ລາຍງານຄວາມຄືບໜ້າການຈັດຕັ້ງປະຕິບັດໂຄງການທັນສາ 2 ປີ 2026 ພາຍໃຕ້ PBC 6

ໂຄງການ ເຂົ້າເຖິງການບໍລິການສຸຂະພາບ ແລະ ໂພຊະນາການ (ຂ-ບສພ) ໄລຍະ 2

ວັນທີ 21 ສິງຫາ 2026

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

THE WORLD BANK
IBRD • IDA | WORLD BANK GROUP

Australian Government
Department of Foreign Affairs and Trade

Gavi
The Vaccine Alliance

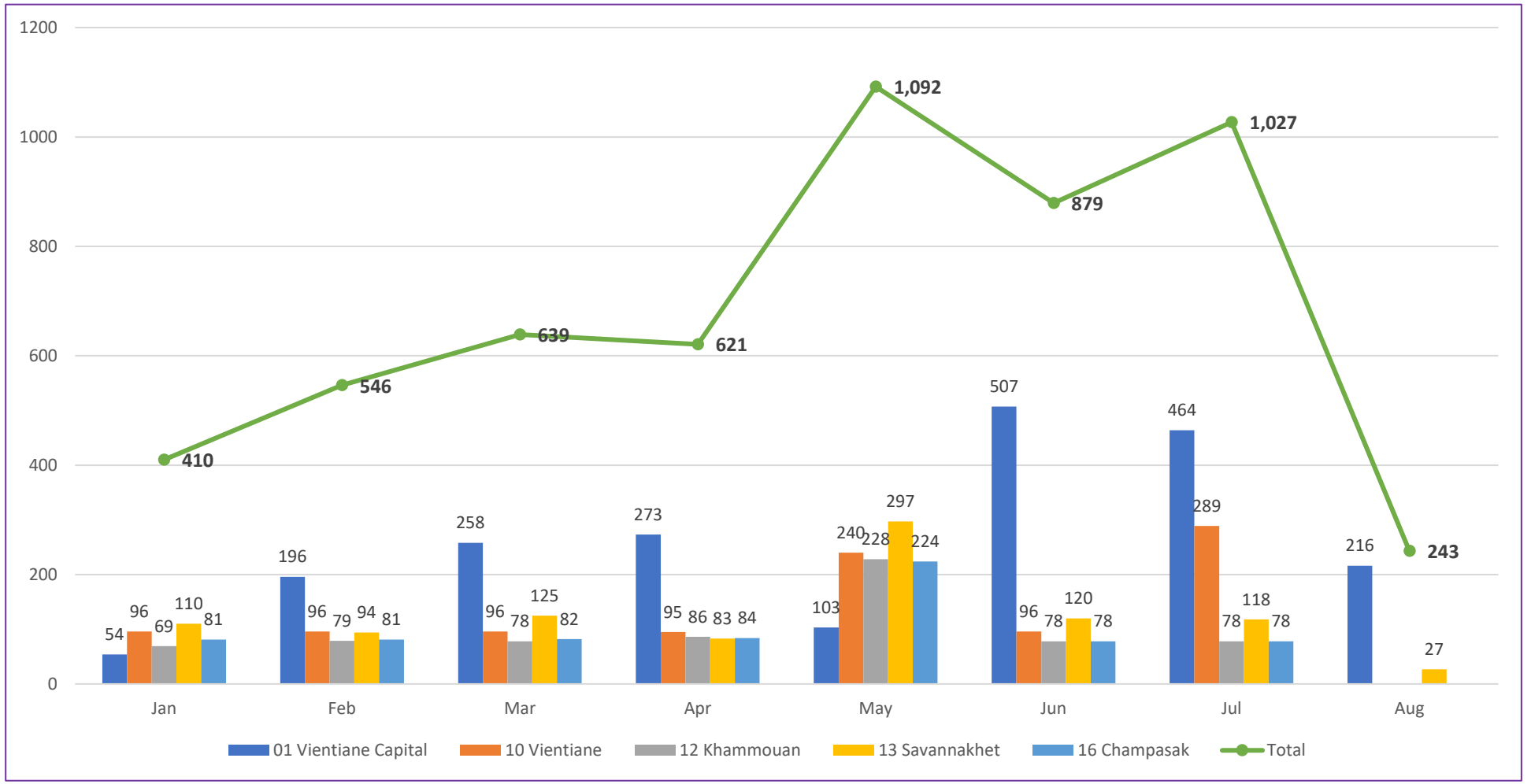
ຜົນການຈັດຕັ້ງປະຕິບັດ
HIV PBC 6

HIV PBC 6 Year 3 (2026)

No.	Conditions of HIV PBC 6	Target 2026			(%)		
		Y1 2024	Y2 2025	Y3 2026	Y1 2024	Y2 2025	Y3 2026
6.1	Percentage of FSW (5 target sites) that have received an HIV test during the reporting period and know their results	9,476	9,711	9,939	93%	94%	95%
6.2	Percentage of MSM/TG (5 target sites) that have received an HIV test during the reporting period and know their results	4,435	5,521	6,708	57%	70%	84%
6.3	Percentage of PLHIV on ART at the end of the reporting period	11,979	12,934	13,967	64%	66%	69%
6.4	Number of MSM/TG who received any PrEP product at least once during the reporting period	1,100	1,300	1,500	NA	NA	NA
6.5	Percentage of PLHIV on ART with a viral load test result at least once during the reporting period	1,610	12,232	13,627	89%	95%	98%

PBC 6.1: FSW tested @ 5 provinces target (20.Aug.26)

