Report of Oversight Field Visit

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

Date 06-12 JUNE 2026

Prepared by: CCM Secretariat

Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital (TB Unit and POC Center)
3. Houn District Health Office/Hospital
4. Seebounheuang Health Center
5. Navarng Health Center
6. Pakbaeng District Health Office/Hospital
7. Xayxana Health Center
8. Singxay Health Center (Not visited due to poor road conditions; however, the activity report has been received)

OFV Representative Participants:

1. Vice Minister of Health, CCM Chair
2. Department of Planning and Finance, MOH
3. Center for Malaria Parasitology and Entomology (CMPE), MOH
4. Center for HIV/AIDS and STIs (CHAS), MOH
5. National Tuberculosis Control Center, MOH
6. Department of International Cooperation MOF, CCM
7. Department of International Organization, MOFA
8. NPCO (HANSA), Department of Planning and Finance, MOH
9. Department of Youth Affairs, Youth Centre, CCM.
10. Association for the Development and Promotion of Women's Leadership (ADPWL), OC and CCM
11. 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 the leadership of the central, provincial, and district levels, the projects were successfully implemented.
- Staff have been trained to execute their duties effectively, focusing on monitoring and treating patients in alignment with the 5 Goods, 1 Satisfactory principle.
- Total number of HIV Blood Tests from 2021-2026 were 18,097 cases, and the cumulative infected are 347 cases within the 14–49 age group who are currently receiving antiretroviral therapy (ART), and in 2025-2026, the total number of STIs tested were 26,796 cases, 16,249 were female, 644 cases of STI infections, and HIV infection cumulative deaths were 3 cases .
- HIV and syphilis blood tests are accessible at both provincial and district levels. Additionally, one point-of-care (POC) ART service is at the Provincial Hospital to confirm positive case using Determine, SD Bioline, and STAT-PAK.
- Two GeneXpert machines are available locally—one at the Provincial Hospital and one at the Houn District Hospital.

Key Achievements (Continue)

- Health advocacy campaigns were conducted alongside mobile blood testing for high-risk populations at mining sites and factories. The majority of positive cases were identified among female sex workers (FSW), family men, men who have sex with men (MSM), and foreign workers.
- A dedicated focal unit is responsible for overseeing HIV/AIDS activities from the provincial to the district levels.
- The DHIS2 system is utilized for HIV reporting and is accessible at both provincial and district levels.

❖ **Houn district:**

- Conducting health advocacy, HIV counseling, and HIV prevention quarterly
- PD HIV Testing for Women (GeneXpert): 153 blood tests conducted; 4 positive cases identified.
- The total number of 310 were screened for STI, with 72 positive cases.

Key Achievements (Continue)

- **Pakbaeng district:**

❖ **FY 2025 achievement,**

- Conducted two rounds of health check-ups for the FSW , covering a total of 20 shops.
- Voluntary HIV Testing: 367 individuals tested; 11 positive cases detected and 100% referred to treatment.
- A total of 255 STI blood tests were conducted, with 116 positive cases identified.

❖ **FY 2026 achievement**,

- Conducted three rounds of health check-ups for workers at the Mekong River Dam construction company; 352 individuals were tested for HIV, with one positive case identified.
- HIV testing was provided for 116 individuals at the district hospital; four positive cases were identified, all of whom have been referred to the treatment center
- Conducted 948 STI tests, resulting in the detection and treatment of 37 positive cases.
- 4,000 condoms distributed to target populations.

Budget Utilization

Provincial level:

- In FY 2025, the received budget from HANSA2/GF was 185,833,991 LAK, and from Government was 62,994,000 LAK, total budget received was 248,827991 LAK, budget used 248,827991 LAK.
- In the first 6 months of 2025, , the received budget from HANSA2/GF was 98,914,500 LAK, and from Government was 22,500,000 LAK, total budget received was 121,414,500 LAK, budget used 121,414,500 LAK

Houn district:

- Received budget for HIV work of USD 1,400 per year.

Pakbaeng district:

- Received budget for HIV work of USD 1,400 per year.

