HIV Funding Request for Grant Cycle 8 (2027-2029)

2nd CCM Plenary Meeting

Centre for HIV/AIDS and STIs

Ministry of Health

Lao People's Democratic Republic

21st August 2026

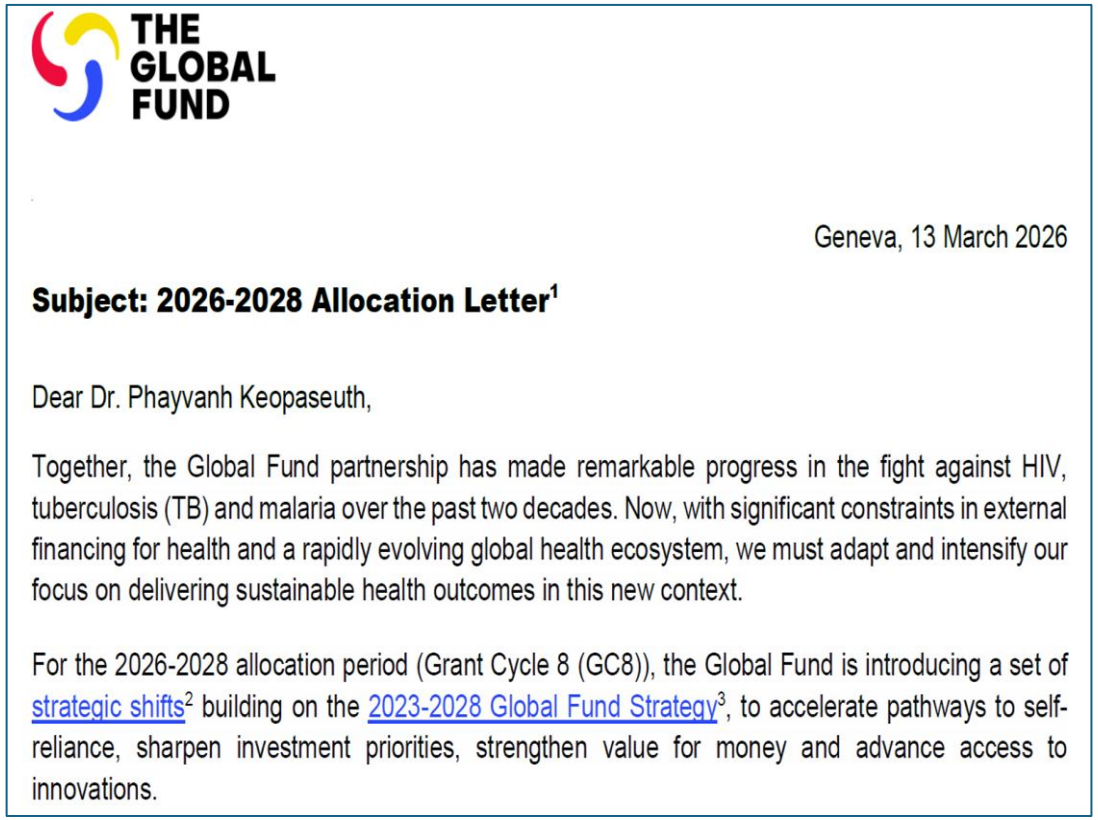
Outline of presentation

- GC8 Allocation Letter and Processes of Funding Request
- Burden and Current Coverage (2025)
- HIV Key Priorities in GC8
- Provincial Prioritization and Targets
- GC8 Budget allocation for HIV
- Government co-financing
- Next Step

GC8 Allocation Letter

- **The GF allocation, Lao PDR has been allocated up to US$11,594,718 for HIV, TB and building resilient and sustainable systems for health (RSSH).**

- The allocation is determined primarily by disease burden and income classification. Lao PDR is classified as a lower lower-middle-income country.



THE GLOBAL FUND

Geneva, 13 March 2026

Subject: 2026-2028 Allocation Letter[1]

Dear Dr. Phayvanh Keopaseuth,

Together, the Global Fund partnership has made remarkable progress in the fight against HIV, tuberculosis (TB) and malaria over the past two decades. Now, with significant constraints in external financing for health and a rapidly evolving global health ecosystem, we must adapt and intensify our focus on delivering sustainable health outcomes in this new context.

