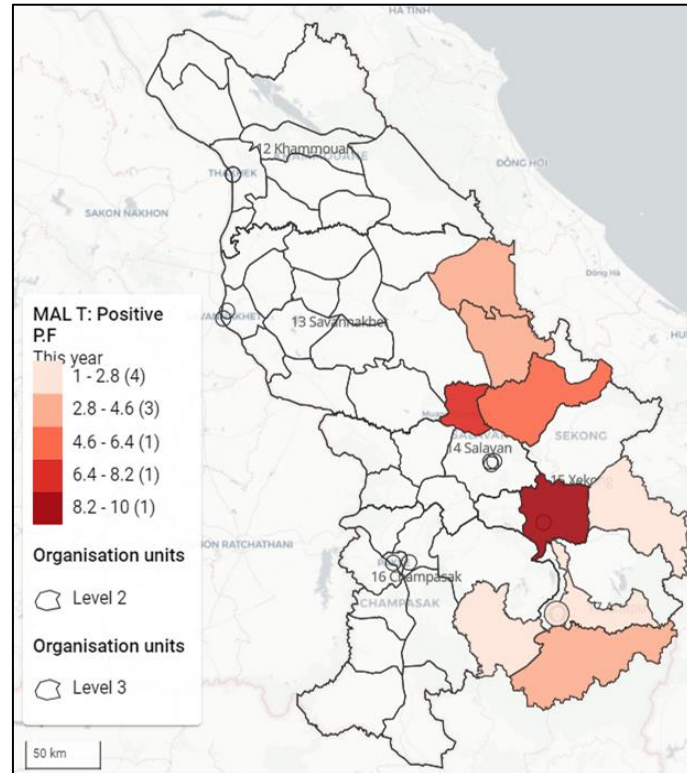
- 55%

51  
Pf & mixed

- 43%

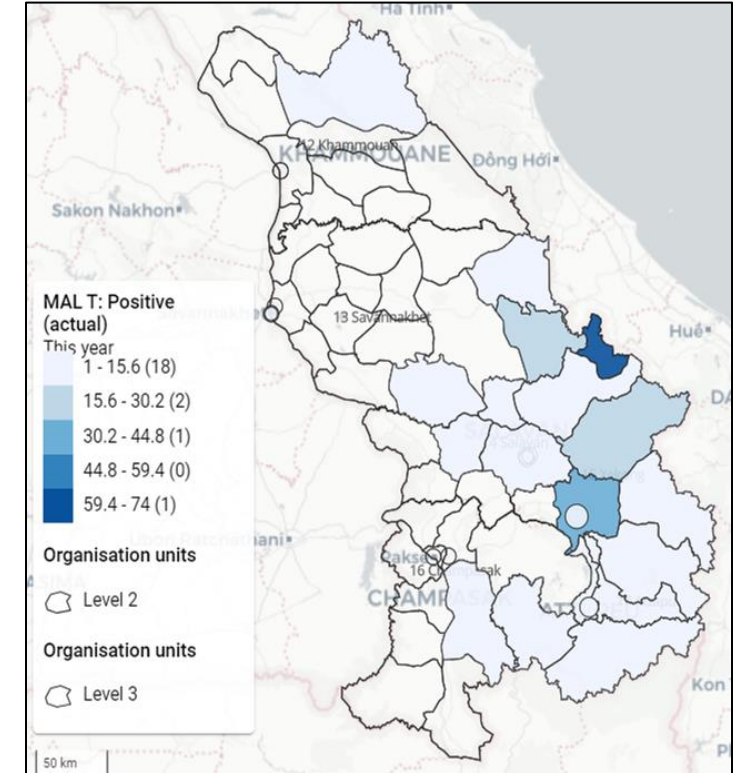
223  
Pv

-58%



**P.f hotspot  
2024**

3 districts  
(Lamarm in Sekong,  
Toumlan & Taoi in Salavan)



