Key Priorities for Global Fund Grant Cycle 8 (GC8)

OC meeting 29 June 2026

TB situation in Lao PDR

Tuberculosis profile: Lao People's Democratic Republic

Population, 2024: 7.8 million

Estimated by the UN Population Division.

Estimates of TB burden

Estimates of TB burden are produced by WHO in consultation with countries. Ranges represent uncertainty intervals.

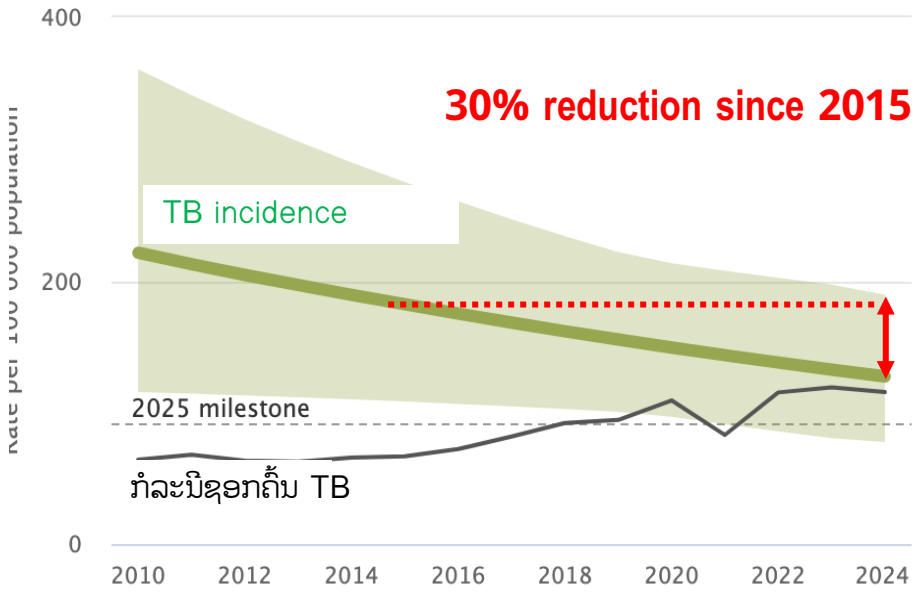
	Number	Rate per 100 000 population
Total TB incidence, 2024	9 900 (6 000–15 000)	127 (77–189)
TB incidence in people living with HIV, 2024	410 (240–630)	5.3 (3–8.2)
Multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) incidence, 2024	48 (23–72)	0.62 (0.3–0.93)
TB deaths in HIV-negative people, 2024	640 (310–1 100)	8.2 (4–14)
TB deaths in people with HIV, 2024	64 (35–100)	0.82 (0.45–1.3)

Changes in TB incidence rate and total TB deaths

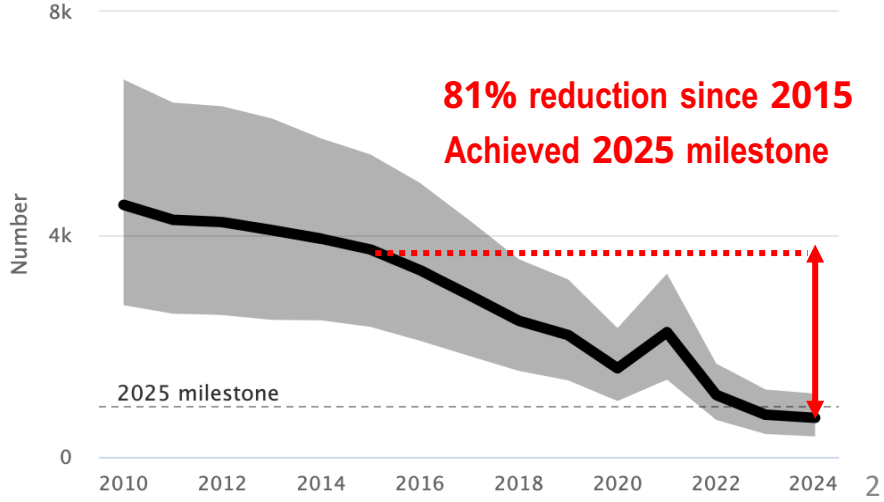
The 2025 milestones of the End TB Strategy are a 50% reduction in the TB incidence rate and a 75% reduction in the total number of TB deaths compared with 2015