For the 2026-2028 allocation period (Grant Cycle 8 (GC8)), the Global Fund is introducing a set of strategic shifts[2] building on the 2023-2028 Global Fund Strategy[3], to accelerate pathways to self-reliance, sharpen investment priorities, strengthen value for money and advance access to innovations.

Summary of allocation

Eligible disease component	Allocation up to US$	Allocation Utilization Period
HIV	5,262,419	1 January 2027 to 31 December 2029
Tuberculosis	6,332,299	1 January 2027 to 31 December 2029
Total	11,594,718	

Application Package for CCM Investment Priorities Request

CCM Investment Priorities Form*

CCM Endorsement

CCM Statement of Compliance

Evidence of Realization of GC7 Co-financing Commitments

Performance Framework

Budget

Co-financing Commitment Letter

Focused Funding Landscape Table

*A2F will share this template with CT to send to CCM – will not be published on the GF website.

Processes to develop key documents for GC8 Grant Submission

STEP	Key processes to develop GC8 funding request	Time	Progress
1	Recieved GF allocation letter	March 2026	Done
2	Request TAs from UNAIDS and FEI	April 2026	Done
3	TB and HIV country dialogue – complete on May 22,	May 2026	Done
4	Series of technical consultation with CSO partners and stakeholders	Jun-July 2026	Done
5	Meeting to consolidate all key documents before submission to GF FPM	31 July 2026	Done
6	Document submission to GF FPM for initial review and feedback	3 August 2026	Done
7	Mandatory CCM documents (uploaded alongside the grant package): - PR nomination - completed - CCM endorsement – August 21, 2026 incorporating with 2nd CCM plenary meeting - CCM statement of compliance - August 21, 2026 incorporating with 2nd CCM plenary meeting - - Evidence of GC7 co-financing realization – Already report GoL actual expenditures for 2024-2025, and 2026 budget approval	Aug – Sep 2026	

Burden and Current Coverage (2025)

Province	Estimated PLHIV	MSM			FSW		
		Coverage (%)	Testing (%)	HIV positive	Coverage (%)	Testing (%)	HIV positive
01 Vientiane Capital	9,656	42.84%	100%	6%	113%	100%	0.48%
02 Phongsaly	133	0.00%	0%	NA	8%	100%	0.00%
03 Luangnamtha	276	0.37%	100%	D	66%	100%	3.31%
04 Oudomxai	442	1.29%	100%	D	38%	100%	4.55%
05 Bokeo	509	0.00%	0%	NA	26%	100%	2.44%
06 Luangprabang	1,486	64.24%	100%	2%	61%	100%	2.30%
07 Houaphanh	317	0.00%	0%	NA	0%	100%	0.00%
08 Xayabouly	769	53.30%	100%	1%	0%	0%	0.00%
09 Xiangkhouang	449	0.00%	0%	0%	38%	100%	0.34%
10 Vientiane	1,987	59.30%	100%	1%	111%	100%	0.37%
11 Bolikhamxai	858	48.78%	100%	1%	0%	0%	0.00%
12 Khammouan	914	60.36%	100%	2%	95%	100%	0.60%
13 Savannakhet	2,243	24.72%	100%	4%	103%	100%	0.34%
14 Salavan	424	0.29%	0%	D	17%	100%	1.55%
15 Sekong	207	0.00%	0%	0%	55%	143%	1.09%
16 Champasak	1,670	36.77%	100%	5%	96%	100%	0.23%
17 Attapu	191	0.37%	100%	D	18%	100%	0.00%
18 Xaisomboun	89	0.00%	0%	0%	0%	0%	0.00%
Total	22,618	37.13%	100%	4%	73%	100%	0.75%

D- Small testing denominators; can not be interpreted
NA- Not Applicable

GC8 Investment Priority: HIV (1/2)