**P.v hotspots  
2024**

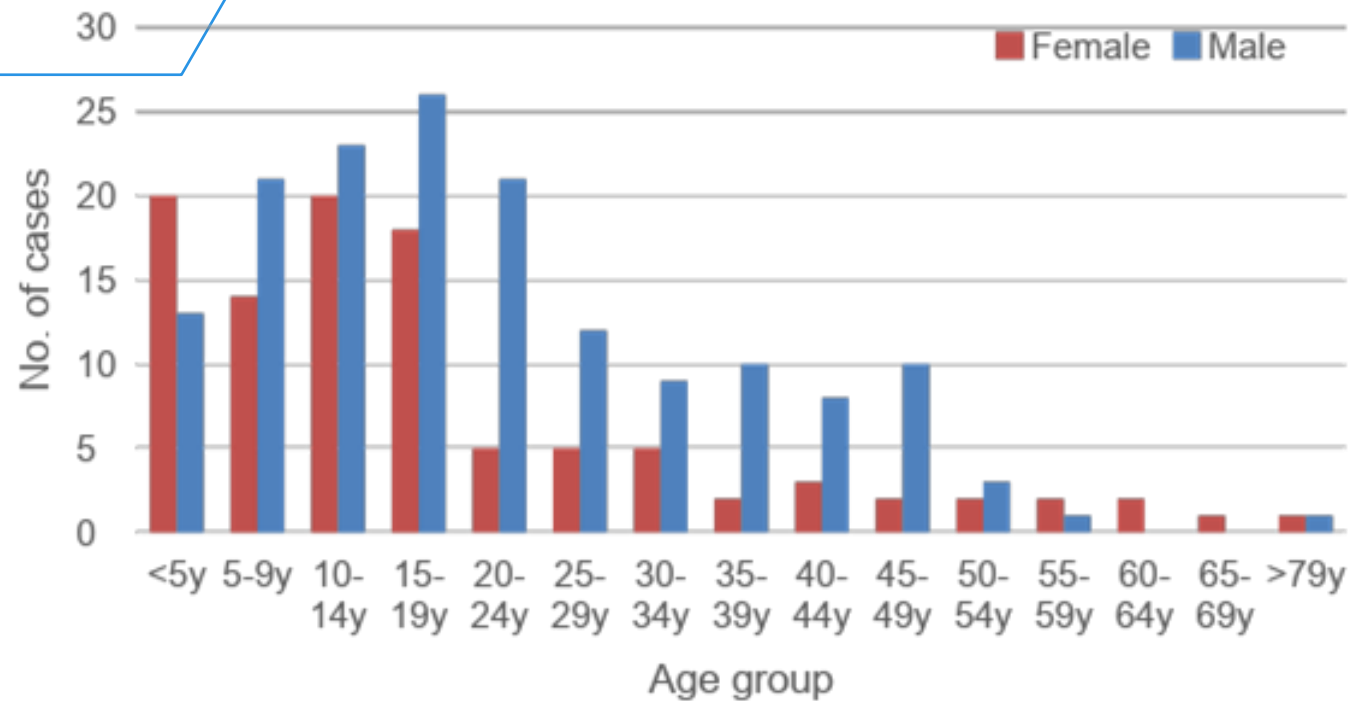
2 districts  
(Samouy in Salavan,  
Kalum in Sekong)

# Malaria Cases in 2024

## Age and sex of cases

- Malaria cases affect all ages, although most cases are <25yrs
- More cases are observed among adult males

