Investment Priority Request for TB in Global Fund Grant Cycle 8 for 2027-2029

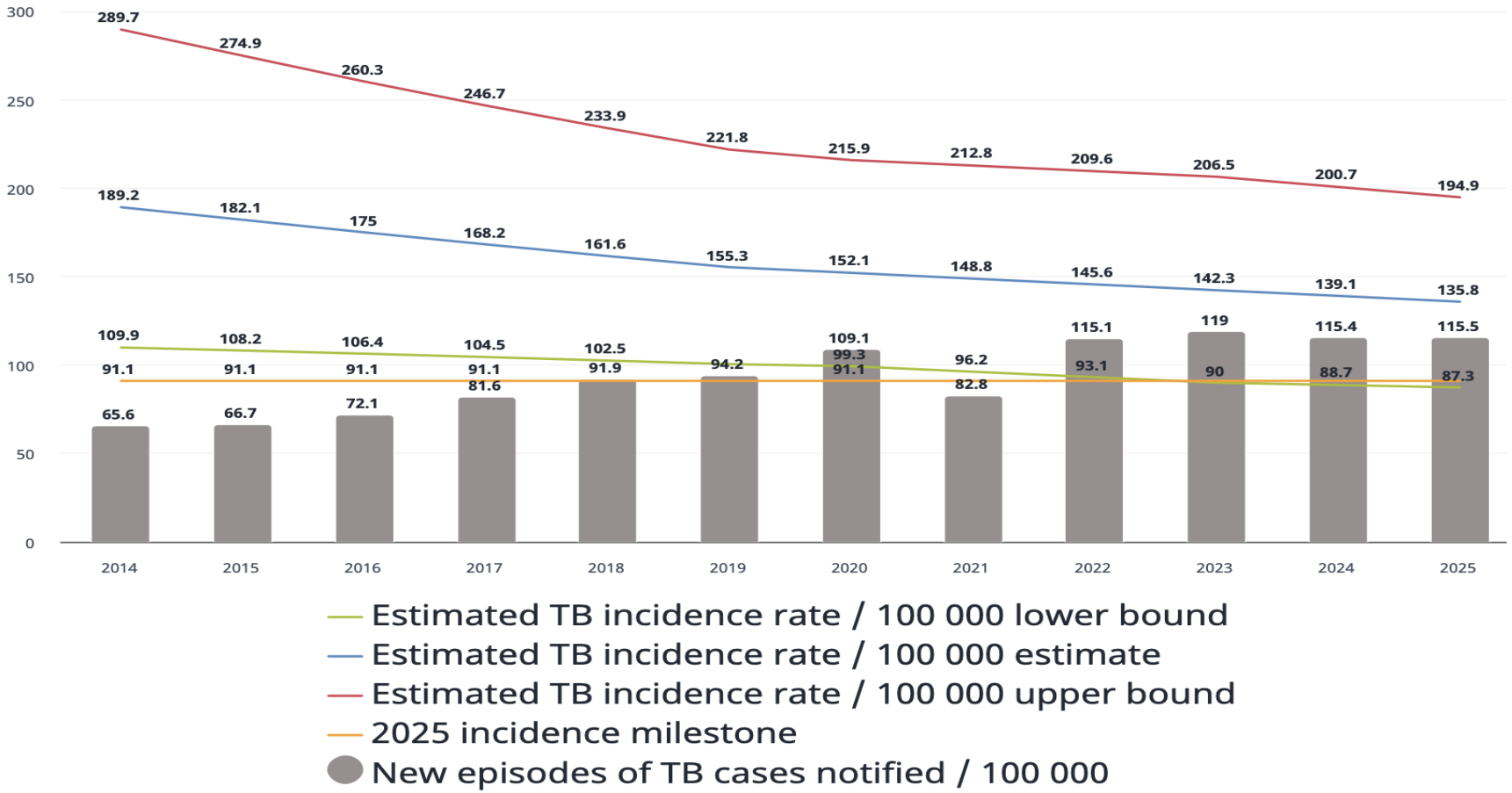
National Tuberculosis Control Center (NTC)

TB context for GC8 investment

Epidemiology (1)

TB incidence rate in Lao PDR declined from 182 per 100,000 population in 2015 to 136 per 100,000 in 2025, achieving 25% reduction, far from the 50% reduction End TB milestone.