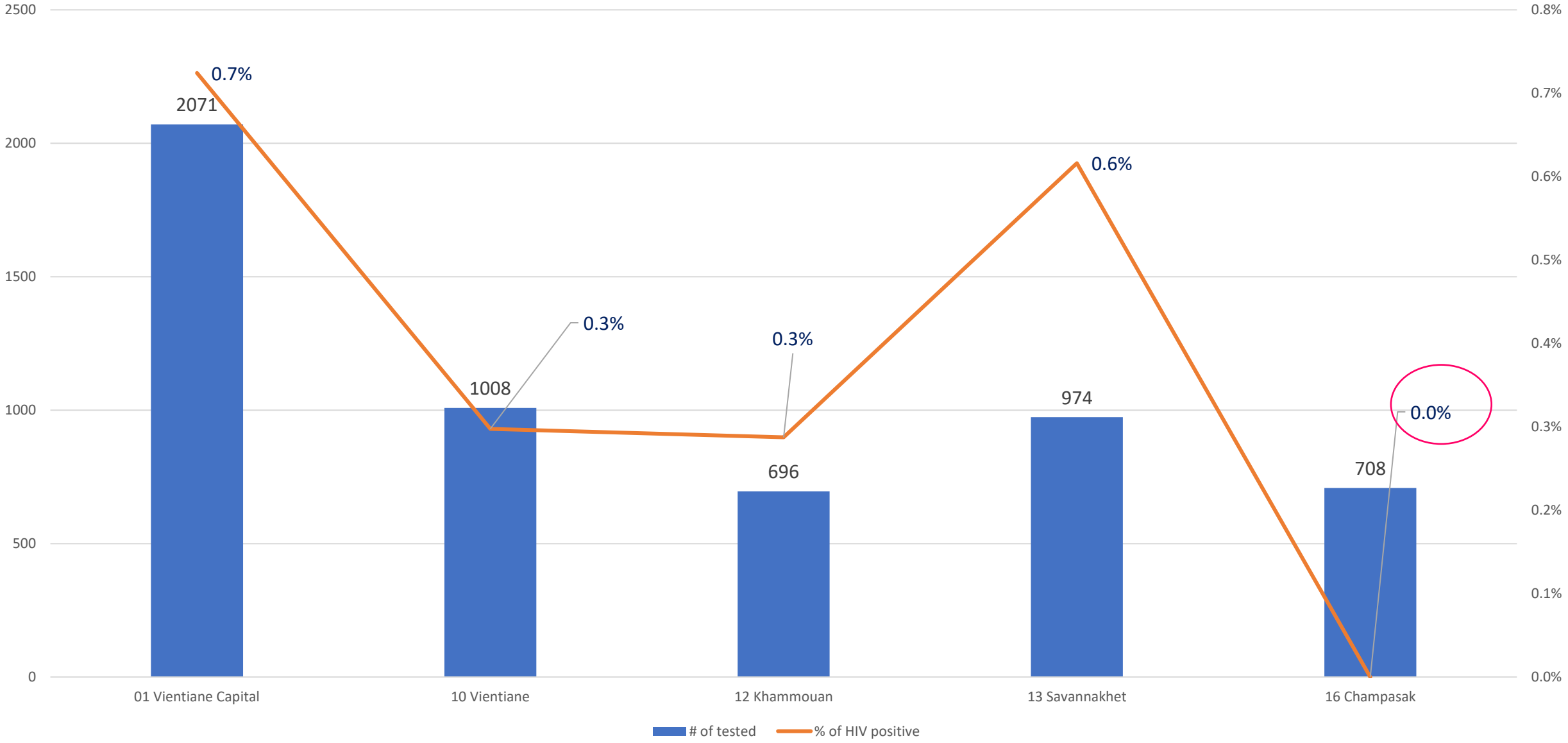
Target	Actual	Progress	HIV +	Refer to ART
9,939 (95%)	5,457 (52%)	**55%**	26 (0.48%)	25 (96%)



ຜົນການຈັດຕັ້ງ:

- ມີຄວາມສ່ຽງທີ່ຈະບໍ່ບັນລຸ (ຍັງ 45%)
- ງົບປະມານ 50% ຖືກໂອນເຂົ້າໃນເດືອນ 04/2026
- ຍັງມີຄວາມທ້າທາຍໃນການເຂົ້າເຖິງກຸ່ມສາວແອບແຝງ/ລີ້ຊ່ອນ

PBC 6.1: % FSW HIV(+) in 5 provinces (20.Aug.26)

