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

1. Visiting Sites

- Provincial Health Department;
- Provincial Hospital (TB Unit and POC Center)
- Houn District Health Office/Hospital
- Sibounheuang Health Center
- Navarng Health Center
- Pakbaeng District Health Office/Hospital
- Xayxana Health Center
- Singxay Health Center (Not visited due to poor road conditions; however, the activity report has been received)

2. 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. Director of Association for the Development and Promotion of Women's Leadership (ADPWL), OC and CCM
11. CCM Secretariat.

3. 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.

4. Implementation Results by Activity

- ❑ HIV/AIDS and STI Activities
- ❑ Tuberculosis (TB) Activities
- ❑ Malaria Activities

HIV/AIDS and STI Activities

Key Achievements

- **Guidance and Implementation:** Received good leadership and direction from the central level to the local levels regarding budget allocation and medical equipment supply. Staffs have been trained on performing duties according to their roles and focused on monitoring and treating patients using the "5 Good, 1 Satisfaction" principles.
- **Testing and Infection Statistics:**
  - Total HIV blood screenings conducted from 2021 to 2026 reached 18,097 cases, among whom cumulative infections and those currently receiving treatment totaled 347 cases, primarily within the average age group of 14–49 years.
  - STI screenings conducted in 2025–2026 totaled 26,796 cases (10,547 males, 16,249 females), with 644 STI cases detected.
  - Cumulative deaths from HIV infection totaled 3 cases.
- **Structure and Service Rooms:** Provincial and district levels can perform HIV and Syphilis blood testing, and there is 1 POC room for ART dispensing services at the provincial hospital capable of diagnosing HIV blood tests using 3 rapid tests (Determine, SD-Bioline, and STAT-PAK). GeneXpert testing machines are available at 2 service points (Provincial Hospital and Houn District Hospital).

Key Achievements (Conti.)

- Conducted outreach education and mobile blood testing for high-risk groups such as mining company and factories, finding that most infections were concentrated among female sex workers, married men, men who have sex with men (MSM), and foreign migrant workers.
- Established HIV/AIDS response units from the provincial down to the district level and utilized the DHIS2 system for data recording and reporting at provincial and district levels.
- **Houn District:** Conducted health education and counseling on HIV/AIDS and prevention methods every quarter. Equipped with a GeneXpert machine for testing and diagnosis, conducting 153 out-patient/women's disease screenings (4 positive) and 310 STI screenings (72 positive).

Key Achievements (Conti.)

- **Pakbeng District:**
  - **Achievements:** Conducted health checks for female sex workers twice (20 venues), with 367 voluntary screenings and 11 HIV-positive cases detected (all referred to treatment centers); conducted 255 STI screenings, detecting and treating 116 cases.
  - **2026 5-Months Performance:** Conducted health checks for Mekong hydropower dam construction workers 3 times, screening 352 people for HIV (1 positive); screened 116 out-patients for HIV at the district hospital (4 positive, all referred to treatment centers); screened 948 people for STIs (37 positive and treated); distributed 4,000 condoms.

Budget Received:

- **Provincial Level:** Received 185,833,991 LAK from HANSA2/GF and 62,994,000 LAK from the Government in 2025 (total 248,827,991 LAK); received 98,914,500 LAK from HANSA2/GF and 22,500,000 LAK from the Government in the first 6 months of 2026 (total 121,414,500 LAK).
- **Houn and Pakbeng Districts:** Received an annual budget of 1,400 USD each for HIV/AIDS and STI activities.

Tuberculosis (TB) Activities

Key Achievements

- Case finding of newly registered TB patients (new and relapsed cases) exceeded the target (107%), ensuring that $\ge 90\%$ of patients successfully complete treatment, alongside providing Preventive Therapy (TPT) to close contacts of Pb+ patients in 2026.
- The provincial hospital is equipped with a GeneXpert machine for faster and more accurate TB diagnosis. Most TB patients were screened for HIV and received free treatment, and children under 5 living in households with TB cases mostly received preventive therapy.
- Data entry into the DHIS2 system (TB Tracker) is conducted regularly, and responsible staff remain dedicated to continuous monitoring, screening, and treatment.
- **Screening Statistics:**
  - **2025:** Screened a total of 2,238 suspected TB cases, detecting 295 positive cases.
  - **First 5 months of 2026:** Screened a total of 828 suspected TB cases, detecting 115 positive cases.

Budget Received

- **Provincial Level:** Received 430,097,036 LAK from HANSA2/GF in 2025; received 251,608,494 LAK from HANSA2/GF and 10,500,000 LAK from the Government in the first 6 months of 2026 (total 262,108,494 LAK).

- **Houn District:** Carried forward and received 60,200,000 LAK in 2025, expended 30,140,000 LAK, leaving a balance of 32,060,000 LAK.

- **Pakbeng District:** Received a total of 34,154,028 LAK in 2025 (11,028 LAK remaining); received a total of 17,183,000 LAK in 2026 (4,080,000 LAK remaining).