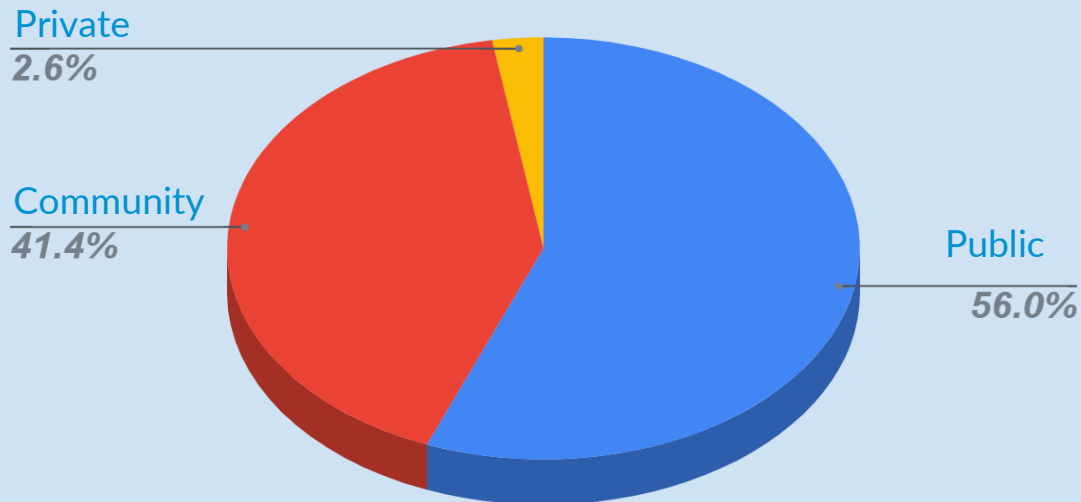
Age and sex of cases, Lao PDR 2024



# Achievements by Sector (Jan-Oct 2024)

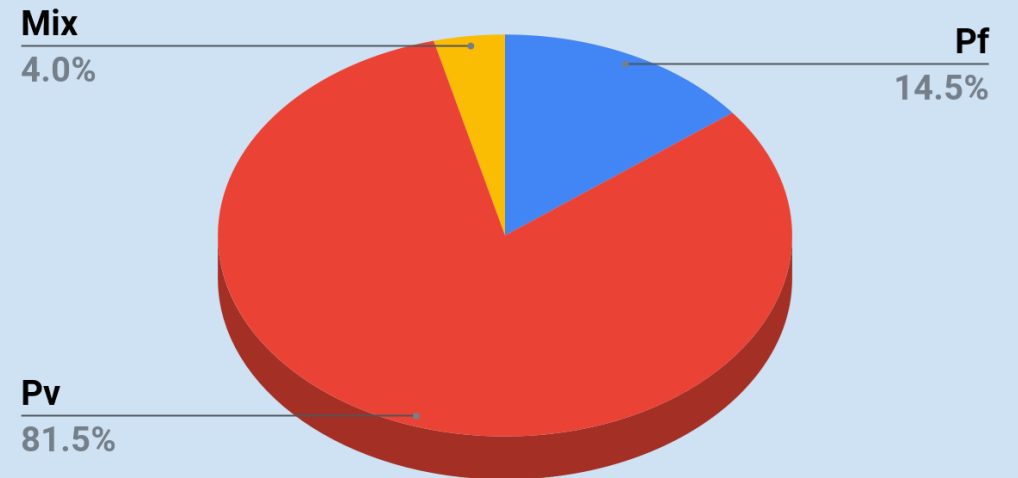
## Parasitological testings

Public	Community	Private	Total
356,041	263,146	16,573	<b>635,760</b>



## Malaria Cases

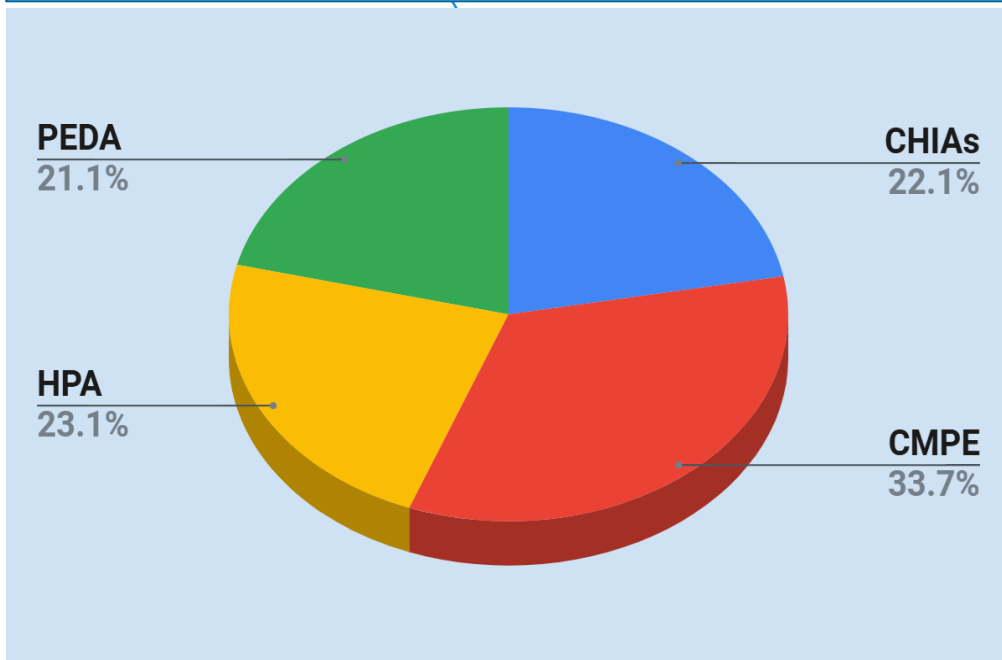
Public	Community	Private	Total
103	152	20	<b>275</b>



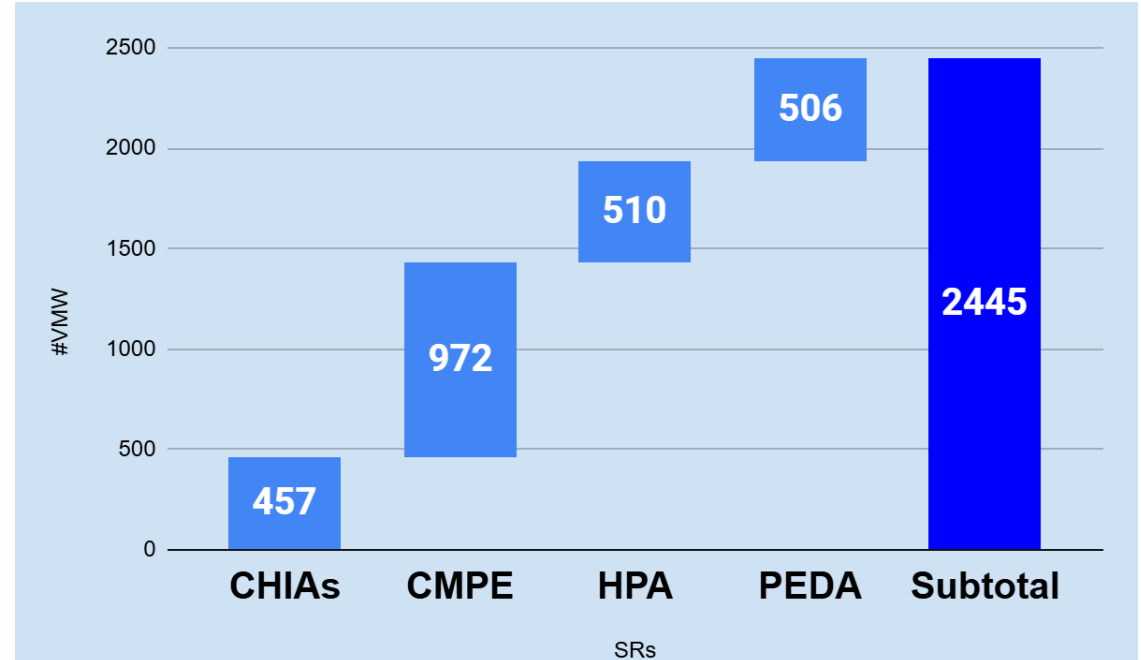
# Testing by Community (Jan - Oct 2024 )

Community Tests: 263,146

## Test contribution by SRs



## Number of malaria volunteers: 2,445



2,216 out of 2,445 are routine malaria volunteers; the rest are the additional recruitment for support to AS activities and outreach activities

# CIFIR (Jan-Oct 2024)

Case Notification within  
24 hours

97%  
(33/34)

1 case notified after 24  
hours

Case classification  
within 3 days

94%  
(32/34)

2 cases investigated  
after 3 days

Indigenous: 20  
Imported: 7  
Introduced: 6  
Relapsed: 1

Foci responses  
within 7 days

90%  
(18/20)