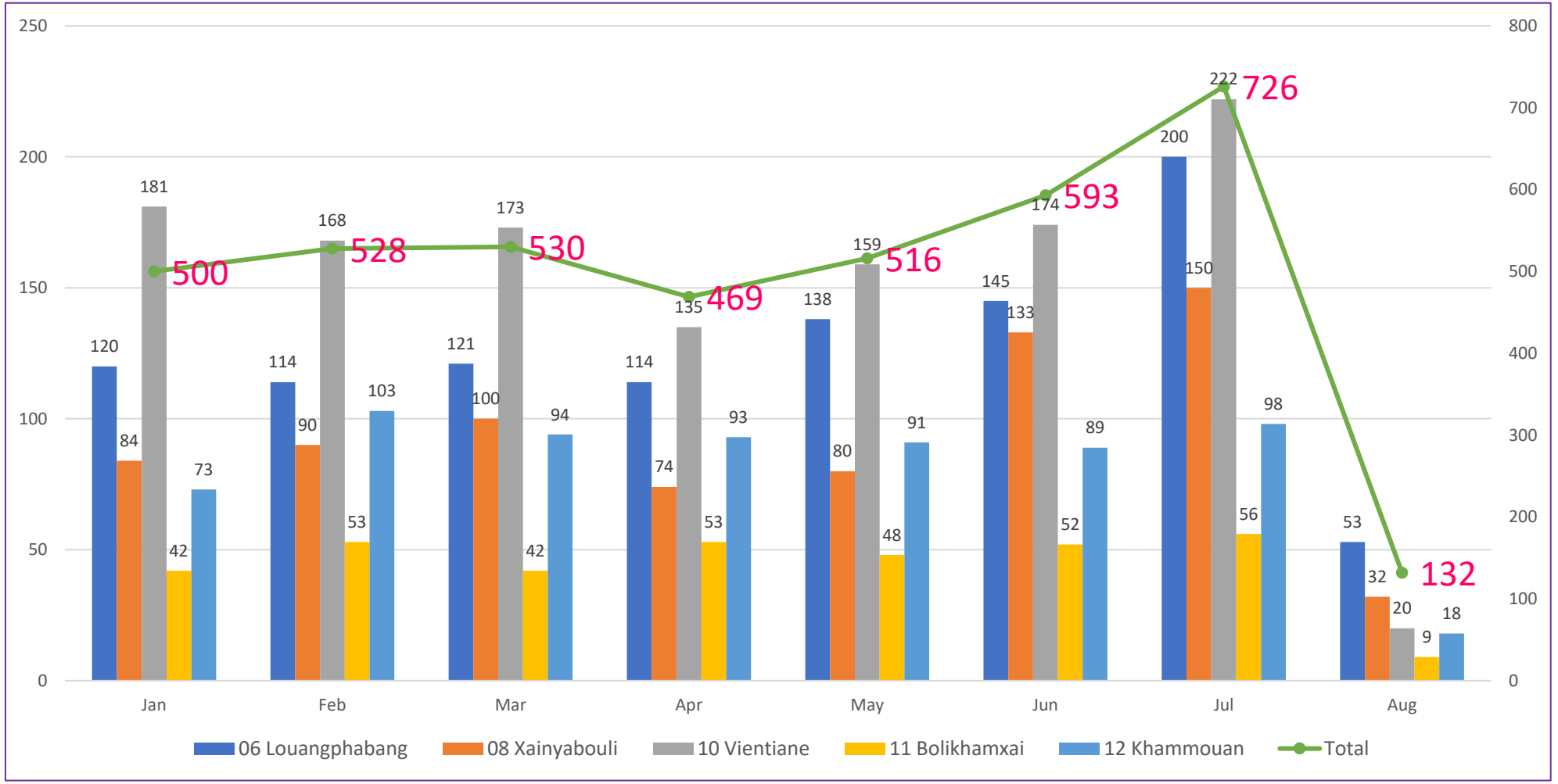


PBC 6.1: ພື້ນທີ່ເຄື່ອນໄຫວ ກິດຈະກຳໃນກຸ່ມ FSW

No.	VTC	VTP	KM	SVK	CPS
1	0101 Chanthabouli	1001 Phonhong	12 PH Khammouan	1301 Kaysone Phomvihane	1601 Pakxe
2	0102 Sikhottabong	1002 Thoulakhom	1202 Mahaxai	1302 Outhoumphon	1603 Bachiangchaleunsouk
3	0103 Xaisettha	1004 Kasi	1203 Nongbok	1304 Phin	1605 Pathoumphon
4	0104 Sisattanak	1005 Vangviang	1204 Hinboun	1305 Xepon	1606 Phonthong
5	0105 Naxaythong	1009 Viangkham	1205 Nyommalat	1308 Songkhon	1607 Champasak
6	0106 Xaithani	1010 Hinheup		1309 Champhon	1602 Xanasomboun
7	0107 Hatxayfong	1006 Fuang		1314 Xaiphouthong	
8	0108 Sangthong	1007 Xanakham			
9	0109 Pakngum	1003 Keo-oudom			

PBC 6.2: MSM/TG tested in 5 provinces target (20.Aug.26)

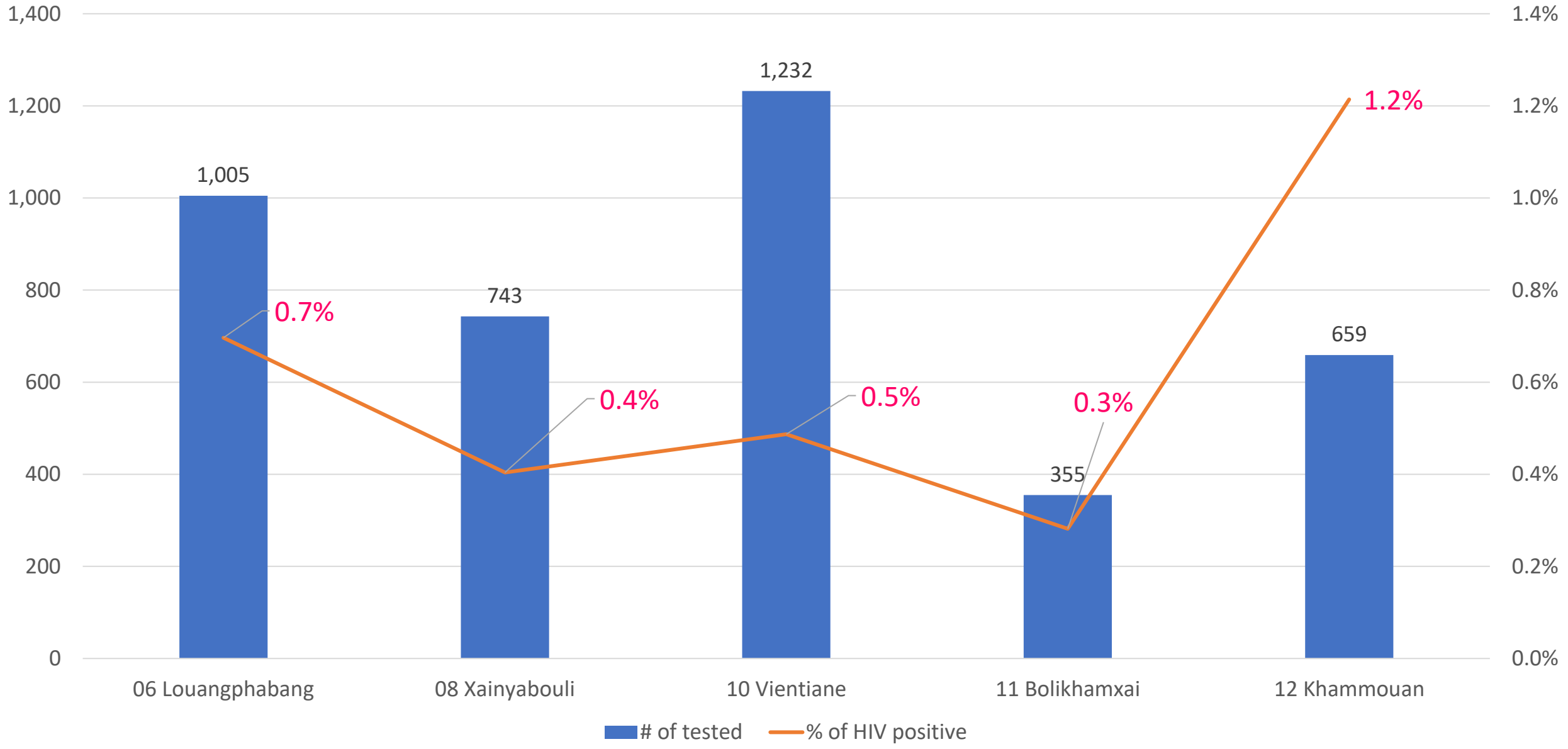
Target	Actual	Progress	HIV POS	Refer
6,708 (84%)	3,994 (50%)	**60%**	25 (0.6%)	25 (100%)