TB incidence rate



Source: WHO Lao PDR TB profile, July 2026

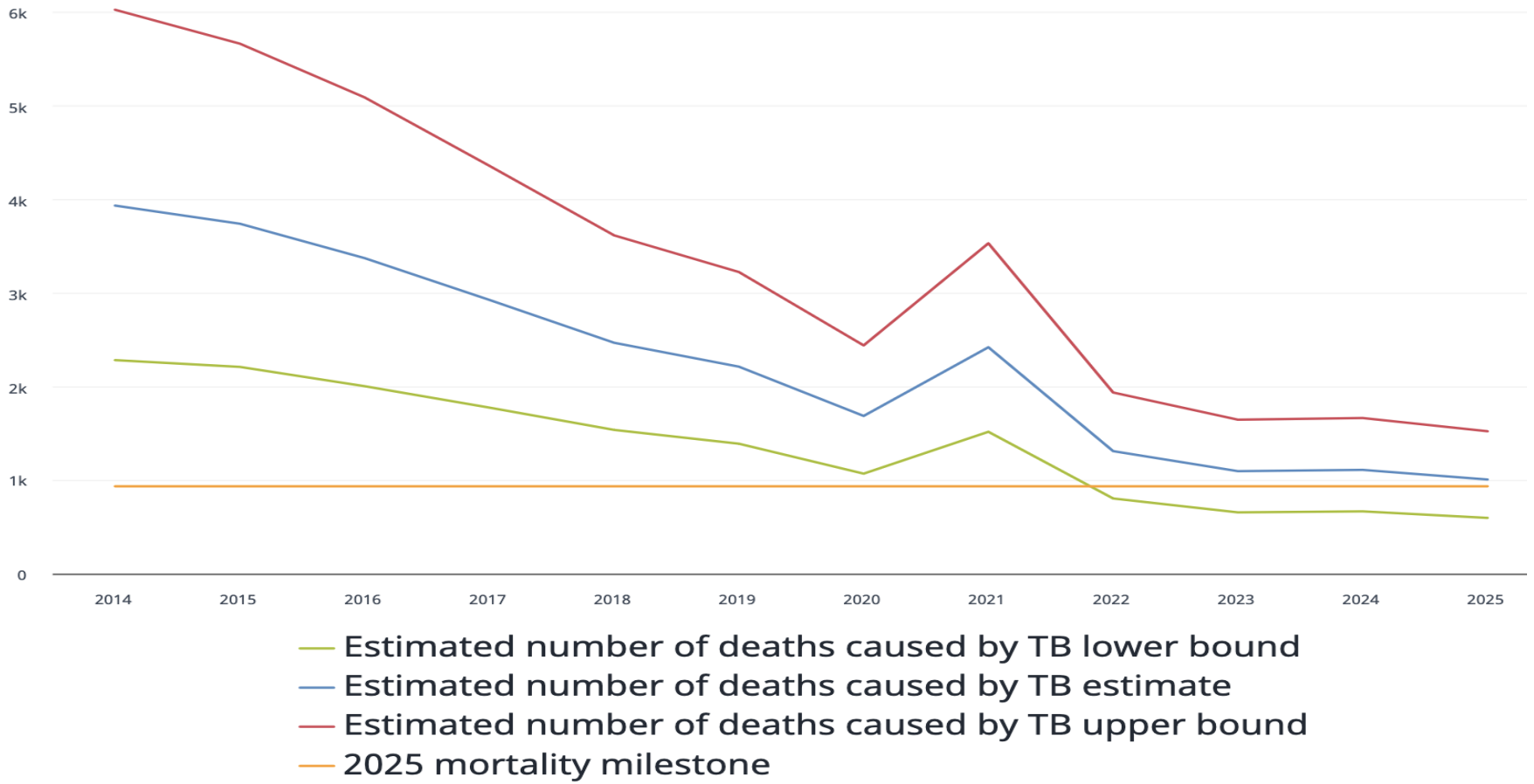
WHO has released higher TB burden estimates with slower yearly reduction in 2020-2025

TB context for GC8 investment

Epidemiology (2)