Malaria Activities

Key Achievements

- Received close guidance, leadership, and budget/equipment support from higher levels and international organizations; staff demonstrated high dedication; local authorities and residents provided strong cooperation and increased utilization of health services.
- Implemented the 1-3-7 strategy for case investigation and response alongside the accelerated malaria elimination strategy, maintaining a vector control network among high-risk target groups and monitoring to prevent malaria re-introduction.
- **Houn District:** Screened 227 blood samples and 101 dengue/malaria blood samples at the hospital, with zero positive results.
- **Pakbeng District:** Screened 392 suspected malaria cases (in the first 5 months of 2026) with zero positive results.

Budget Received

- **Provincial Level:** Received 374,024,000 LAK from the RAI4E project in 2025; received 300,046,000 LAK from the RAI4E project in the first 6 months of 2026.
- **Houn District:** Received 26,199,000 LAK in 2026.
- **Pakbeng District:** Budget amount received was not reported.

5. Challenges

- **Budget and Field Operations:** Insufficient budget for community care and support activities, reducing stigma and discrimination, and limited funding for tracing HIV and TB cases as well as health education.
- **Personnel:** High staff rotation, shortage of personnel, multi-tasking burdens, and limited IT literacy leading to delayed reporting.
- **Services and Supplies:** Inadequate HIV rapid diagnostic tests (RDTs) for high-risk groups, cramped and crowded service facilities, lack of laboratory rooms, and the HIV response service network has not yet expanded down to health center levels.

5. Challenges (Conti.)

- **Community and Target Groups:**
  - Certain residents and high-risk groups (such as young people migrating for work elsewhere, mobile migrants, hidden sex workers, MSM, and foreign nationals in Pakbeng District) show low cooperation in blood testing and data collection.
  - Residents in some villages lack cooperation with appointments, staying overnight at farms or field huts, and trivializing personal health maintenance, especially regarding tuberculosis.
  - Stigma and discrimination against people living with HIV and TB persist at service delivery points, within families, communities, and society.
  - TB responsible staff at health centers show insufficient engagement (less sample submissions), low voluntary screening uptake, delayed diagnosis and sample transportation, and lack of sputum suction devices and health education equipment.
  - Certain community groups neglect the 5-P principle for dengue prevention, and some health centers fail to enter data effectively due to lack of internet signals.

6. Local Proposals

General and Budget/Equipment Recommendations:

- Request increased budgets for field activities across all programs and urge holding dedicated annual meetings for HIV/AIDS, STI, and TB programs at least 1–2 times per year.
- Request new computers and printers to replace obsolete/broken equipment, internet connections for TB wards and select health centers, and disinfection lamps.
- Request health education equipment (speakers, microphones, posters, leaflets, flipcharts, and LCD projectors for screening educational videos/short dramas).
- Request 1 motorcycle per district for disease control fieldwork, 1 TB treatment ward building, and improvements/extensions to POC facilities.
- Request permanent government staff quotas for volunteer workers and additional personnel.
- Request central and provincial levels to conduct supportive field monitoring visits to districts and health centers at least 2–3 times per year.

6. Local Proposals (Conti.)

HIV/AIDS-Specific Proposals

- Request training funds, HIV rapid test kits (RDTs) for localized testing at grassroots/health center levels (especially ANC and delivery points).
- Request enhanced outreach education and mobile testing in high-risk areas alongside decentralized drug dispensing to prevent patients from being lost to follow-up.
- Request training on care and management of complications, ART prescription, Viral Load (VL) and CD4 testing, and utilization of the VLAO program and DHIS2 data entry.
- Request essential medical supplies, specifically delivery kits and minor surgery sets.
- **Raised questions:** Regarding foreign nationals infected with HIV, should they receive ARV treatment at treatment centers within Laos or what guidance should be provided? Also request central authorities to disseminate laws/regulations compelling business operators and infected individuals to prevent further transmission.

6. Local Proposals (Conti.)

Tuberculosis-Specific Proposals

- Request central authorities to deploy active case finding (ACF) missions for suspected TB cases directly to individual health centers.
- Request central or provincial levels to instruct districts to facilitate health centers by ensuring immediate disbursement of transportation allowances whenever sample specimens are submitted.

Malaria-Specific Proposals:

- Request central levels to supply nets and insecticide-treated nets (ITNs) for distribution to resource-poor and vulnerable households locally.

6. Recommendations from the OFV Team:

Coordination and Planning:

- Request provincial and district levels to draft clear budgetary plans for donor proposal submissions.
- Request enhanced integration of the three disease programs and joint monitoring schedules, focusing on achievable indicators to secure QPS funding.
- Request leadership to emphasize technical safety protocols during service delivery to prevent occupational infections among medical staff.
- Request provincial, district, and health center levels to strengthen close and regular coordination to ensure full implementation success according to plans.

Thanks