ຜົນການຈັດຕັ້ງ:

- ມີຄວາມສ່ຽງທີ່ຈະບໍ່ບັນລຸ **(ຍັງ 40%)**
- ງົບປະມານ 50% ຖືກໂອນເຂົ້າໃນເດືອນ **04/2026**
- ຍັງມີຄວາມທ້າທາຍໃນການເຂົ້າເຖິງກຸ່ມສ່ຽງສູງ

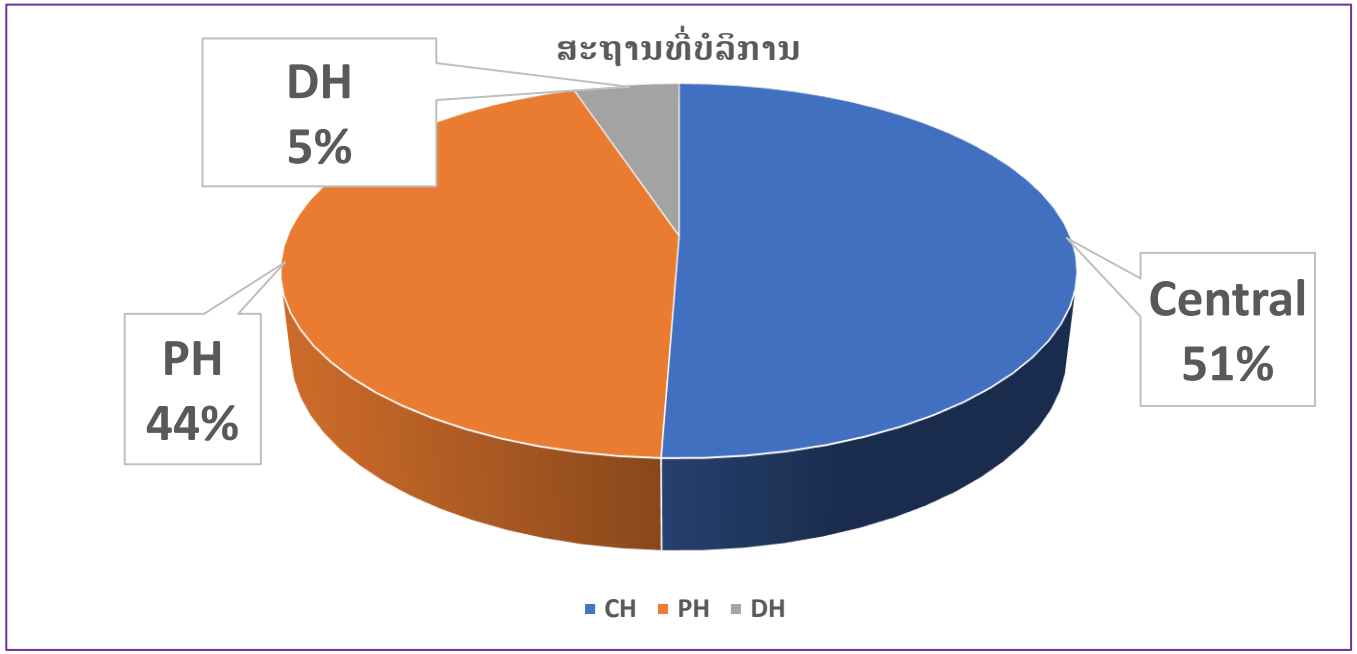
PBC 6.2: % HIV POS MSM/TG @ 5 provinces (20.Aug.26)



PBC 6.2: ພື້ນທີ່ເຄື່ອນໄຫວກິດຈະກຳໃນກຸ່ມ MSM/TG

No.	LPB	SY	VTP	BKX	KM
1	0601 Louangphabang	08 PH Xainyabouli	1001 Phonhong	11 PH Bolikhamxai	12 PH Khammouan
2	0602 Xiangngeun	0803 Hongsa	1002 Thoulakhom	1101 Pakxan	1202 Mahaxai
3	0605 Nambak	0806 Phiang	1003 Keo-oudom	1102 Thaphabat	1203 Nongbok
4	0609 Chomphet	0807 Paklay	1005 Vangviang	1103 Pakkading	1204 Hinboun
5		0808 Kenthao	1009 Viangkham	1104 Bolikhan	1208 Xebangfai

PBC 6.3: PLHIV on ARV, nationwide



	Y1 (2024)	Y2 (2025)	Y3 (20.Aug.26)
Denominator	18,687	19,469	20,297
Target (against denominator)	11,979 (64%)	12,934 (66%)	13,967 (69%)
Actual achievement (against denominator)	13,310 (71%)	14,866 (76%)	15,635 (77%)
Progress (Actual achievement vs Target)	111%	115%	112%

ຜົນການຈັດຕັ້ງ:

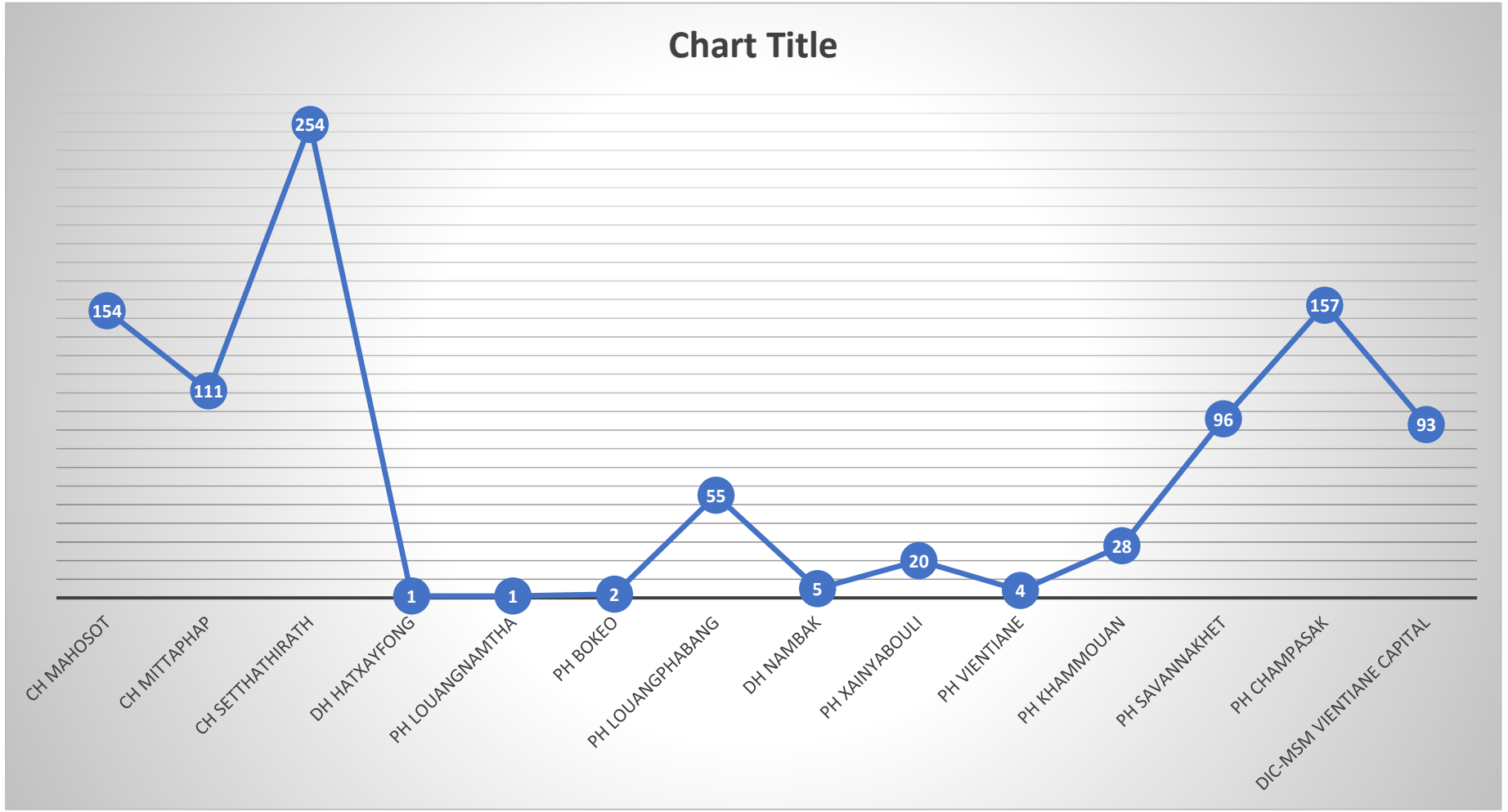
- ສາມາດບັນລຸ (112%) ທຽບໃສ່ເປົ້າໝາຍໂຄງການ, ແຕ່ເຮັດໄດ້ 77% ທຽບໃສ່ເປົ້າໝາຍຂອງປີ
- ສາມາດຂະຫຍາຍໜ່ວຍບໍລິການໄດ້ 55 ຈຸດ ແລະ ມີການມາຮັບບໍລິການ

  50 ຈຸດ (05 ຈຸດ ຍັງຢູ່ໃນຂະບວນການ)
- 83% ຮັບການບໍລິການທີ່ ART, 17% ຮັບການບໍລິການທີ່ POC

- **Delayed ART initiation** (24% of newly diagnosed not starting within 7 days)
- **Limited access to OI management and rapid diagnostic tools** (available only at ART sites)
- **Low uptake of TPT** (41% among newly diagnosed) – High mortality

PBC 6.4: MSM/TG on PrEP, Nationwide

Target	Actual	Progress
1,500	981	65%

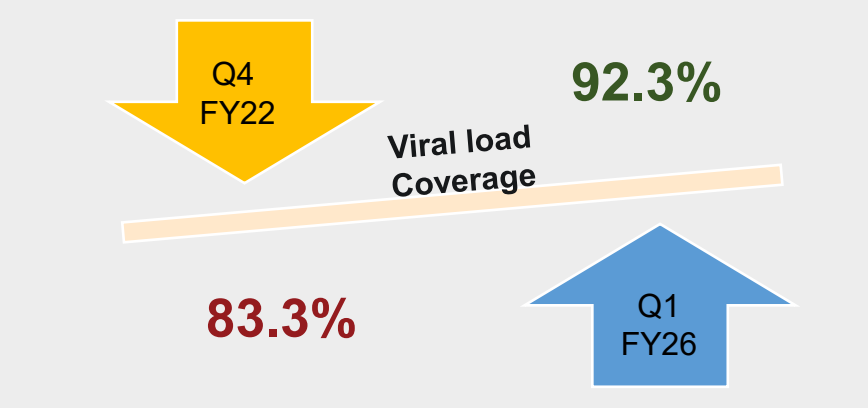


ຜົນການຈັດຕັ້ງ:

- ບໍ່ສາມາດບັນລຸ (ຍັງ 35%)
- ງົບປະມານ 50% ຖືກໂອນເຂົ້າ ວັນທີ 4/2026
- ສາມາດຂະຫຍາຍໜ່ວຍບໍລິການໄດ້ 55 ຈຸດ ແຕ່ມີການໃຫ້ບໍລິການ 14 ຈຸດ ທີ່ລາຍງານ ຊພຊ ມາຮັບບໍລິການ PrEP
- ແຂວງທີ່ມີກິດຈະກຳ ຊພຊ 5 ແຂວງ (PBC 6.2) ຍັງບໍ່ສາມາດລະດົມກຸ່ມເປົ້າ ໝາຍ ມາຮັບຢາປ້ອງກັນໄດ້ດີເທົ່າທີ່ຄວນ
- ໜ່ວຍບໍລິການໃຫ້ຢາ ມີທີ່ ARV/POC/DIC/Mob
- ກຸ່ມເປົ້າໝາຍບໍ່ຕ້ອງການໄປຮັບບໍລິການທີ່ ຮໝ

PBC 6.5: VL coverage among PLHIV, Nationwide

	Y1 (2024)	Y2 (2025)	Y3 (July 2026)
Denominator	11,979	12,934	13,967
Target	10,610 (89%)	12,232 (95%)	13,627 (98%)
Actual achievement	10,940 (91%)	12,540 (97%)	13191 (97%)
Progress	103%	102%	97%



Performance: Strong performance among those who have VL tested (>100% achievement); while VL testing coverage is 92%

PBC 6	Risk	Key Challenges
1. PBC 6.1 (FSW) - target "95%" ➔ *Q1: **15%*** ➔ *Q2: **44%*** ➔ *Q3: **55%***	"Risk of not achieving"	• *Delay on budget disbursement to implementors* • *Crisis of gasoline price*
2. PBC 6.2 (MSM/TG) - target "84%" ➔ *Q1: **23%*** ➔ *Q2: **47%*** ➔ *Q3: **60%***	"Risk of not achieving"	• *Delay on budget disbursement to implementors* • *Crisis of gasoline price*
3. PBC 6.3 (ART) – target "98%" ➔ *Q1: **75%*** ➔ *Q2: **115%*** ➔ *Q3: **112%***	"Achievable"	• Lower referral success at stand-alone VCT sites • Nearly 20% of clients not referred in FY26
4. PBC 6.4 (PrEP for MSM/TG) - target "1,500" ➔ *Q1: 369 cases (**25%**)* ➔ *Q2: 795 cases (**53%**)* ➔ *Q3: 981 cases (65%)*	"Risk of not achieving"	• *Delay on budget disbursement to implementors* • *Low awareness – low acceptance rate*
5. PBC 6.5 (VL for PLHIV) "98%" ➔ *Q1: 97%* ➔ *Q2: 103%* ➔ *Q3: **97%***	"Achievable"	• *VL testing coverage – 92.3%* • *iSRS still piloting in 2 provinces*

ງົບປະມານຂອງ PBC6 ໃນປີ 2026

ລ/ດ	ລາຍລະອຽດ	ງົບປະມານ (USD)	ໝາຍເຫດ
1	ງົບປະມານປະຈຳປີ AOP 2026	962,968	ສຳເລັດ
2	ງົບປະມານຄ້າງເຫຼືອປີ 2024-2025 (60,5K) & ງົບປະມານ saving ຈັດຊື້ (160K)	220,500	ສຳເລັດ
	ລວມ	1,183,468	

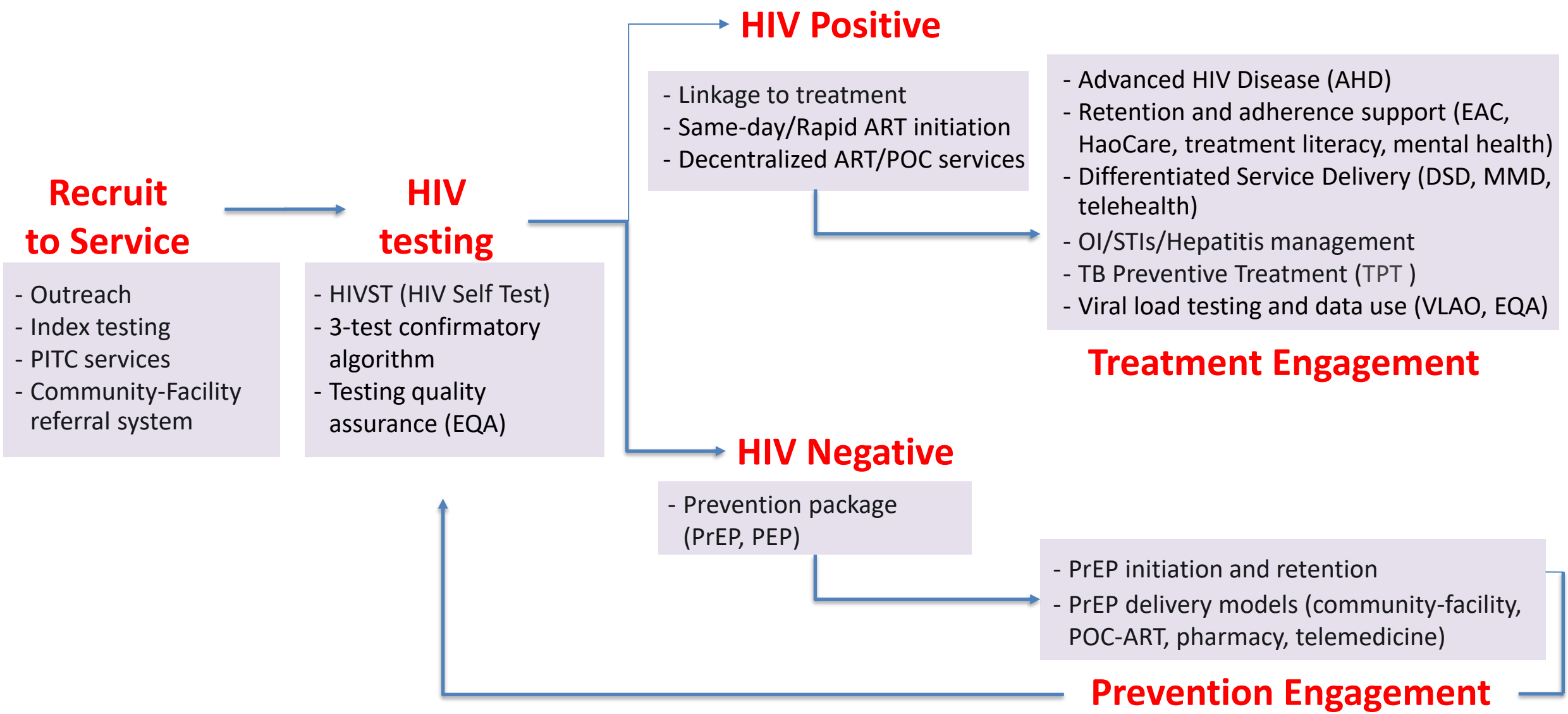
ລ/ດ	ຜູ້ຈັດຕັ້ງປະຕິບັດ	ງົບປະມານ (USD)	ສັດສ່ວນ (%)
		Y3 (2026)	Y3 (2026)
1	ສຕອ (CHAS)	514,015	43.43%
2	ໂຮງໝໍ ສູນກາງ 7 ແຫ່ງ	68,340	5.77%
3	ພະແນກສາທາລະນະສຸກແຂວງ (PHO)	249,866	21.11%
4	ຫ້ອງການສາທາລະນະສຸກເມືອງ (DHO)	43,400	3.67%
5	ອົງການຈັດຕັ້ງທາງສັງຄົມ (PEDA-ສບກ)	68,860	5.82%
6	ອົງການຈັດຕັ້ງທາງສັງຄົມ (CHias-ຊພຊ/ກທ)	195,267	16.50%
7	ອົງການຈັດຕັ້ງທາງສັງຄົມ ເຄືອຄ່າຍຜູ້ຕິດເຊື້ອເອສໄອວີ (APL+)	43,720	3.69%
	ລວມ (USD)	1,183,468	100.00%