Investment Priority	Strategic Focus	Key Interventions
HIV Prevention	Reduce new HIV infections among key and vulnerable populations	• **Strengthen peer-led, community-based and digital outreach to reach key populations,** including hidden populations, through hotspot mapping, microplanning **and a composite service delivery model** in 11 HP/MHP priority provinces; Vientiane Capital separate interventions for MSM/TG and FSW. • **Expand access to comprehensive combination prevention services,** including condoms promotion and PrEP.
Differentiated HIV Testing	Improve early diagnosis and linkage to prevention and treatment	• **Strengthen community-based outreach, HIV self-testing, index testing and social network testing.** • **Expand HIV/syphilis dual testing and strengthen referral,** confirmatory testing and rapid linkage to ART and prevention services.

GC8 Investment Priority: HIV (2/2)

Investment Priority	Strategic Focus	Key Interventions
HIV Treatment, Care & Support	Improve treatment outcomes and strengthen EMTCT	• **Expand decentralized and differentiated ART service delivery** through strengthening of POC sites and fortified referral systems, peer navigation and psychosocial support. • **Improve paediatric and adolescent HIV care,** management of advanced HIV disease and co-infections/comorbities, adherence support and family-centered care with a focus on sustained viral suppression and improved outcomes. • **Ensure immediate ART initiation and retention in care** for pregnant women living with HIV, scale up postnatal infant prophylaxis, early infant diagnosis and prompt linkage of HIV-positive infants to treatment.
TB/HIV Integration	Reduce TB morbidity and mortality among PLHIV	• **Conduct routine TB screening among PLHIV and key populations,** strengthen referral for TB diagnosis, expand TB preventive treatment (TPT) • **Improve collaboration between TB and HIV programmes** through community follow-up and adherence support.
Programme Management	Strengthen health systems and programme performance	• **Strengthen peer-led interventions through sustaining HR costs and boosting peer-led efforts** through performance-based incentivization ensuring achievement of targets and ultimately programmatic goals. • **Enhance monitoring and evaluation, routine data quality assessment** (RDQA), digital health information systems and periodic programme reviews to support actions.

Provincial Prioritization

Priority	Province	Implementing partner	Model for Key Population Interventions
Very High/High-Priority (HP) Provinces *(n = 8)*	• Vientiane Capital	CHIAs	Separate MSM/TG model
		PCCA through APDWL	Separate FSW model
	• Oudomxai • Luangprabang • Savannakhet • Champasak	CHIAs	Composite Model
	• Luangnamtha • Vientiane Province • Khammouan	PEDA	Composite Model
Medium-high Priority (MHP) Provinces *(n = 5)*	• Xayaburi	PEDA	Composite Model
	• Xiangkhouang • Bolikhamxai • Saravane	PCCA	Composite Model
	• Bokeo	Not included in GC8 – through Shape Laos	[redacted]

***Note*: Care, Support and Treatment Services for PLHIV will be implemented through APL+ in 15 provinces**

Performance Framework

Coverage Indicators	2027	2028	2029
Percentage of sex workers that have received an HIV test and know their results during the reporting period in KP-specific programs	85%	90%	95%
Percentage of MSM/TG that have received an HIV test and know their results during the reporting period in KP-specific programs	75%	85%	95%
Percentage of people on ART among all people living with HIV at the end of the reporting period	71%	77%	83%
Percentage of PLHIV and on ART with viral load test result	98%	99%	99%
Number of people who received any PrEP product at least once during the reporting period	1528	1660	1787
Percentage of people living with HIV newly initiated on ART who were screened for TB	100%	100%	100%
Percentage of people newly enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period	95% of eligible	95% of eligible	95% of eligible
Percentage of pregnant women who know their HIV status	75%	90%	95%
Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	60%	65%	70%