Challenges

- There is a lack of funding for community-based care activities, as well as initiatives aimed at reducing HIV-related stigma and discrimination.
- High staff turnover, insufficient personnel, and a lack of IT expertise
- HIV rapid diagnostic test kits (RDTs) are insufficient for effectively screening high-risk groups
- The implementation of HIV/AIDS prevention activities such as awareness campaigns, training, data collection, and mobile blood testing has not yet reached target groups due to budget constraints.
- The integration of the three diseases into other work has not been fully implemented.
- The growing transient and foreign population in **Pak Beng District** exacerbates the spread of HIV; however, local authorities are experiencing limited cooperation regarding HIV testing among high-risk groups, including migrant workers, hidden FSWs, and MSM.

Challenges (Continue)

- Discrimination and stigma persist at healthcare service points, as well as among patients' families, communities, and society.
- The HIV/AIDS program service network has not yet expanded to health center levels.
- Patients experience treatment delays due to financial constraints.
- The service area is cramped, lacks laboratory facilities, and is understaffed to perform the duties.
- Some young migrant workers remain uncooperative with healthcare providers, leading to inaccurate and incomplete data collection for higher-level reporting.

Proposals:

- Proposes the budget for HIV/AIDS refresh training for staff at all levels.
- Proposed that the central level disseminate relevant laws and legislation to ensure compliance among business operators and individuals living with HIV, with the goal of preventing further transmission
- Request 1 computer and internet access for some health centers.
- Propose equipment such as audio systems, brochures, and flipcharts to support multi-sectoral mobile health advocacy.
- Request budget for building renovations and expansion of the POC room.
- Request to upgrade current POC service capabilities to an ARV treatment center.
- Will foreign nationals living with HIV receive ARV treatment at healthcare centers in Laos, Alternatively, what guidelines or protocols are recommended?
- Propose an increase in human resources to ensure that health service capacity effectively.

Proposals (Conti)

- Propose the implementation of refresher training on infectious disease prevention and control for both district-level and health center staff.
- Propose the central and provincial levels conduct supervision visit and support the district and health center levels at least 3 times a year.
- Request 1 motorbike for communicable disease control programs.
- Request 1 computer for CDC unit.
- Request quota for Volunteers.
- Proposal to expand HIV testing services to the health center level, capitalizing on the established availability of antenatal care and assisted delivery services.
- Request rapid HIV testing kits and related medical equipment to expand diagnostic service capacity at the health center level .
- Request essential medical supplies, such as delivery birthing kits and minor surgery kits.

Proposals (Conti)

- Propose a village-level outreach program to support for LCD screens to broadcast videos or short films to create awareness among young people.
- Request budget for training on care and treatment of HIV-related complications and provision of ART.
- Request technical training for VL and CD4 testing.
- Request training on VLAO program utilization and data entry into the DHIS2 system.

Tuberculosis

Key Achievements

- The screening rate for newly registered TB cases (both new and relapse) exceeded the target, reaching 107%. This ensured that at least 90% of patients received treatment and that close contacts of household confirmed PB+ received TB preventive treatment (TPT) by 2026.
- Utilizing GeneXpert at the provincial hospital enables rapid TB diagnosis and provides accurate results.
- Patients who received a TB blood test were simultaneously tested for HIV and provided with free treatment.
- Household contact children under 5-year-old received Tuberculosis Preventive Treatment (TPT).
- Staff regularly enter data into the DHIS2 (TB Tracker) system
- The responsible staff continuously monitor, screen, and treat patients.
- In FY 2025, the total TB screening were 2,238, confirmed 295 cases.
- In 5 months of 2026, the total TB screening were 828, case detected : 115.

Budget Utilization

Provincial Level:

- In FY 2025, the received budget from HANSA2/GF was 430,097,036 LAK.
- In the first 6 months of 2026, , the received budget from HANSA2/GF 251,608,494 LAK, and from Government was 10,500,000 LAK, total budget received was 262,108,494 LAK.