1 case responded to  
after 7 days  
1 case missed

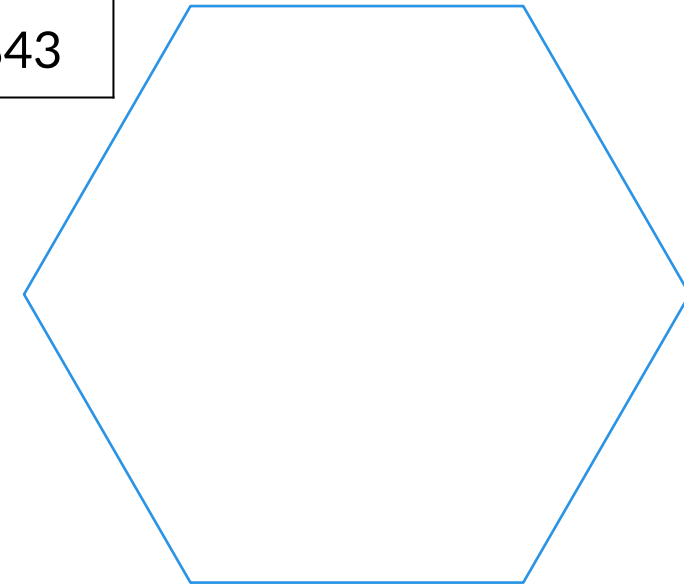




# LLIN distribution - Continuous (Jan - Oct 2024)

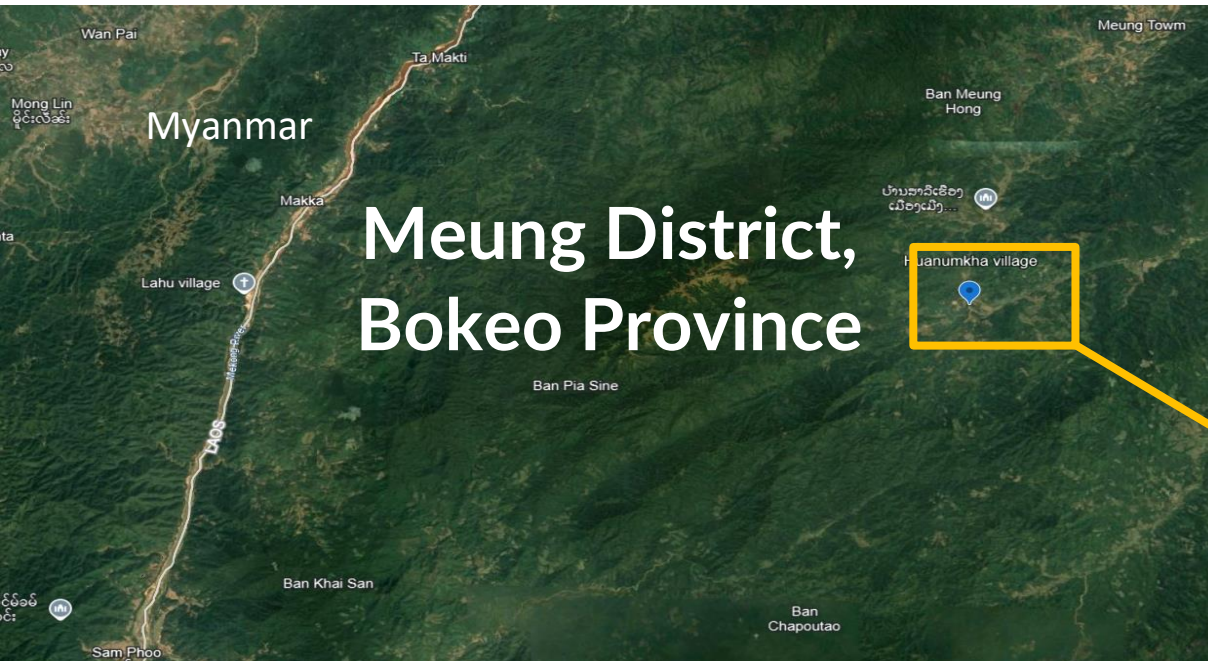
## LLINs distributed to

Pregnancy	MMP	Uniformed personnel	Family nets TDA	LLIHN for forest goers	OB	Total
18,935	29,838	22,000	8,599	3,422	6,049	88,843

