

Report of Oversight Field Visit

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

Date 23-29 NOV 2025

Prepared by: CCM Secretariat

Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital (TB Unit and POC Center)
3. Kham District Health Office/Hospital
4. Napa Health Center
5. Phoukood District Health Office/Hospital
6. Lard Yaiy Health Center
7. Paek District Health Office/Hospital
8. Lard Bouak Health Center
9. Nong Pet Health Center

OFV Representative Participants:

1. Department of Planning and Finance, MOH
2. Center for Malaria Parasitology and Entomology (CMPE), MOH
3. Center for HIV/AIDS and STIs (CHAS), MOH
4. National Tuberculosis Control Center, MOH
5. Department of International Cooperation MOF, CCM
6. NPCO (HANSA), Department of Planning and Finance, MOH
7. Department of the Promotion and Training, Lao Federation of Trade Unions.
8. Department of Youth Affairs, Youth Centre, CCM.
9. Lao Women's Union Central Committee.
10. CCM Secretariat.



Main Purpose:

To oversee the overall implementation progress of HIV/AIDS, TB and Malaria funded by the Global Fund as CCM Workplan to evaluate the result activities by focusing on: Finance, Procurement, Implementation and Reporting at the provincial, district and health center levels.



HIV/AIDS

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented.
- There are 10 POCs that provide HIV testing and Syphilis (1 provincial hospital, 6 district hospitals, 1 military hospital, 1 Nayong HC and Nong pet HC) and free ARV treatment for PLWHIV.
- Received budget of implementation from HANSA/Global Fund.
- Patients' rate is increasing for health service and could provide HIV testing and diagnosis for its treatment.
- HIV patients received TB testing in all cases.
- Conducted the health advocacy and provided blood test for high risk-group such as: mining sites and factories, and the majority positive groups found are farmers, housewives, and the unemployed.
- Having the focal unit responsible for HIV/AIDS work from Provincial level to District levels.
- DHIS2 system and also available for HIV reporting at the provincial and district levels.

Key Achievements (Continue)

- Total blood test for HIV from 2021-2025 were 6,811 cases, and the total cumulative HIV patients were 223 cases, STIs were 60 cases, and 4 cumulative deaths.
- **Kham district:** Has POC and GeneXpert for blood test, and the total blood test were 803 cases and the current cumulative HIV patients are 45 cases and receiving drug treatment are 18 cases, Transferred from provincial hospital 04 cases and death 2 cases. The total number of STI diagnosis were 24 cases, cases found 24 cases.
- **Phoukood district:** In FY 2025, provided blood test for pregnant women were 15 cases, cases found 7 cases, and received the treatment were 5 cases, there were 572 patients using the voluntary counseling and blood test services.
- **Paek district:** Supervised the health centers to conduct the work implementation of 3 diseases and the treatment and services were referring to provincial hospital.

Budget Utilization and Challenges

Budget Utilization:

- In the first 6 months of 2025, the received budget was 101,624,173 LAK, budget used 97,342,173 LAK, and the remaining balance is 4,282,000 LAK.

Challenges:

- Having the constant staff turned over and HC staff lack of HIV testing knowledge and the prevention, which impacts the work not achieved the targets as planned.
- There's limited budget for HIV activities such as: advocacy, training, data collection, mobile blood test due to delayed in receiving budget.
- HIV patients refuse to drug treatment in time and they are hidden from the case finding.
- There's stigma-discrimination from patients' family members and society.
- Not having enough materials for HIV advocacy.
- No budget for contacting patients to receive the drug treatment.
- Couldn't access to mobile workers and no cooperation from the employers.
- Delayed in receiving budget and received delayed report from Health Centers.

Proposals:

- Propose the budget for HIV refresh training for staff at all levels.
- Propose the equipment such as audio equipment and LCD for mobile health advocacy work from relevant sectors.
- Propose budget for mobile blood testing activities for HIV high-risk target groups.
- Propose budget for stigma-discrimination reduction activities.
- Propose extra staff to ensure that health services meet its demand.



Tuberculosis

Key Achievements

- In FY 2024-2025, the TB screening number was increasing.
- Having the GeneXpert at provincial hospital for rapid TB diagnosis and get accurate result.
- Patients with TB blood test received HIV testing at the same time and free treatment.
- Household contact children under 5-year-old received Tuberculosis Preventive Treatment (TPT).
- Data is regularly entered into the DHIS2 (TB Tracker) system.
- The staff responsible for the work is constantly monitoring, screening, and providing treatment to patients.
- Received budget of implementation from HANSA/Global Fund.
- In FY 2024, the total TB screening were 269 cases, case found: Pb+: 33 cases and Pb-: 110 cases.
- In FY 2025, the total TB screening were 311 cases, case found Pb+: 40 cases and Pb-: 01 case.

Budget Utilization and Challenges

Budget Utilization:

- In the first 6 months of 2025, the received budget was 167,625,500 LAK, budget used 92,225,000 LAK, and the remaining balance is 75,400,500 LAK.

Challenges:

- The coordination between provincial level and district levels on the integration of budget utilization are not fully implemented.
- Due to the financial staff turned over and budget disbursement to the village health volunteers sending samples was delayed, which resulted in budget has not been used as planned.
- Having low number of Sample collection (Sputum) and received delayed result.
- Delayed budget receive and still waiting for the remaining budget of 50% to conduct outreach ACF.
- Accessing to high TB burden groups has not been fully implemented.
- Population with suspected TB cases are unaware of importance of getting TB screening.
- Delays in receiving reports due to staff has multiple responsibilities and having staff turned over.