Change in the TB incidence rate 2015–2024	Reduction of 30%
Change in the total number of TB deaths 2015–2024	Reduction of 81%

Estimated incidence rate

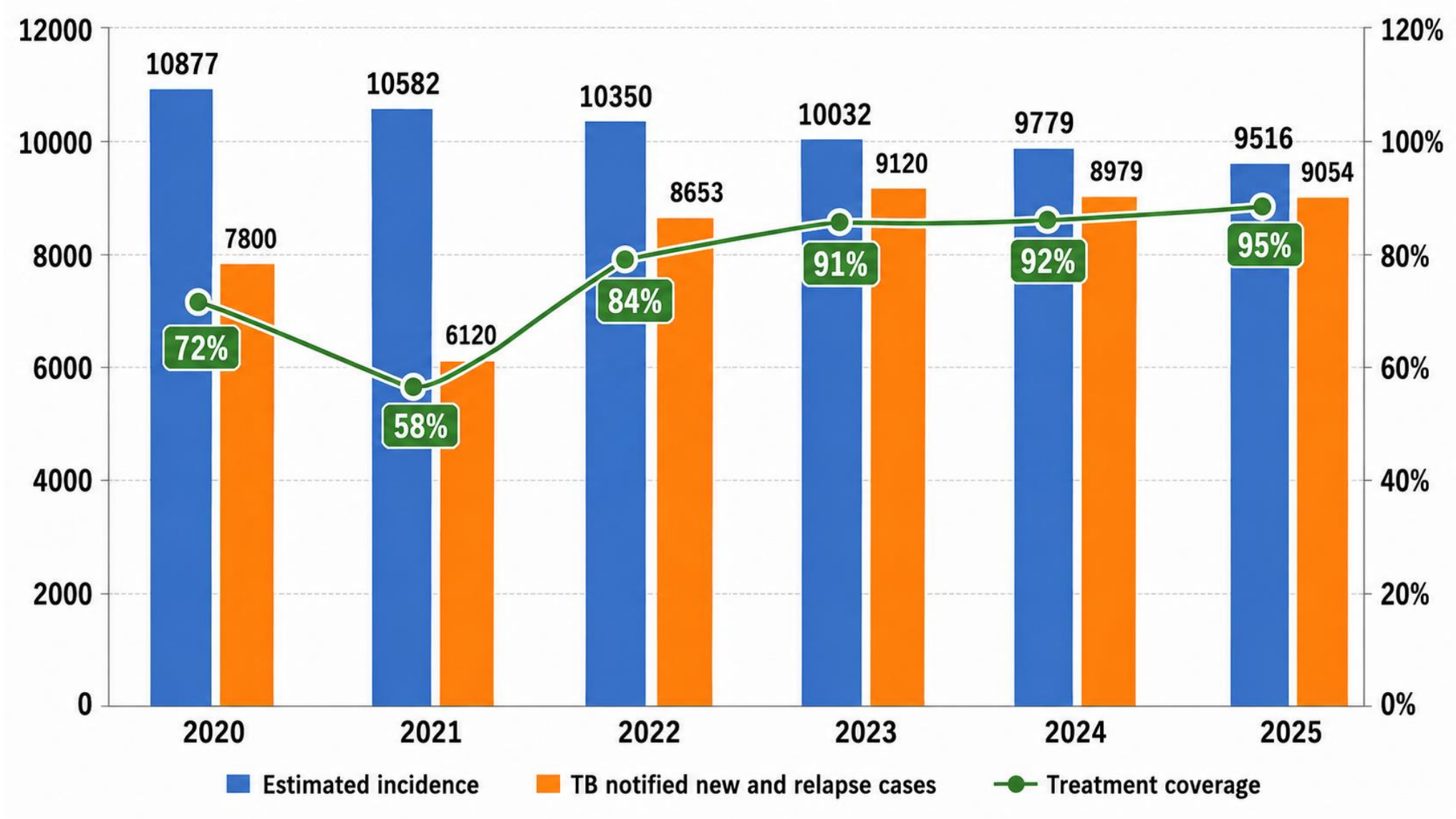


Estimated deaths



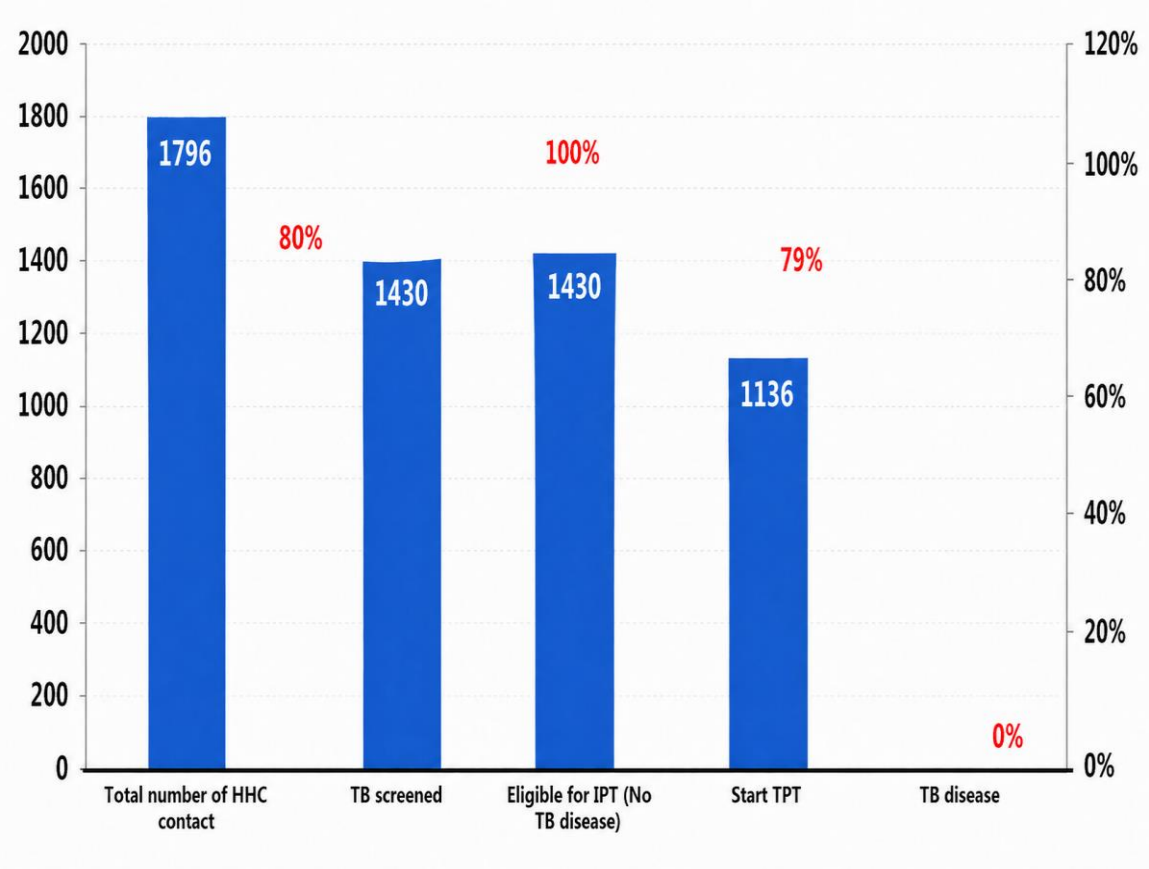
Source: WHO Lao PDR country profile 2024