The decrease in the estimated number of deaths caused by TB, 1004 deaths in 2025, was close to the End TB 75% mortality reduction milestone

Estimated number of deaths caused by TB



Source: WHO Lao PDR draft TB country profile, July 2026

TB context for GC8 investment

❖ TB programmatic progress

- Lao PDR Ministry of Health has established the National TB program in primary health care in 1995, covering all 18 provinces and 148 districts, and over 1000 health centres since 2005
- 9,091 (117 per 100,000) new episodes of TB notified in 2025, reach 86% TB treatment coverage of the WHO TB incidence estimate and achieve the HANSA2 PBC 7.1 TB notification target.
- 20% of all TB case were notified in Vientiane Capital City, 25.5% in five provinces in the North (Bokeo, Louangnamtha, Louangprabang, Oudomxai, Xayabouly), 14% in central provinces (Vientiane Province, Bolikhamxai, Xiengkhouang, Khammouan) and 40.5% in Southern provinces (Savannakhet, Salavan, Sekong, Champasak, Attapeu).
- The number of TB household contact children under 5 starting TB preventive treatment (TPT) reached 53% (759/1,436) of HANSA2 PBC 7.2 TPT target in 2024 and 62% (1,064/1708) in 2025 due to initial low implementation capacity at district level and no funding of health centres staff for conducting TB patients home visits for contact examination and TPT.

TB context for GC8 investment

❖ Increased GC8 targets

- GC8 investment will accelerate the reduction of TB incidence through increasing TB treatment coverage and TB preventive treatment uptake.
- HANSA2 TB notification targets will increase from 8,569 TB cases all forms in 2026 (GC7) to 9336 in 2027, 9391 in 2028 and 9345 in 2029, while the number of TB household contact persons of all age (HHC) starting TPT will increase from 3,000 in 2026 to 5474 in 2027, 6912 in 2028 and 8276 in 2029.
- TB program activities to reach TPT targets:
- Training of health centre staff and and VHW/VHV at district level on HHC screening and TPT initiation and follow-up
- District and health centre will conduct 1000 home visits per quarter for TB screening of household contact, referral to TB diagnosis and treatment and TPT for eligible HHC.
- Joint monitoring with central and province level to review evidence based (TB tracker) local TPT uptake, data quality, and to adapt support to districts based on actual challenges and needs.

Tuberculosis Targets in GC8

1. TB Case detection targets and assumptions

Year	population	Estimated incidence of all TB cases	Estim. Incidence rate (WHO July 2026 updates for 2025)	Nb. Bact+ PTB (SSM and/or Xpert) new and relapse	Clinical PTB	Extra Pulm	All new TB cases and relapse
2025	7,800,000	10,592	135.8	5,030	3,647	414	9,091
2026	7,900,000	10,428	132	5,135	3,595	442	9,172
2027	**8,000,000**	**10,265**	**128.3**	**5,228**	**3,659**	**450**	**9,336**
2028	**8,100,000**	**10,102**	**124.7**	**5,258**	**3,681**	**452**	**9,391**
2029	**8,200,000**	**9,941**	**121.2**	**5,233**	**3,663**	**450**	**9,345**
2030	8,300,000	9,780	117.8	5,202	3,641	447	9,291