Targets - Key Populations Coverage

	MSM/TG Targets (based on Scenario 2: 60% GC8 coverage in EPIC provinces and 100% coverage in other provinces + 100% TG coverage)			FSW Targets		
Provinces	**2027**	**2028**	**2029**	**2027**	**2028**	**2029**
01 PHO Vientiane. C	6669	7656	8661	3892	4175	4461
03 PHO Luangnamtha	462	530	600	579	621	663
04 PHO Oudomxay	739	847	959	548	589	629
06 PHO Luangprabang	2099	2410	2727	843	905	967
10 PHO Vientiane. P	2411	2768	3131	1783	1913	2043
12 PHO Khammuane	1363	1564	1770	1111	1192	1274
13 PHO Savannakhet	2604	2990	3383	1803	1933	2066
16 PHO Champasack	2166	2486	2813	1083	1161	1241
Total	**18513**	**21252**	**24043**	**11642**	**12488**	**13345**
Medium-High Priority Provinces						
05 PHO Bokeo	**Not covered under GC8**					
08 PHO Xayabury	1415	1625	1839	570	610	653
09 PHO Xiengkhuang	693	796	901	607	651	695
11 PHO Borikhamxay	878	1007	1140	354	380	406
14 PHO Saravane	592	679	769	587	630	673
Total	**3578**	**4107**	**4648**	**2118**	**2271**	**2426**
Total GC8 Targets	**22091**	**25359**	**28692**	**13761**	**14758**	**15771**

Implementation Plan for Community-based Interventions under GC8

CSO	Year	MSM/TG	FSW
PEDA	2027	5651	4043
	2028	6488	4335
	2029	7340	4633
CHIAs	2027	14277	4277
	2028	16390	4587
	2029	18542	4903
ADPWL*	2027	[redacted]	3892
	2028	[redacted]	4175
	2029	[redacted]	4461
PCCA	2027	2163	1549
	2028	2482	1661
	2029	2809	1774

CSO	MSM/TG COS/PE	FSW COS/PE	Total
PEDA	9	5	14
CHIAS	19	5	24
ADPWL**	[redacted]	4	4
PCCA	[redacted]	[redacted]	[redacted]
Total	**28**	**14**	**42**

Note: 41 PE for care, support and treatment interventions for PLHIV

**ADPWL will cover Vientiane Capital under PCCA for FSW only.*

***Only for Vientiane Capital*

Performance–Based Incentive for achievement of KP targets:

- 1 USD per PrEP initiation
- 5 USD for linkage of HIV reactive persons to ART/POC sites

PrEP Targets

	2027	2028	2029	Total
KP	970	1102	1229	3301
Negative partner of newly diagnosed PLHIV	558	558	558	1674
Total PrEP Targets	1528	1660	1787	4975

CSO	MSM			TG			FSW			Total		
	2027	2028	2029	2027	2028	2029	2027	2028	2029	2027	2028	2029
PEDA	180	207	232	21	25	28	55	58	62	256	290	322
CHIAS	429	494	557	79	90	102	56	61	66	564	645	725
ADPWL							52	56	60	52	56	60
PCCA	69	79	89	8	10	10	21	22	23	98	111	122

GC8 Budget allocation for HIV – 5,262,419$

Implementers	Y1 (2027)	Y2 (2028)	Y3 (2029)	TOTAL (3 years)	Percentage (%)
CHAS	426,114	426,114	426,114	1,278,342	24.29%
PHO/DHO	179,600	185,600	191,600	556,800	10.58%
PEDA	86,000	86,000	86,000	258,000	4.90%
CHIAs	128,034	128,034	128,034	384,102	7.30%
APL plus	50,000	50,000	50,000	150,000	2.85%
APDWL	15,000	15,000	15,000	45,000	0.86%
HP Procurement	785,622.00	731,492.94	626,060.00	2,143,175	40.73%
TA budget (WHO+UNAIDS)	186,000	186,000	75,000	447,000	8.49%
Total budget (USD)	1,856,370	1,808,241	1,597,808	5,262,419	100.00%

HP procurement plan for HIV (2027-2029)