TB notifications and TB treatment coverage 2020-2025

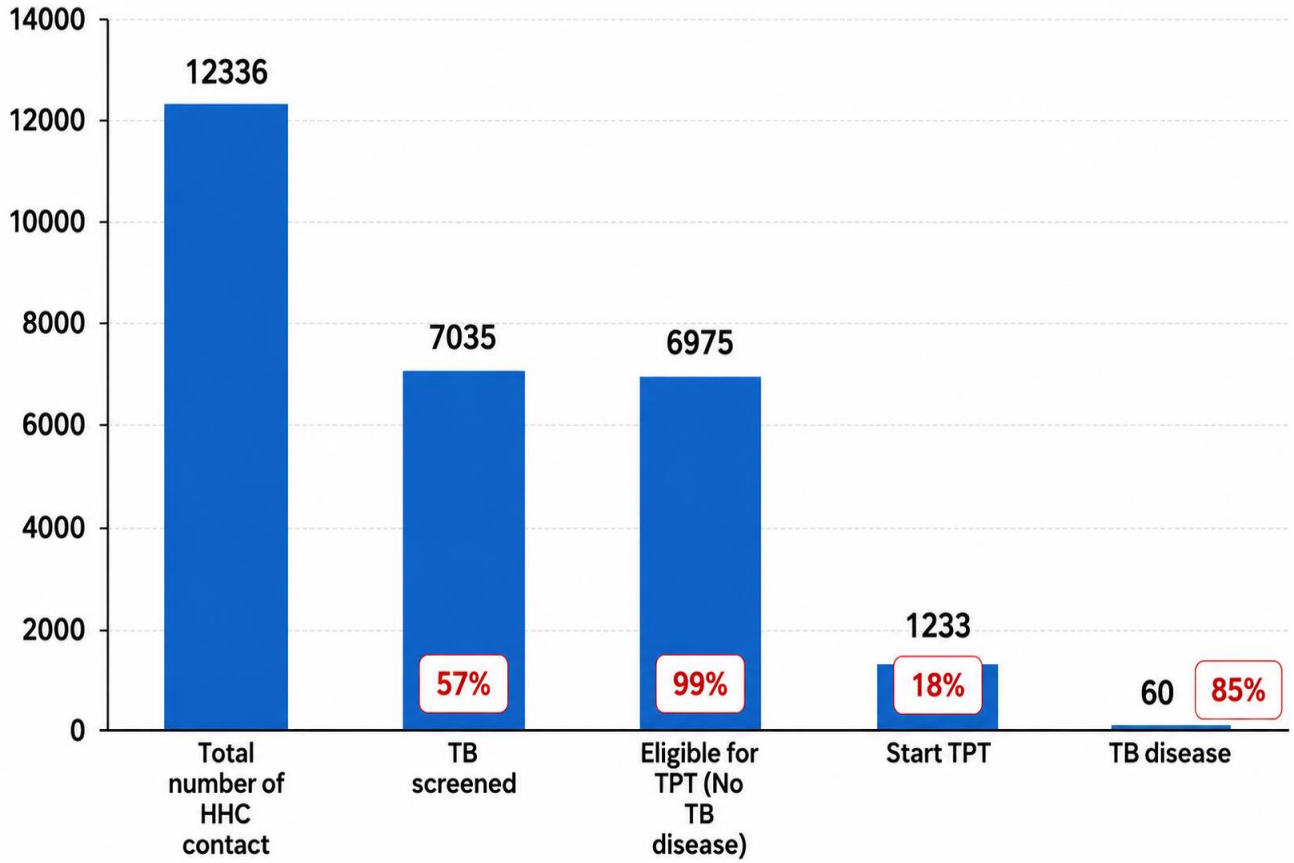


TB house hold contact (HHC) examination all ages in 2025

Number of HHC < 5 years



Number of HHC all ages



GC8 Investment Priority TRP pre shaping input 2027-2029

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Up to date progress and achievements

- 91% TB treatment coverage
- 90% treatment success
- 27% reduction in TB incidence rate 2015–2023
- 78% reduction in the total number of TB deaths 2015–2023
- 99% of those tested are with rapid diagnostics at time of diagnosis
- 88%% TB patients with known HIV status and 94% of coinfected patients on ART
- 100% rifampicin susceptibility testing among new and retreatment TB cases
- 88% treatment success among DSTB and 73% among DR TB
- DNO assessment leading to initiation of planning for iSRS

Top challenges (for impact, sustainability and transition)

- Lack of integration of the diagnostic network between TB and HIV for optimized use
- Low coverage of contact tracing at community and household level preventing detection of asymptomatic cases and those in remote areas
- Low coverage of TPT for eligible individuals
- Limited engagement of the community in TB response management
- Low analytical capacity for TB data use at all levels
- High household TB catastrophic costs at 63%

GC8 programmatic focus

TB diagnosis, treatment and care:

- Targeted TB Case finding especially through contact tracing in remote areas, prisons, and household contacts.