Tuberculosis Targets in GC8

2. TPT targets and assumptions

Year	All index TB cases (new and relapse)	**Bacteriologically confirmed (BC) index TB cases**	Total HHC of BC index	U5 HHC (BC index) eligible for TPT	U5 HHC (BC index) TPT coverage	U5 HHC (BC index) start TPT	≥5Y HHC (BC index) eligible	≥5Y HHC (BC index) coverage	≥5 HHC (BC index)start TPT	**HHC (BC index) all age start TPT**	**Clinically diagnosed Index TB cases (CD)**	Total HHC of CD index	U5 HHC (CD index) eligible	U5 HHC (CD index) TPT coverage	U5 HHC (CD index) start TPT	≥5Y HHC (CD index) eligible	≥5Y HHC (CD index) coverage	≥5 HHC (CD index) start TPT	**HHC (CD index) all age start TPT**
2025	9,091	5,030	17,103	2648	0.6	1589	5621	0	0	1142	4,061	13,807							
2026	9,172	5,135	17,460	2703	0.7	1892	5739	0.144	826	2187	4,036	13,723							
2027	**9,336**	**5,228**	**17,774**	**1979**	**0.7**	**1385**	**7604**	**0.7**	**4089**	**5474**	**4,109**	**13,970**	**1555**	**0**	**0**	**4592**	**0**	**0**	**0**
2028	**9,391**	**5,258**	**17,878**	**1990**	**0.8**	**1592**	**7649**	**0.8**	**4701**	**6293**	**4,133**	**14,052**	**1564**	**0.1**	**156**	**4619**	**0.1**	**462**	**618**
2029	**9,345**	**5,233**	**17,791**	**1980**	**0.9**	**1782**	**7612**	**0.9**	**5263**	**7045**	**4,113**	**13,984**	**1557**	**0.2**	**311**	**4596**	**0.2**	**919**	**1231**
2030	9,291	5,202	17,686	1969	0.9	1772	7567	0.9	5232	7004	4,089	13,901	1547	0.25	387	4569	0.25	1142	1529

Year	**Total HHC <5 start TPT**	**Total HHC ≥5 start TPT**	**Total HHC start TPT**
2027	**1385**	**4089**	**5474**
2028	**1748**	**5163**	**6911**
2029	**2094**	**6182**	**8276**
2030	2159	6374	8533

Newly diagnosed enrolled PLHIV eligible for TPT	Programmatic Target for Coverage	**Target for newly diagnosed+enrolled PLHIV start TPT**
1860	**0.95**	**1767**
1723	**0.95**	**1637**
1550	**0.95**	**1473**
1463	0.95	1390

CSOs targets and sites selection

CSOs	Target sites	Estimated TB notification			Targeted for TB cases (BC+)			To reach HHC of TB case			Eligible of HHC for TPT			TPT coverage		
		2027	2028	2029	2027	2028	2029	2027	2028	2029	2027	2028	2029	2027	2028	2029
CHIAs	5 districts in Salavan	575	578	576	200	200	200	700	700	700	350	350	350	315	315	315
PEDA	10 districts in Vientiane province	593	597	594	200	200	200	700	700	700	350	350	350	315	315	315

Investment Priority 6:
TB diagnosis, treatment and care

THE GLOBAL FUND

Priorities Form
CCM Investment Priorities Request

Grant Cycle 8

Description: Address the too slow reduction in TB incidence and estimated lower TB treatment coverage (86% in 2025, WHO TB country profile 2026) through targeted TB case finding using chest X-ray and CAD screening and 100% molecular diagnostic with focus on TB contact investigation and TB screening in high TB prevalence population and prisons for early TB detection and treatment and care for all patients.

TB screening and diagnosis:

- Interventions will strengthen patient centred **screening and diagnosis including point of care TB molecular testing at district level and provincial capacity to conduct outreach case finding in high TB burden areas and in prisons, to reduce diagnostic turnaround time and promote same day TB treatment.**
- Global Fund input based would support the procurement of molecular diagnostics (Xpert) 50% in Y1, 40% in Y2 and 30% in Y3; set-up of 80 TB NPOC-NAAT units and 6,000 tests in first year, 100% rapid molecular DST of drug-resistant TB (Xpert XDR) and 3-year maintenance for 10 GeneXpert platforms in TB/HIV laboratories.
- HANSA2 pooled funding would support TB specimen transportation, outreach active case finding (ACF), integrated training on TB screening, chest X-ray +/- CAD, diagnosis and referral, and contact investigation; laboratory training on GeneXpert and TB POC-NAAT and integrated lung diseases course for physicians.
- Co-financing will cover TB diagnostics (GeneXpert 50% in Y1, 60% in Y2 and 70% in Y3 and TB POC-NAAT tests 8,000 in year 2 and 12,000 in year 3), and additional ACF.

Investment Priority 6:
TB diagnosis, treatment and care

TB treatment, care and support:
Global Fund input based is expected to support 50% of the TB first line and TPT medicines in first year, 40% in year 2 and 30% in year 3 and 100% of shorter all oral treatment of drug-resistant TB (BPaL/M), while HANSA2 would support the living support of patients with drug resistant tuberculosis, TB treatment monitoring and support activities by civil society organizations (CSOs) and training of provincial and district levels on health products management.