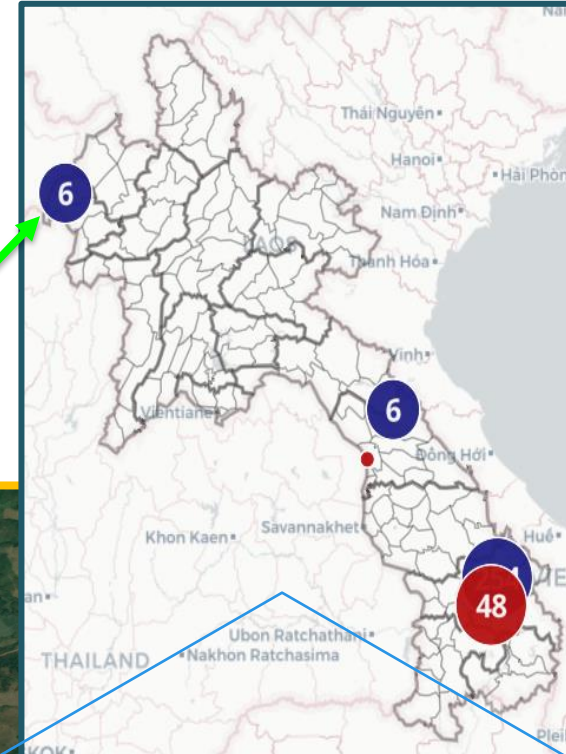




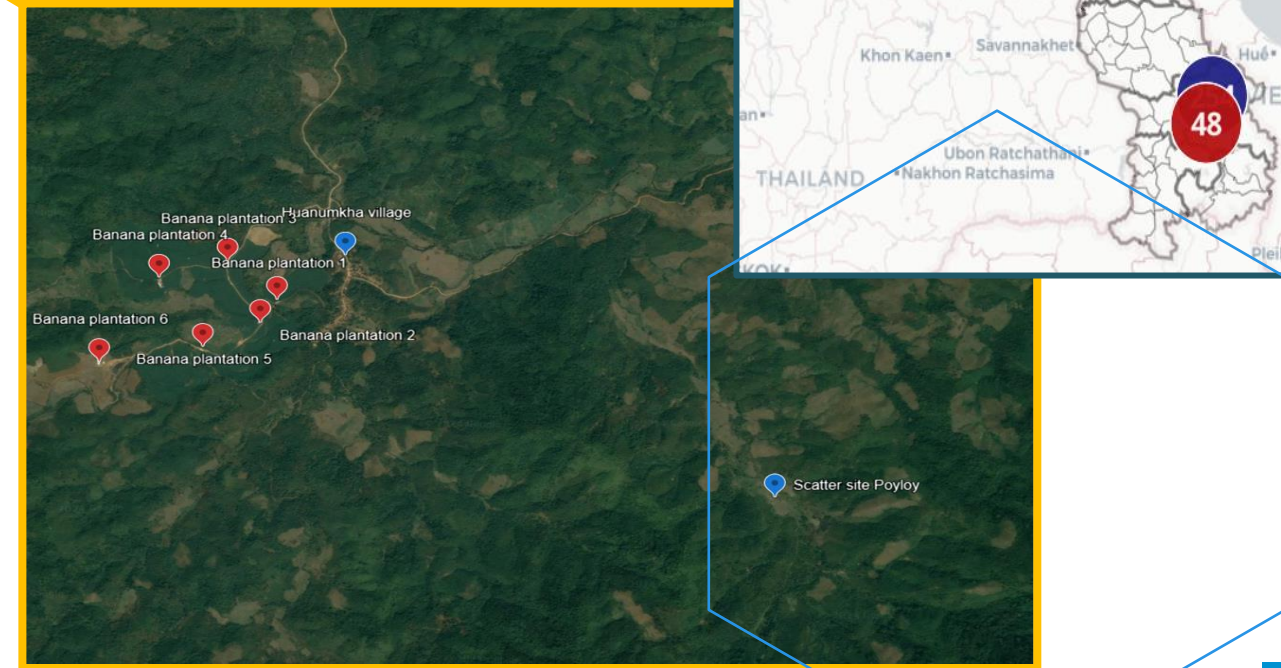
# Bokeo Pv re-establishment - September 2024



- 6 indigenous P.v cases in Sep 2024
- Last indigenous case was reported in 2016
- Remote location 20km from Myanmar border



- Banana plantation next to the village with workers from Lao PDR, Myanmar and China
- Ethnic minority community with forest and field-going behavior
- 1° & 2° Vectors found in the village





# Bokeo Pv re-establishment - September 2024

Extremely challenging field work due to remote access in the rainy season, highly mobile populations, communication with ethnic minority group and coordination with international company owning the banana plantation.

- **Response**

- Province and District led RACD in the field site with, vector control, IEC (Sep)
- RDA x4 with CQ with coverage of
  - RDA1 (Sep) = 79% for day 1 (64% for day 2, 40% for day 3), and
  - RDA2 (Oct) = 36% coverage for day 1 (34% for day 2, 21% for day 3)
- PvSeroTAT (Oct-Nov)

- **Test results**

- PCD = 6 Pv positives between 1-17 Sep
- ACD = 0 positives / 1,139 tested
- PvSeroTAT = **97 positives / 1065 tested** (8% of the population were infected with Pv in the last 9 months)
- PCR = **3 positives / 1065 tested**

RDA: Reactive drug administration





# Bokeo Pv re-establishment - September 2024



## Current updates

- High-level advocacy efforts including provincial and district authorities and senior staff from partners (WHO, UNOPS) conducted to enhance high coverage of RDA.
  - Strong community engagement, including local influencers involved to enhance community participation
  - Another round of RDA was repeated , the preliminary analysis of coverage was 85% (1109/1310)
  - Challenges still exist as mentioned above
- Bokeo can no longer apply for Subnational Verification in 2025