Proposals:

- It is proposed that the central and provincial levels conduct more supervision visit to give direction on the activity implementations plan and budget utilization to ensure that activity implementations are on track and achieve the target indicators.
- Propose budget for TB screening at district and health activities at community levels.
- Propose capacity building training for staff responsible for TB work at all levels.
- Propose central and provincial levels to conduct supervision visit district and health center levels at least twice/year.
- Request the equipment for health activities such as loudspeakers, microphones, refrigerators, and motorcycles.



Malaria

Key Achievements

- Received budget of implementation from Global Fund (PBC7 RAI4E) and government budget section: 62 and 63 was integrated into the implementation of malaria work.
- Preparing to declare to be the provincial malaria-free by 2027 based on no infection rate over the past 3 years.
- Having the malaria prevention network from communities, HCs up to provincial levels
- Distributed Long Lasting Insecticidal Net (LLIN) supported by RAI4E for populations in target villages.

Budget Utilization and Challenges

Budget Utilization:

- In the first 6 months of 2025, the received budget was 266,704,000 LAK, budget used 250,570,00 LAK, and the remaining balance is 16,131,00 LAK.

Challenges:

- The microscopic testing for malaria diagnosis is not yet widely used.
- Case Finding for malaria infection is unreached its target.
- The district level still lacks the ownership to integrate their works with other units, despite receiving many trainings.
- Mobile population have their scattering workplaces and harder to access and some activities has been suspended due to budget cuts.
- Commodity Supply is not yet followed the process.
- Limited budget for home visit activity.
- Delayed in data entry and reporting.

Proposals:

Provincial level:

- Propose CMPE to provide the DHIS2-Refresher Training for Health center levels that has not been trained yet.
- Request budget for 2026-2027 for malaria elimination at provincial and district levels.
- Budget for patient monitoring for volunteers.
- Propose to conduct activity down to villages and integrate three diseases work.

District and Health Center levels:

- Propose central and provincial levels to conduct supervision visit regularly.
- Propose the equipment: Motorbike and computer.
- Refresher training for three disease works for district, health centers, and VHWs.
- Propose budget for health advocacy activities.

Provincial hospital Achievement

- Preparing to become a self-sufficient hospital with modern equipment.
- In the first 6 months of 2025, Blood test for HIV and TB were the main prioritized activities.
- The service delivery work was well-performed, received the quality assessment by 80%.
- Having GeneXpert in place for disease diagnosis.
- Established POC in 2022 and has 288 registered patients and now has over 300 patients.
- Data is regularly entered into the DHIS2 system, if there's new case found.
- Children under 5-year-old received TB Preventive Treatment for 2 cases.
- Received budget of implementation from HANSA/Global Fund to pay stipend for 1 volunteer.
- HIV infections increased by 69 cases among young people under 15 years old and housewives.
- Provided health education to men to get blood tests and arranged convenient medicine delivery points for patients. There is also the medicine delivery service provided for patients living in remote areas.

Provincial hospital challenges and proposal

Challenges

- Lack of budget for patient monitoring and delays in receiving budget, which may not be utilized as planned.
- Patients discriminated themselves and hidden from society.

Proposal

- Request a budget for conducting home visit for HIV patients in the community.

Recommendation from OFV Team:

1. It is proposed that leadership at all levels support the mobile advertising work in high-risk areas such as schools, vocational schools, mines, and factories.
2. Coordinating with the provincial information office regarding the advertising three seasonal diseases through television and various mass media.
3. It is proposed to increase the integration of various activities and plan to conduct the joint activities.
4. It is proposed that provincial and district finance departments to review the budget received and help driving the use of the remaining 50% of the budget received to achieve the target.
5. It is proposed to focus on indicators of activities that will be achieved and receive QPS funds and also request district finance review the QPS budget as it is seen to be used mostly for procurement.
6. It is recommended that the province finalize the report in time before December 30, 2025.
7. It is suggested that provincial and district to create the financial workplan and withdraw money quarterly, and inform the health center to create their workplan and disburse money to the health center first, then proceed the reimbursement later.

Recommendation from OFV Team (Conti):

8. DPF will take the issue of withdrawals exceeding 5 million kip of tax to the Ministry of Finance for consideration and to adjust the withdrawal ceiling to suit the actual situation.
9. In case of the need to change any activity, it is recommended that provinces and districts write a letter of request with appropriate reasons for the Global Fund to consider and approve the budget before conducting the activities.
10. It is proposed that the district facilitate the health center by preparing the payment bill immediately every time that districts receive sample from HCs, without fuel receipt.
11. It is proposed that all levels to coordinate with each other closely and regularly in order to ensure the activity implementation could be achieved as target plans.
12. It is proposed that central and provincial levels to provide additional guidance on budget planning in each activity area to ensure that health centers and district levels can create their budget plan and conduct activity correctly and ensure that the results of the implementation of activities are reported with quality and completed within the specified time lines.



Thank You



PHOTO OF SITE VISIT TEAM



Galaxy S22 Ultra



Galaxy S22 Ultra



Galaxy A54 5G









Galaxy A54 5G



Galaxy A54 5G



Galaxy A54 5G