Houn district:

- The allocation budget and received in 2025 was 60,200,000 LAK, budget used was 30,140,000 LAK, and remaining balance: 32,060,000 LAK

Pakbaeng district:

- In FY 2025, the received was 34,154,028 LAK, remaining balance: 11,028 LAK
- In the first 6 months of 2026, , the received budget 17,183,000 LAK, remaining balance: 4,080,000 LAK

Challenges:

- The discrimination and social stigma against Tuberculosis (TB) patients persist at the community level.
- Budget allocations for HIV and TB diagnostic screening services remain restricted.
- Patient non-cooperation and missed appointments, with some community members intentionally evading health center staff by relocating to fields or agricultural huts.
- low staff accountability for Tuberculosis (TB) interventions at the health center level.
- low turnout for voluntary TB screening at the community level.
- Delays in diagnostic processing and sample transportation remain critical challenges, (potentially escalating community transmission before treatment initiation), lack of sputum suction machines and educational materials (portable speakers, microphones, posters, and LCD displays).
- Delays in data submission and reporting are primarily driven by human resource constraints and high staff turnover.

Proposals:

- Propose central levels conduct onsite investigations and supportive supervision for suspected Active Case Finding (ACF) cases at each health centers
- Propose central and provincial levels to conduct supervision visit district and health center levels at least twice/year.
- Propose to provide health education equipment (loudspeakers, microphones) and budget for activities/support of health centers.
- Request 1 motorcycle for work (TB, AIDS, malaria).
- Request 1 tuberculosis treatment building.
- Request a budget to organize specific meeting on AIDS, STIs, and tuberculosis at least 1-2 times/year.

Malaria

Key Achievements

- The program successfully secured critical strategic guidance alongside financial and material resources from both higher management levels and international organizations
- Implement the '1-3-7' malaria surveillance and response model to ensure rapid reporting, thorough case investigation, and targeted foci response, thereby accelerating malaria elimination.
- Establishing and strengthening malaria prevention networks to optimize vector control measures and ensure continuous transmission monitoring.

Budget Utilization

Provincial level:

- In 2025, the received budget from RAI4E was 374,024,000 LAK.
- In the first 6 months of 2026, , the received budget from RAI4E 300,046,000 LAK.

Houn district:

- In the first 6 months of 2026, , the received budget from RAI4E 26,199,000 LAK.

Pakbaeng district:

- The amount of budget received has not been reported.

Challenges

- Patient non-cooperation regarding malaria diagnostic blood tests remains a critical barrier to comprehensive surveillance and timely treatment intervention.
- Health education initiatives have not yet effectively penetrated high-risk target populations.
- Certain target populations remain unaware of the '5S' methodologies required for malaria elimination
- Data management and entry tasks at certain health centers have been constrained by high staff workloads and persistent network connectivity issues, impacting overall data timeliness and completeness
- The existing workspace and administrative buildings are currently characterized by severe spatial constraints and high occupancy density, limiting operational efficiency.

Proposals:

Provincial level:

- Propose additional budget for implementing each health activity.
- Request new computer to replace the old and broken computers.
- Request 1 printer.
- Propose internet WIFI for TB building.

District and Health Center levels:

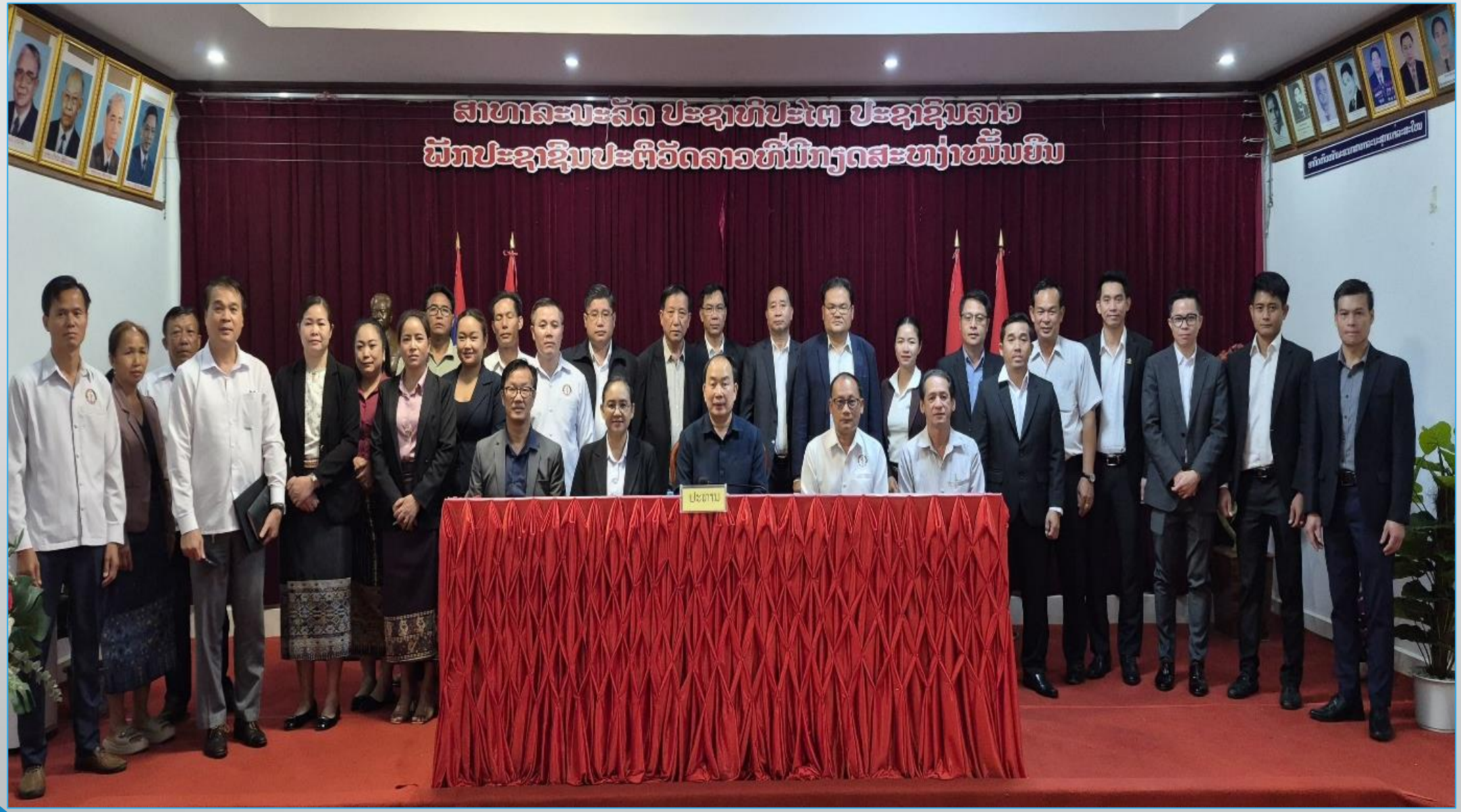
- Propose central and provincial levels to conduct supervision visit regularly.
- Propose to provide health education equipment (loudspeakers, microphones), along with an operational budget to support health center activities.
- Request 1 computer for district CDC unit.
- It is proposed that the central level distribute mosquito nets and mosquito repellents to vulnerable families in remote areas.

Recommendation from OFV Team:

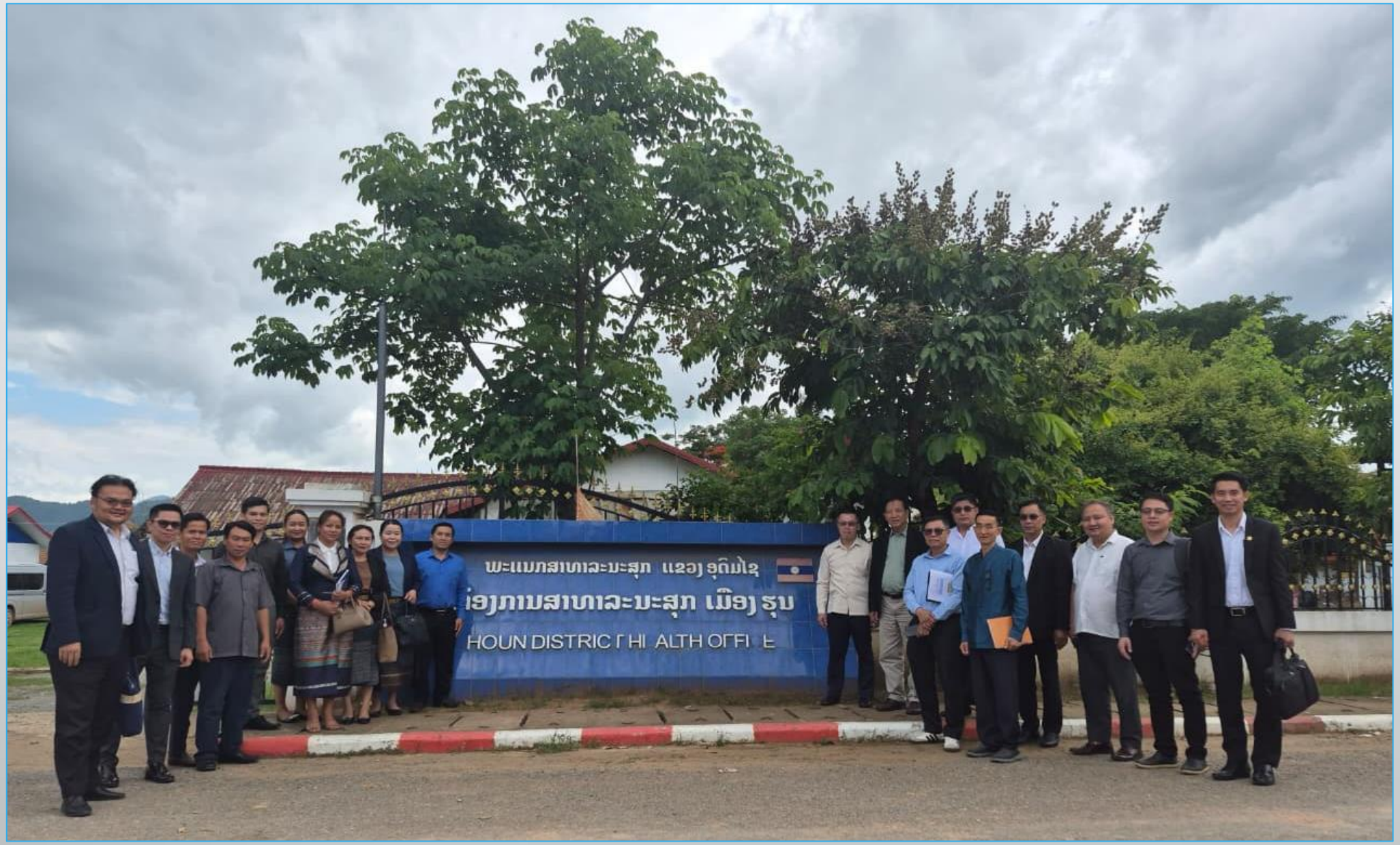
1. For the HIV program, it is proposed to expand community-outreach and mobile testing in high-risk areas, while providing immediate treatment initiation to prevent patient loss to follow-up
2. It is recommended that provincial and district authorities develop a comprehensive, detailed budget plan to present to donors.
3. It is proposed in increasing the integration of various activities and planning joint health interventions.
4. It is proposed to focus on activities that will be achieved with the QPS funds.
5. It is proposed that district levels proceed with immediate payment upon receiving sample deliveries from health center staff.
6. It is proposed that healthcare leaders support technical safety operations and service practices to prevent staff from infection.
7. It is proposed that all levels coordinate closely and regularly to ensure that activity implementation stays on track to meet target plans.