Rationale:
TB incidence reduction remains too slow to reach the End TB milestones and targets. Revised 2020-2025 revised TB estimates (WHO draft TB profile 2026) require to increase TB detection targets and increase investment in TB tests and drugs to close the larger gap of missed TB cases. This investment is aligned with the GC8 Allocation letter and TRP pre-shaping guidance to reach the unreached, focusing TB case finding on contact tracing in remote areas, prisons and household contacts, using sensitive and cost-efficient algorithms and tools, chest X-ray and CAD/AI, cost saving diagnostics (TB NPOC-NAAT) and shorter all oral treatment of drug-resistant TB treatment (BPaL/M). Decentralised case finding with rapid treatment start will contribute to equitable access to TB services, and combined with TPT uptake, to reduce TB incidence faster.

Indicative GC8 budget for 3 years including activities and health products: USD 3,431,195

Investment Priority 7: TB/DR-TB Prevention

Description:
Scale-up TB preventive treatment (TPT) among household contact (HHC) of TB patients and PLHIV of all ages with targeted capacity building of primary health care (district, health centres and community) for HHC support and monitoring and evaluation.

Screening/testing for TB infection:
District and health centre staff will conduct home visits to screen household contact persons for TB, refer TB presumptive persons for diagnosis, start and follow-up TPT among eligible persons. TB program will pilot and scale up latent TB infection testing with MTB specific skin test (TBST, CY-TB) and will continue real time monitoring of TPT uptake in TB tracker DHIS2.

Preventive treatment:
GF would procure 50% of the TPT drugs in year 1, 40% in year 2 and 30% in year 3, using shorter TPT regimens (3-RH in children and 3-HP for adult HHC and PLHIV).

Rationale:
Increasing TPT coverage is expected to reduce the risk of moving from latent TB infection to TB disease, and to contribute to reduce TB incidence. This priority is aligned with GC8 Allocation letter and TRP focus on contact tracing with focus on household contact (HHC) in remote areas and prisons, with targeted capacity building for community support, monitoring and evaluation.

Indicative GC8 budget for 3 years including activities and health products: USD 1,671,072

Investment Priority 8: Collaboration with other providers and sectors

Description:
Community based TB/DR-TB Care: HANSA2 budget would support TB and TB/HIV Integrated interventions in close collaboration with district health offices and health centres for strengthening TB prevention and care in vulnerable and marginalized groups in 5 districts of Salavan province (CHIAS) and 10 districts of Vientiane Province (PEDA). Community outreach activities will focus on conducting mobile TB education, identification of TB presumptive, TB specimen collection and referral, and linkage to integrated care of diagnosed TB and TB/HIV patients, home visits for patients' support, screening and uptake of TPT among eligible household contact (HHC) and mobilization of the population to participate in outreach active case finding (ACF) camps at village or health centre level.

Rationale:
Community based interventions will collaborate with districts and health centres in providing support to DS and DR-TB patients and scaling-up TPT, in line with the Allocation Letter orientation towards increasingly relying on community-based service delivery.

Indicative GC8 budget for 3 years: US 300,000

GC8 Budget Allocation, 2027-2029

1. Grant Name: Grant Cycle 8
2. Implementation Timeline: Jan 2027 - Dec 2029
3. Location: 18 Provinces (Nation wide)
4. Total Budget HIV/TB: 20,122,585 USD
   - Global Fund 11,594,718 USD
   - Co-Financing 8,527,867 USD
5. Budget allocated for TB: 10,711,732 USD
   - Global Fund 6,332,299 USD
   - Co-Financing 4,379,433 USD
6. Budget allocated for HIV: 9,410,853 USD
   - Global Fund 5,262,419 USD
   - Co-Financing 4,148,434 USD