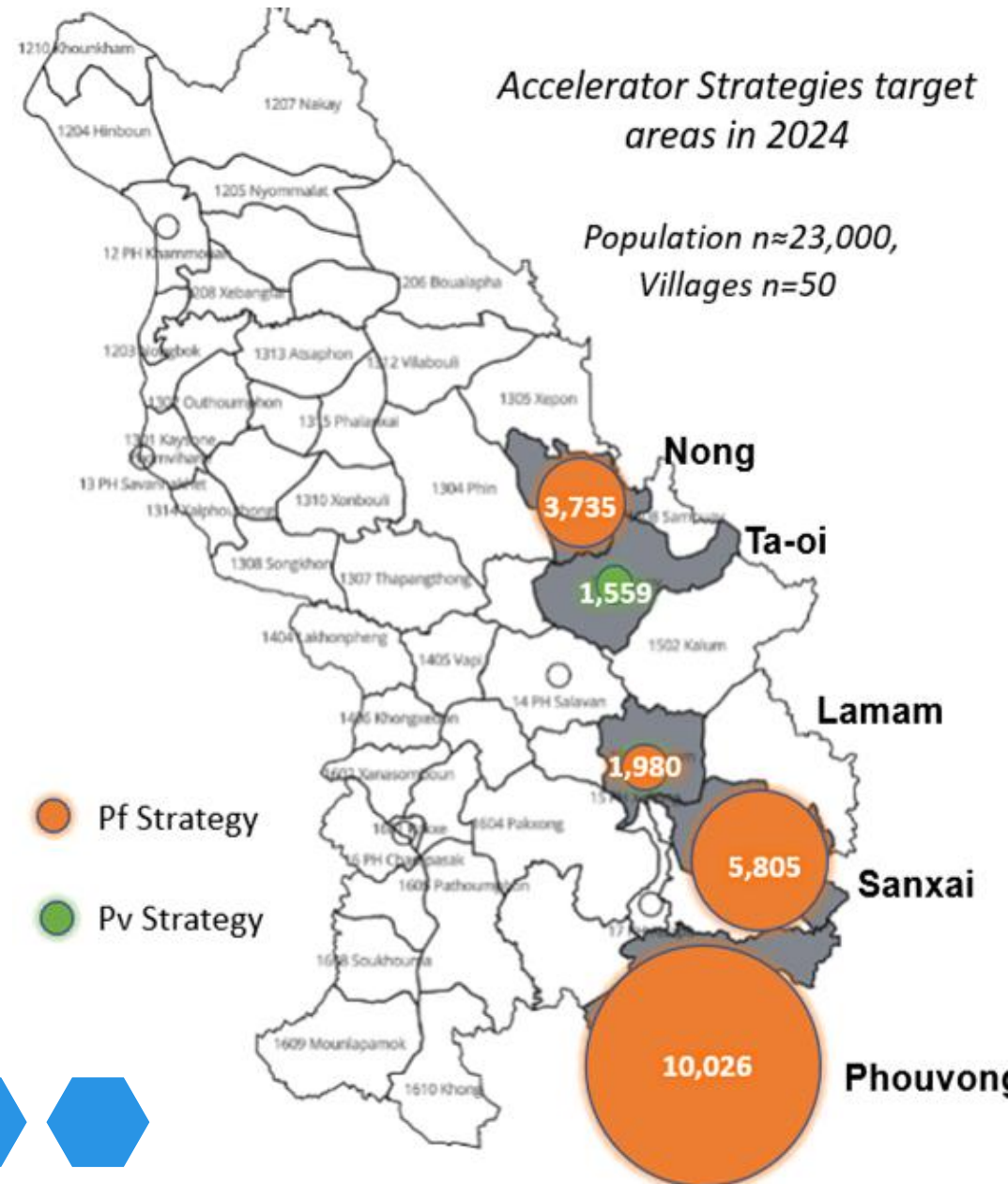
# Reactive Accelerator Strategies





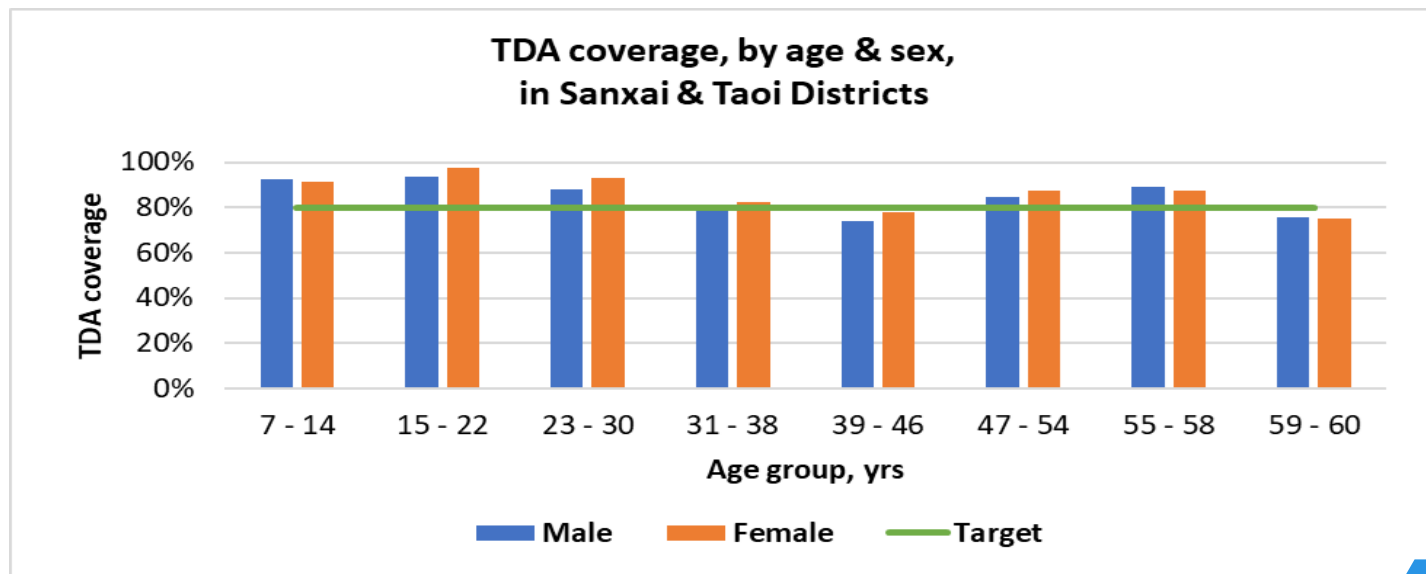
# Accelerator Strategies 2024

AS	P. f Strategy	P.v Strategy
Target population	21,646	1,559
TDA	<ul style="list-style-type: none"> <li>- TDA x2 rounds</li> <li>- AS-PY + PQ SLD</li> <li>- Target popl= males &amp; females 7-60yrs</li> </ul>	<ul style="list-style-type: none"> <li>- MDA x4 rounds</li> <li>- CQ</li> <li>- Target popl= males &amp; females 1-60yrs</li> </ul>
IPTf	<ul style="list-style-type: none"> <li>- AS-PY + PQ SLD x3 rounds</li> <li>- Target popl= males &amp; females 7-60yrs going to forest or field</li> </ul>	



# Accelerator Strategies 2024 Results

Indicator		Target	2024
TDA	% coverage for TDA1	≥80%	<b>91%</b>
	% coverage for TDA2	≥80%	<b>93%</b>
	% coverage for TDA3 (Pv area only)	≥80%	<b>98%</b>
	% coverage for TDA4 (Pv area only)	≥80%	<b>99%</b>
IPTf	% coverage of IPTf	≥80%	<b>93%</b>
	% IPTf refusal	≤10%	<b>2%</b>

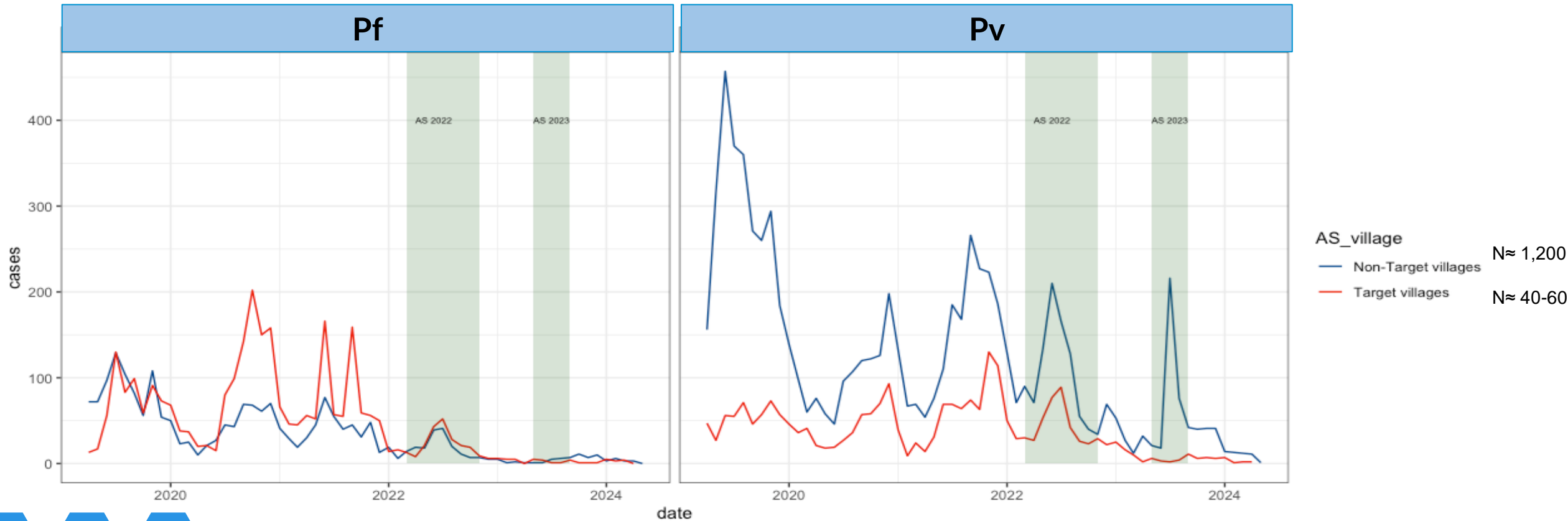




# Accelerator Strategies 2022-2024

## Accelerator Strategies (AS)

- Targeted AS was a strong intervention in 2022-2024, when transmission was focalized in clearly identifiable hotspots.
- 2022-2024 have had a major impact case burden, as evident in the below charts.