ແຜນງົບປະມານ ໂຄງການເຂົ້າເຖິງການບໍລິການສຸຂະພາບ ແລະ ໂພຊະນາການ (HANSA2) ປະຈຳປີ 2026				
ລ/ດ	ພາກສ່ວນ (ກົມ/ແຂວງ)	ຈຳນວນເງິນ (USD)	ການໂອນງົບປະມານ ປີ 2026	
			50% (1st) Jan-Jun 2026	50% (2nd) Jul-Dec 2026
I.	ຂັ້ນສູນກາງ:	669,702.00	334,851.00	334,851.00
1	ສູນຕ້ານເອດ ແລະ ພຕພ (CHAS) ແລະ ໂຮງໝໍສູນກາງ	435,806.00	217,903.00	217,903.00
2	PEDA (CSO)	68,860.00	34,430.00	34,430.00
3	CHIAs (CSO)	121,316.00	60,658.00	60,658.00
4	APL plus (CSO)	43,720.00	21,860.00	21,860.00
II.	ຂັ້ນແຂວງ (18 ແຂວງ)	249,866.00	124,933.00	124,933.00
III.	ຂັ້ນເມືອງ (23 ເມືອງ)	43,400.00	21,700.00	21,700.00
	ລວມທັງໝົດ:	962,968.00	481,484.00	481,484.00

ລ/ດ	ພາກສ່ວນແຂວງ	ຈ□ານວນເງິນ (USD)	ຮ່ວງງົບປະມານ Annual Budget 2026
II.	ຂັ້ນແຂວງ (PHO):	249,866	249,866
1	ພ/ນ ສາທາລະນະສຸກ ນະຄອນຫຼວງວຽງຈັນ	37,084	37,084
2	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຜົ້ງສາລີ	8,200	8,200
3	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ອຸດົມໄຊ	9,000	9,000
4	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຫົວພັນ	8,900	8,900
5	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຊຽງຂວາງ	9,000	9,000
6	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຫຼວງນ້ຳທາ	11,760	11,760
7	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ບໍ່ແກ້ວ	9,700	9,700
8	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ໄຊຍະບູລີ	10,240	10,240
9	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຫຼວງພະບາງ	16,002	16,002
10	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ວຽງຈັນ	11,120	11,120
11	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ບໍລິຄຳໄຊ	21,684	21,684
12	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຄຳມ່ວນ	14,620	14,620
13	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ສະຫວັນນະເຂດ	32,756	32,756
14	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ສາລະວັນ	8,200	8,200
15	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ເຊກອງ	8,200	8,200
16	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ຈຳປາສັກ	17,200	17,200
17	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ອັດຕະປື	8,200	8,200
18	ພ/ນ ສາທາລະນະສຸກ ແລະ ຮ/ໝ ແຂວງ ໄຊສົມບູນ	8,000	8,000
	ລວມທັງໝົດ:	249,866	249,866

The way forward

HIV Service Delivery Framework



HOW: Closing the 1st 95

Expand outreach and testing modalities

- Expand outreach through digital platforms and PITC
- Scale-up HIV self-testing in facilities, communities, and high-burden areas
- Implement targeted testing for high-risk populations and contacts of PLHIV, using mapping and coordinated resource allocation
- Integrate HIV testing with other health services to increase index testing uptake, PITC coverage, and linkage to care
- Reduce structural barriers by lowering costs, eliminating unnecessary re-testing, simplifying testing approaches, and extending service hours
- Establish a coordinated national strategy for HIV self-testing and test kit procurement