TB prevention:

- Support TPT scale up plan for household contacts of DS and DRTB patients, especially for contact children (<5yrs) and PLHIV.

Lao PDR GC8 programmatic focus: cross-cutting areas

Sustainability and transition :

- HANSA- Joint investment with World Bank project.
- Strengthen oversight for service delivery quality improvements with aim to sustainability
- Strengthen mechanisms for social contracting to ensure sustainability of CSO/CLO led service delivery

Health systems strengthening and integration:

- Integration of Village Malaria Workers into community health system as Village Health Workers
- Integrate people centered TB and HIV services at PHC, community and household levels under HANSA.
- Lab systems strengthening: rollout Implementation Status and Results project (iSRS) and integrated HIV and TB diagnosis services.
- malaria surveillance system integrated into the national surveillance system
- HMIS interoperability with LIS, connectivity solutions and analytical capacity building at all levels.

Community, rights and gender:

- Strengthen community engagement: CBOs and PLHIV networks for service provision, and peer-support for treatment adherence and stigma reduction and ensure equitable access to HIV prevention and care services at provincial and district level.

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TB priorities identified by Country dialogue for GC8 May 2026

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CSOs identified barriers to accessing TB services in remote areas, inadequate preventive measures among contacts, limited diagnostic support at community level, insufficient resources for health education, and delays in fund disbursement. The key recommendations included:

Active Case Finding

- Strengthen community-based screening, referral and contact tracing
- Enhance collaboration between provincial TB units and CSOs in high-burden areas.
- Empower trained community volunteers to collect sputum specimens and facilitate transportation.

Support for TB Patients

- Increase investment in community awareness and health education.
- Strengthen collaboration with village authorities and community leaders.
- Improve community support mechanisms to enhance outreach case finding, contact tracing, treatment adherence and reduce stigma.

TB/HIV Integration

- Expand integrated TB/HIV services at PHC and community level.
- Increase community education on TB and HIV prevention, testing, treatment, and adherence.
- Strengthen cooperation among health facilities, communities, and local authorities to improve continuity of care.

Investment Priority Request for GC8 2027-2029

TB Program Priorities for GC8 (1)

TB diagnosis, treatment and care:

- **Targeted TB Case finding** especially through contact tracing, in remote areas and in prisons.
- Increase the use of CXR (with or w/o CAD) for TB screening
- DHO to provide transport budget to health centres to collect and send TB specimens

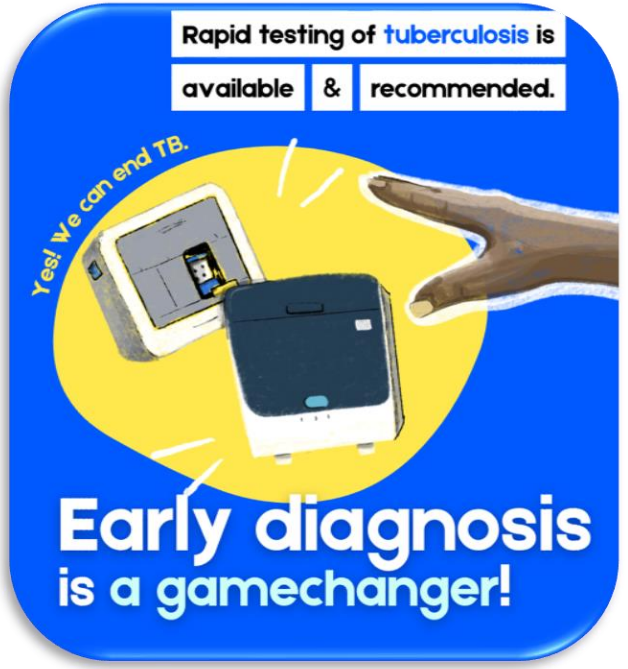
TB prevention:

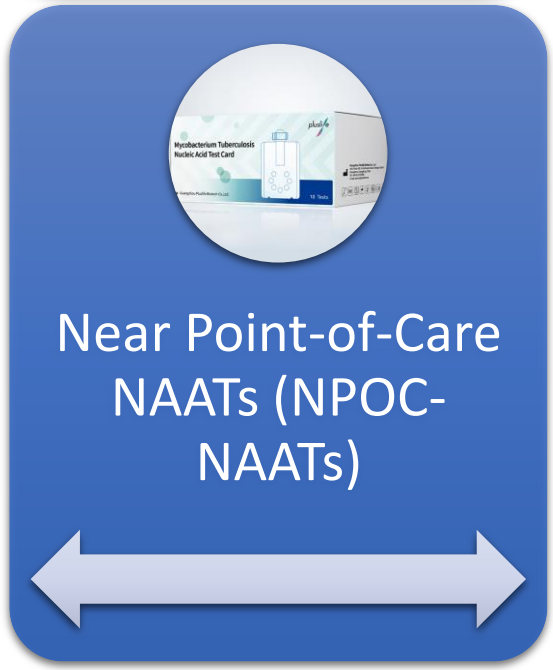
- Support TPT scale up plan for household contacts of DS and DR-TB patients, especially for **contact children (<5Y) and PLHIV.**
- Increase the use of CXR (with or w/o CAD) for TB screening
- Districts to support HCs staff to conduct HHC screening and start TPT
- Pilot Cy-TB testing among TB contact ≥5Y

TB Program Priorities for GC8 (2)

TB laboratory integration:

- GeneXpert machines maintenance.
- Piloting and progressive expansion of Near Point of Care molecular test at the district level and selected prisons to ensure same day treatment.
- Capacity building laboratory technician including TB lab (diagnosis, follow-up, DST, culture)





Investment Priority 1: TB diagnosis, treatment and care

Module/Intervention	2027	2028	2029	Total 3Y
TB Diagnosis, Treatment and Care	1,095,009	948,318	936,112	2,979,439
TB Screening and Diagnosis	843,717	779,807	749,912	2,373,436
TB treatment, care and support	251,292	168,511	186,199	606,003

(USD2.98M indicative budget for 3 years)

- **Description**: Targeted TB case finding with a focus on TB contact investigation and ACF in high burden population using chest X-ray +/- CAD and molecular diagnostic; prioritizing highest-burden areas and prisons through entry, periodic, and contact screening.
- **TB screening and diagnosis intervention**: GF would cover 50% rapid molecular diagnostics (Xpert tests) in Y1, 45% in Y2 and 40% in Y3; 60 nPOC MTB-NAAT units, maintenance of a number of GeneXpert platforms. Co-financing will procure 4,000 nPOC-NAAT tests in Y1, 8,000 in Y2 and 12,000 in Y3.
- HANSA 2 PBC budget would support: TB specimen transport/referral; M&E capacity on data use to prioritize interventions; Training province and district TB staff, health centres, VHVs, prison nurses on integrated patient centered TB services; On-line and on-site coaching to provinces and districts; Training on use of digital X-ray +/- CAD, GeneXpert and nPOC-NAAT.
- **TB treatment, care and support:** GF to procure 50% of the first line TB drugs in Y1, 45% in Y2 and 40% in Y3 and 100% second line TB drugs. HANSA 2 PBC would cover: Support the health centre level and TB patients on treatment; Training on TB stock management and finance for provincial and district levels.
- **Rationale:** Accelerate the reduction in TB incidence to reach the End TB/SDG 80% reduction target by 2030, through decentralized (health facility based and outreach) use of new tools (digital chest X-ray and molecular diagnostic). Aligned with GC8 Allocation letter and TRP: Targeted TB case finding to reach the unreached, with a focus on contact tracing among HHC, remote areas and prisons, using chest X-ray and CAD/AI.