- Indicating AS were appropriately designed, implemented to a high standard and well accepted by the community.



# Adapting Accelerator Strategies for 2025

## *Moving from Targeted to Reactive*

- Thanks to the major successes of the elimination program, transmission has been interrupted in many classic hotspots, cases are now scattered making identification of villages for target drug administration extremely challenging
- To ensure villages with active transmission are targeted AS needs to switch to a reactive model using Reactive Drug Administration (RDA) in villages with detected cases from Jan 2025



# Reactive Accelerator Strategies for 2025

2025 RAS		Pf Strategy	Pv Strategy
BR areas	Threshold for response	1 local Pf case in village / kato	4 local Pv cases within 4 weeks in village / kato
	Response	RDA x2 using ASPY 7-60yrs	RDA x2 using ASPY* 7-60yrs PvSeroTAT
Malaria-free Elimination areas (no cases in past 3yrs)	Threshold for response	3 local Pf cases in foci	3 local Pv cases in foci
	Response	RDA x3 using ASPY 7-60yrs	RDA x4 using CQ 1-60yrs PvSeroTAT

\*ASPY will be used in the Pv strategy as there is a large stock in Lao, once this has been used. Pv RDA will switch to CQ

# Key Challenges



# Key Challenges

Rapidly changing epidemiology requires program flexibility to adapt strategies and use new tools.