Product category	2027 (in USD)		2028 (in USD)		2029 (in USD)		Total - 3 years (in USD)	
	GoL	Global Fund	GoL	Global Fund	GoL	Global Fund	GoL	Global Fund
PrEP	18,226.50	18,226.50	24,156.00	16,104.00	30,746.10	13,176.90	73,128.60	47,507.40
ARVs	227,267.66	340,901.49	432,370.40	399,111.14	572,123.37	321,819.39	1,231,761.43	1,061,832.02
HIV RDTs	129,858.95	72,784.29	-	101,316.34	141,462.44	96,504.25	271,321.39	270,604.87
VL, EID cartridges	-	309,045.34	170,714.40	170,714.40	222,875.04	148,583.36	393,589.44	628,343.10
OI medicines	110,258.22	-	120,684.04	-	132,152.45	-	363,094.71	-
CD4 equipment & tests	46,667.71	-	53,815.10	-	53,907.50	-	154,390.32	-
Lab reagents & consumables	12,100.00	-	12,100.00	-	12,100.00	-	36,300.00	-
Freight and insurance costs (PSM cost 20%)	49,098.83	113,641.69	91,305.28	$117,156.93	120,573.89	98,523.06	260,978.01	329,321.69
TOTAL	593,477.88	854,599.31	905,145.23	804,402.81	1,285,940.79	678,606.97	2,784,563.90	2,337,609.08
Proportion	**41%**	**59%**	**53%**	**47%**	**65%**	**35%**	**54%**	**46%**

Key points for reference:

- **PrEP, ARVs, and HIV RDTs:** GF will finance 50% in Year 1, reducing to 40% in Year 2, and 30% in Year 3.
- **HIV Self-Testing (HIVST):** Initial plan for 100% under GF→ Community consultation/ country dialogue highlighted need for operationalization of HIV/Syphilis Dual RDT → updated proposal for procurement of HIVST 50% and 50% for HIV/SYP dual test for targeted KPs under GF
- **HIV Viral Load (VL) and EID Tests:** To mitigate operational risks and ensure an uninterrupted supply, proposal to allocate 100% budget of Year 1 (2027) under GF → GF contribution 50% for Year 2 and 40% for Year 3.

GC8 Priorities/Modules/Procurement	TOTAL 3 years	Percentage
HIV prevention (HIVST+ oral PrEP)	765,953	15%
HIV testing (HIV RDT)	339,733	6%
HIV treatment and care (ARV+VL/EID)	2,552,825	49%
TB/HIV integration	29,400	1%
Program management (+TAs)	1,574,508	30%
TOTAL	**5,262,419**	**100%**

Government co-financing for GC8 – HIV component

GoL co-financing	2026	2027	2028	2029
HIV prevention	71,040	119,000	151,170	148,250
EMTCT	9,961	53,780	75000	56,882
Differentiated HIV testing	176,254	159,545	146,179	191,460
HIV treatment and care	545,613	746,753	597,419	976,200
TB/HIV services	11,496	30,000	21,450	17,120
Program management	216,895	351,342	152,120	153,250
TOTAL	1,021,927	1,468,420	1,143,338	1,543,162

Timeline and key documents for GC8 Grant Submission

	The tasks to complete for GC8 submission:	Time	Progress
1	Propose CCM email to GF to confirm for extension Program split deadline	May 2026	Done
2	TB and HIV country dialogue – complete on May 22,	May 2026	Done
3	Performance Framework - Prepared by National programs	27 July 2026	Done
4	Programmatic Gaps table - Prepared by National programs	29 July 2026	Done
5	Two pages of CCM Investment Priorities Summary - Prepared by National programs	29 July 2026	Done
6	Detailed Budget and Focused Funding Landscape Table" - Prepared by National programs	30 July 2026	Done
7	GC8 Co-financing commitment letter – Prepared by PR/CCM and national programs	30 July 2026	Done
8	Meeting to consolidate all key documents before submission to Stefan (GF FPM)	31 July 2026	Done
9	Document submission to GF FPM for initial review and feedback	3 August 2026	Done
10	Mandatory CCM documents (uploaded alongside the grant package): - PR nomination - completed - CCM endorsement – August 21, 2026 incorporating with 2nd CCM plenary meeting - CCM statement of compliance - August 21, 2026 incorporating with 2nd CCM plenary meeting - - Evidence of GC7 co-financing realization – Already report GoL actual expenditures for 2024-2025, and 2026 budget approval	August – Sep 2026	

Thank you for your attention