Global Fund Budget by TB Module-Intervention for GC8, 2027-2029				
Module-Intervention	**Budget Y1, 2027 (USD)**	**Budget Y2, 2028 (USD)**	**Budget Y3, 2029 (USD)**	**Total of Budget (USD)**
Collaboration with Other Providers and Sectors	99,836	99,893	100,272	300,000
Drug-resistant (DR)-TB Diagnosis, Treatment and Care	80,472	84,061	81,528	246,061
Key and Vulnerable Populations (KVP) – TB/DR-TB	118,047	124,605	124,605	367,256
Program Management	258,843	334,296	336,892	930,032
RSSH/PP: Laboratory Systems	115,500	-	-	115,500
TB Diagnosis, Treatment and Care	1,134,383	818,598	724,261	2,677,241
TB/DR-TB Prevention	537,740	559,700	573,632	1,671,072
TB/HIV	8,379	8,379	8,379	25,137
Grand Total:	**2,353,200**	**2,029,531**	**1,949,568**	**6,332,299**

Complementary funding

- The Global Fund allocation for TB (US$ 6,332,299) would include input-based funding for procurement of TB health products (diagnostic tests and medicines) and pooled funding in HANSA2 project to support targeted case finding including home visits for contact examination and referral, active case finding in vulnerable population, patients' support and community-based interventions conducted by CSOs.
- Domestic co-funding will contribute up to US$ 4,379,433 for TB activities in 2027-2029 with increasing share of 50% of procurement of health products in year 1, 60% in year 2 and 70% in year 3.
- TB investment priorities and interventions will benefit from the wider scope of HANSA2 components in strengthening primary health care. The HANSA2 component 1 QPS funding will particularly continue to strengthen the health centre capacity to implement and report TB detection and treatment as well as contact tracing and TB preventive treatment at local level.

Co-Financing Budget by TB Module-Intervention for GC8, 2027-2029				
Module-Intervention	**Budget Y1, 2027 (USD)**	**Budget Y2, 2028 (USD)**	**Budget Y3, 2029 (USD)**	**Total of Budget (USD)**
Drug-resistant (DR)-TB Diagnosis, Treatment and Care	7,432	16,532	19,806	43,770
Key and Vulnerable Populations (KVP) – TB/DR-TB	120,427	133,543	133,543	387,513
Program Management	6,140	13,538	6,140	25,817
RSSH/PP: Laboratory Systems	462,000	-	-	462,000
TB Diagnosis, Treatment and Care	1,104,328	1,004,226	988,980	3,097,534
TB/DR-TB Prevention	90,165	105,676	136,117	331,957
TB/HIV	10,281	10,281	10,281	30,843
Grand Total:	**1,800,772**	**1,283,796**	**1,294,866**	**4,379,433**

TB Procurement Allocated for GC8

Product category	2027 Budget (in USD)		2028 Budget (in USD)		2029 Budget (in USD)		Total	
	Co-Funding	Global Fund	Co-Funding	Global Fund	Co-Funding	Global Fund	Co-Funding	Global Fund
TPT medicines + PSM 19.5% (GF 50% Y1, 40%Y2, 30% Y3)	90,165	90,165	105,676	70,450	136,117	58,336	331,957	218,951
TB - FLD + PSM 19.5% (GF 50% Y1, 40%Y2, 30% Y3)	282,899	282,899	253,762	169,175	290,182	124,364	826,844	576,438
TB - SLD + PSM 19.5% (100% GF Y1,Y2, Y3)	7,432	7,432	16,532	11,021	19,806	8,488	43,770	26,941
TB molecular tests (Xpert + nPOC NAT) + PSM 19.5% (GF 50% Y1, 40%Y2, 30% Y3)	338,018	338,018	346,830	200,773	416,635	151,248	1,101,483	690,038
TB molecular equipment nPOC NAT + PSM 19.5% (GF 100%)	-	64,817	38,438	-	17,125	-	55,563	64,817
Other equipment (x-rays, Gene Xpert, Lead protection, Fridges, Autoclave, Centrifuge) + PSM	262,686	-	200,258	-	85,625	-	548,569	-
Lab reagents & consumables (local) GOL 100%	45,000	-	45,000	-	45,000	-	135,000	-
Lab (GeneXpert) maintenance, 3Y (GoL 80%, GF 20% in Y1) (HIV:10Units, TB:40Units)	462,000	115,500	-	-	-	-	462,000	115,500
Total:	**1,488,200**	**898,831**	**1,006,496**	**451,419**	**1,010,490**	**342,436**	**3,505,186**	**1,692,685**

Thank You Very Much