Investment Priority 2: TB prevention

Module/Intervention	2027	2028	2029	Total 3Y
TB/DR-TB Prevention	599,160	616,153	671,711	1,887,024
Preventive treatment	92,184	78,757	88,688	259,629
Screening/testing for TB infection	506,977	537,395	583,023	1,627,395

(USD 1.89M indicative budget for 3 years including activities and health products)

- **Description:** Scale-up TB preventive treatment (TPT) scale-up plan prioritizing household contact (HHC) children under 5 and PLHIV of all ages with targeted capacity building for HHC persons uptake support and monitoring and evaluation.
- **Screening/testing for TB infection:** District and health centre staff visit TB patients home to screen all HHC for active TB, start TPT for eligible children <5 and other age groups; use chest X-ray screening (+/- CAD/AI) to rule out active TB; DTM and HC staff will conduct a follow-up visit on TB treatment and TPT completion; Training, piloting and scaling-up latent TB infection testing (TBST, CY-TB) in adults
- **Preventive treatment:** GF would procure 50% of the TPT drugs in Y1, 45% in Y2 and 40% in Y3 with shorter TPT regimens (3-RH in children and 3-HP for adult HHC and PLHIV.

Rationale: Increased TPT coverage can reduce the risk of moving from TB infection to TB disease, contributing to reduce TB incidence, mortality and catastrophic costs. Aligned with GC8 Allocation letter and TRP focus on contact tracing among household contact (HHC), remote areas and prisons, with targeted capacity building for communication support for uptake, and monitoring and evaluation.

Investment Priority 3: Drug-resistant (DR)-TB Diagnosis, Treatment and Care

Module/Intervention	2027	2028	2029	Total 3Y
DR-TB Diagnosis, Treatment and Care	84,387	92,696	94,994	272,077
DR-TB diagnosis/ drug susceptibility testing	2,794	3,713	3,713	10,219
DR-TB treatment, care and support	81,593	88,984	91,281	261,858

(USD 272K indicative budget for 3 years including activities and health products)

Description:

DR-TB diagnosis/ drug susceptibility testing (DST): GF input based would support the procurement of MDR/RR-TB molecular DST (Xpert XDR tests)

DR-TB treatment, care and support: Second Line Drugs (SLD) through GDF direct procurement (GF 100%, 6-9 month all oral regimens) Y1-Y3

Rationale: Maintaining phenotypic and molecular DST capacity is essential for proper treatment and follow-up of MDR/RR-TB patients and for surveillance of resistance of new second line TB drugs (e.g: Bedaquiline and Pretomanid), and contribute to AMR surveillance.

Investment Priority 4: Collaboration with Other Providers and Sectors

Module/ Intervention	Sum of Y1	Sum of Y2	Sum of Y3	Sum of Y1-3
Collaboration with Other Providers and Sectors	**100,000**	**100,000**	**100,000**	**300,000**
Community based TB/DR-TB Care	100,000	100,000	100,000	300,000
CHIAS	50,000	50,000	50,000	150,000
PEDA	50,000	50,000	50,000	150,000

(USD 300K indicative budget for 3 years)

Description:

Community based TB/DR-TB Care: HANSA2 budget would support CHIAS for implementing Integrated Community Outreach & Active Case Finding (ACF); Patient-Centered Support & Household Contact Management;

HANSA2 budget would support PEDA in conducting mobile TB education and community outreach including TB household visit, contact tracing, screening, sputum collection and referral in collaboration with HC and DTM for ensuring timely and universal access for TB prevention, care, treatment and adherence in vulnerable and marginalized groups.

Rationale: Investment in community based TB/DR-TB Care is essential to support local health centres in providing patient support to DS and DR-TB patients as well as for scaling-up TPT.

Investment Priority Request documents status

Document	Status
CCM Investment Priorities Request (IPR) Summary	Separate draft under development, to be merged with HIV and TB
Programmatic gap table (TB)	Being updated for TPT targets
Performance Framework	Being updated for TPT targets, to be merged with HIV and TB
Funding Landscape (TB)	Pending co-funding
Detailed budget (GC8 format)	Received and under development, to be merged with HIV and TB

Thank you