Thank You

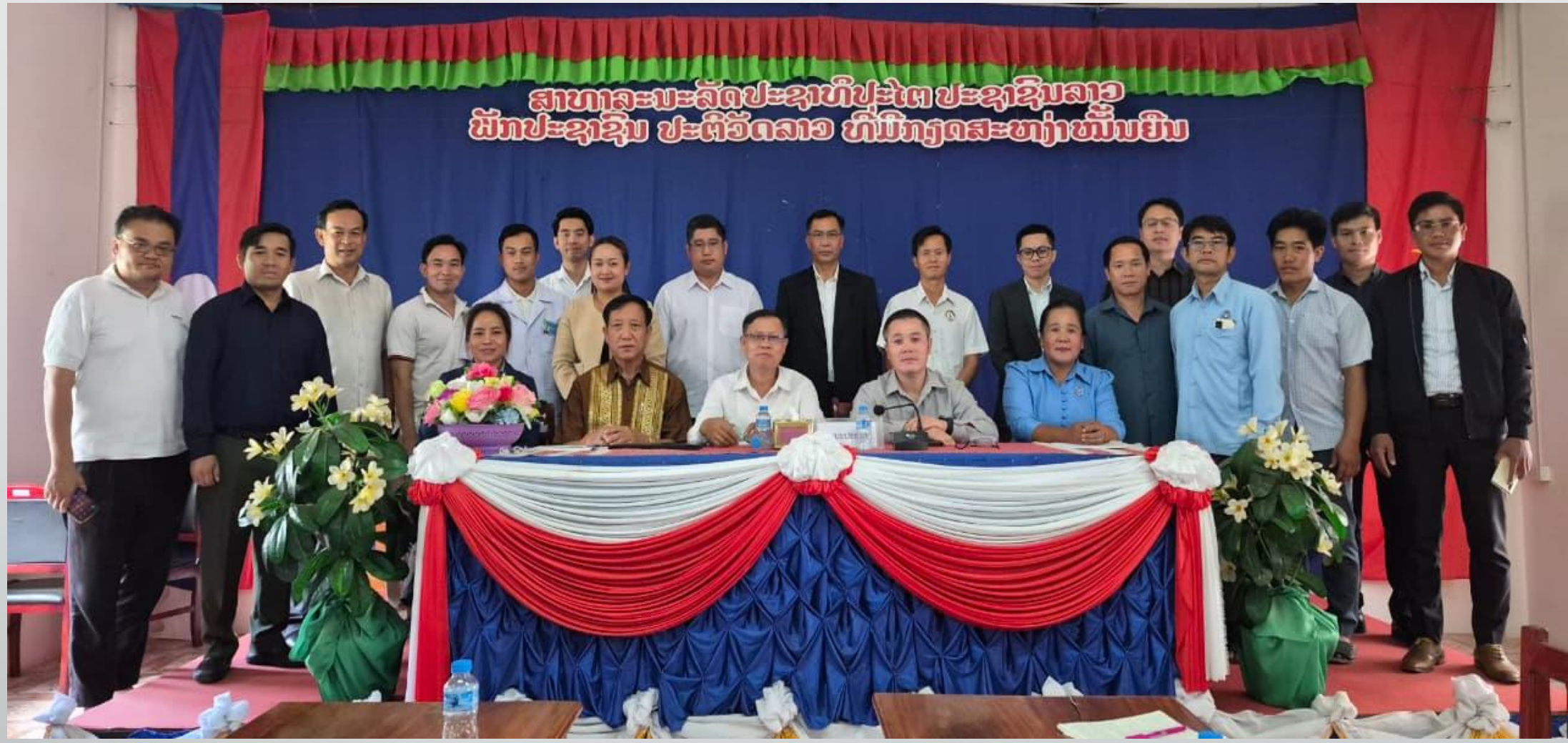
PHOTO OF SITE VISIT TEAM

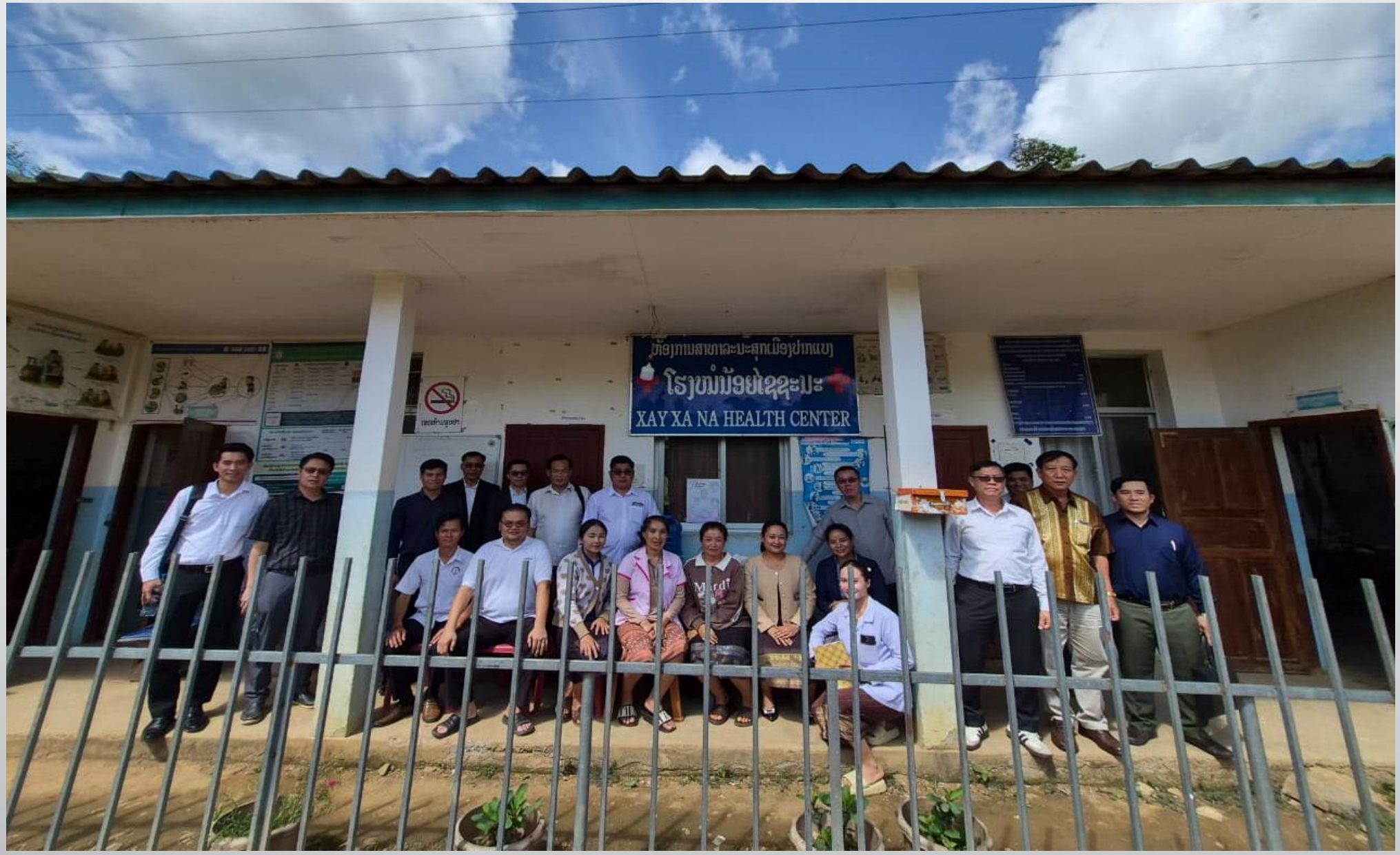

ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ
ພັກປະຊາຊົນປະຕິວັດລາວທີ່ນິກຽດສະຫ່ຳໝື້ນຍືນ
ປະທານ


OUDOMXAY PROVINCIAL HOSPITAL


HOUN DISTRIC T HI ALTH OFFI E


ສຸກສາລາ ສິບເຮືອງ


ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ
ພັກ ປະຊາຊົນ ປະຕິວັດລາວ ທີ່ມີກຽດສະຫງ່າ ໝັ້ນຍືນ


XAY XA NA HEALTH CENTER