Need to strengthen malaria microscopy testing in facilities (district+province) with QA assured and investment in basic and refresher training.

Additional funds needed to support reagents and trainings for CMPE's newly established PCR lab.

POR risk assessment maps indicate that many areas in Lao are receptive and therefore maintaining strong surveillance in areas which no longer see malaria cases is essential and challenging.



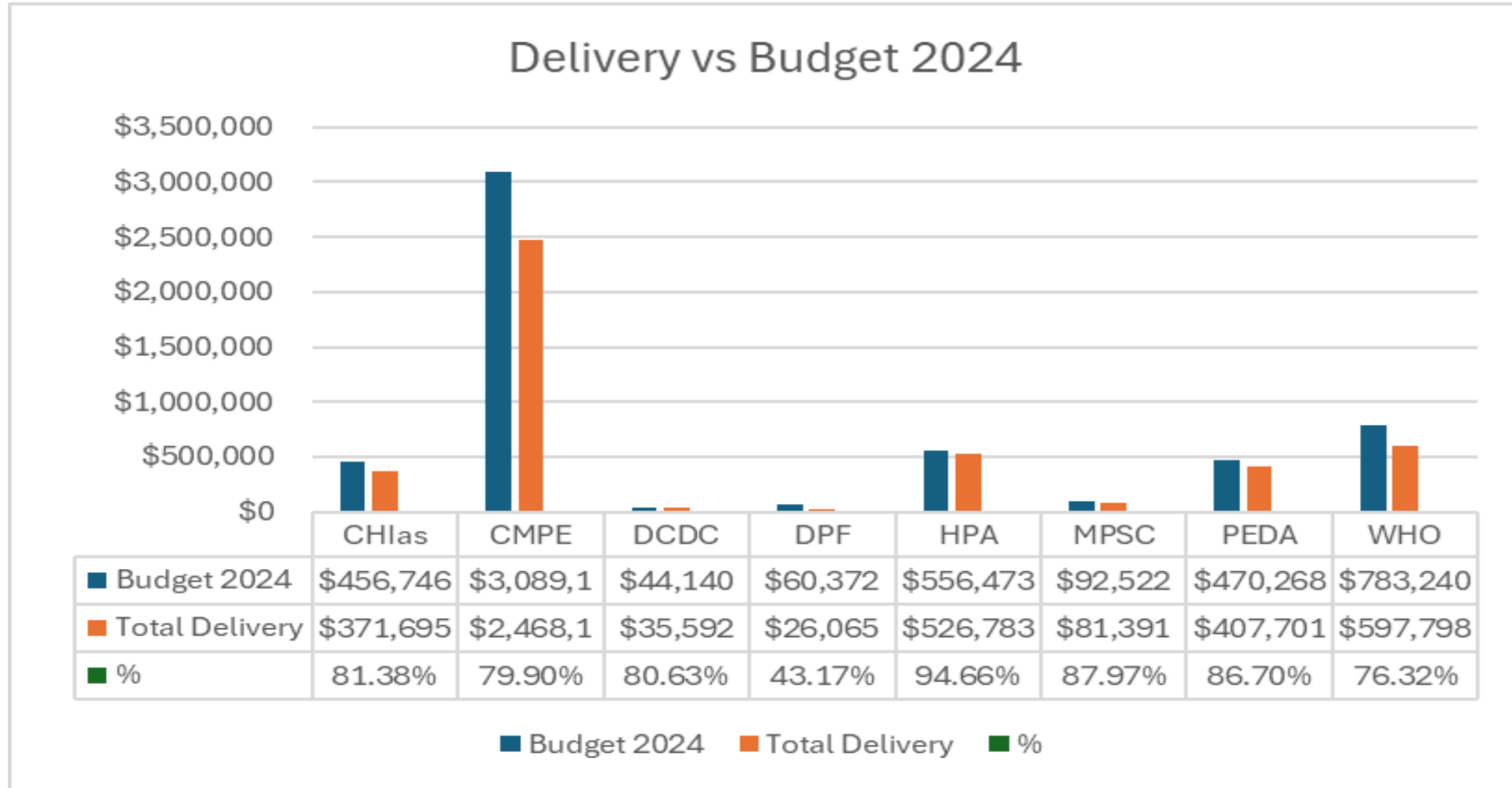


# Financial Updates





# Disbursement vs Budget for 2024



# Province expenditure verification by PR

**1,135 expenditure vouchers in 9 targeted provinces were verified by PR finance team**

## **Key findings**


- Incompleted supporting documents;
- Distance could not be verified for some activities,
- No detailed work plan for field supervision visits;
- Long outstanding advance for some activities;
- Over petty cash payment
- No logbook for project cars;
- Missing stamp" PAID" on receipts;
- Missing cash count for petty cash replenishment
- Activity expenditures were charged in wrong budget lines

**Corrective actions were taken on collections of more supporting documentations/justifications, as a result there were zero non-compliances; and findings were closed.**

 /unops.org

 /company/unops

 /unops\_official

 /unops  
/unops\_es  
/unops\_fr

**Thank you**