Strengthen linkage

- Leverage CSOs for client linkage and facility navigation
- Strengthen referral systems and decentralize services (confirmatory testing, ART, and PrEP initiation)
- Utilize digital platforms and telemedicine for referrals, reminders, and retention in HIV services
- Promote standard service delivery by sharing best practices across community and healthcare providers
- Strengthen collaboration between CSOs and health facilities

Reduce new infections

- Implement tailored prevention packages for high-risk populations
- Expand PrEP access through simplified delivery models (CSO PrEP, private clinics, pharmacies, telemedicine, postal services)
- Promote HIV self-testing within prevention services (PrEP and HIV-negative client retention through PITC and digital reach)
- Integrate HIV prevention and sexual health services with other health programs for targeted populations

HOW: Closing the 2nd 95 Gap

Optimize ART access and decentralization

- Expand POC ART availability with mentorship from regional ART centers
- Accelerate same-day/rapid ART initiation (SDART)
- Standardize ART/POC service package (AHD, MMD, retention, EAC, U=U literacy, TPT)

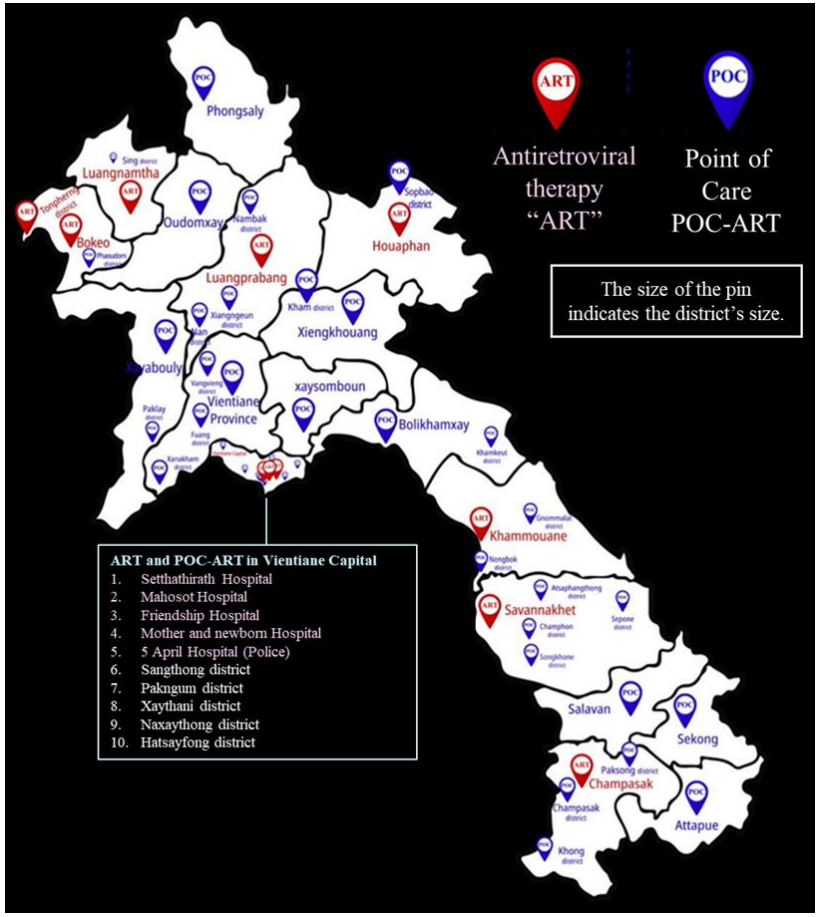
Improve service quality for HIV treatment, TB/HIV, TPT, and VL suppression

- Strengthen routine QI, coaching, and onsite mentoring
- Implement root-cause analysis for mortality reduction
- Standardize coaching tools to improve facility-level performance
- Build workforce across ART/POC sites

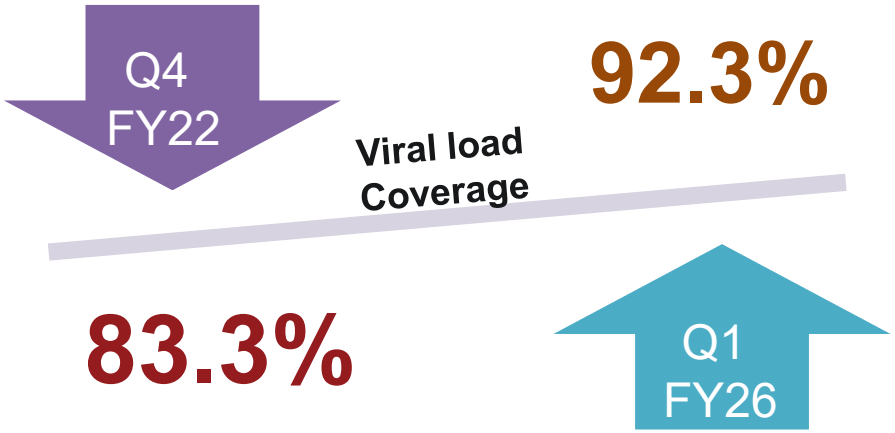
Strengthen retention & re-engagement

- Deliver comprehensive retention package (EAC, mental health, substance use support, U=U literacy)
- Expand telehealth, appointment reminders, and case management systems
- Strengthen community–facility collaboration for patient tracking and re-engagement

Geographic coverage: 39% (11 ART/43 POC sites) in FY25, scale up to 50% reaching 70 out of 140 hospitals in Laos by 2030



HOW: Closing the 3rd 95 Gap



- **Digital Transformation**
  - Scale nationwide use of VLAO for real-time VL tracking
  - Generate automated VL due lists for providers
  - Strengthen patient and provider reminders using HaoCare for VL testing and adherence support
- **Expand access to VL testing**
  - Expand VL testing capacity at ART and POC sites
  - Strengthen district-level sample transport systems
  - Improve EQA participation for VL testing
- **Close VL suppression gaps through CQI**
  - Strengthen CQI activities to increase VL testing coverage
  - Identify and address root causes of missed VL testing
  - Strengthen Enhanced Adherence Counseling linked to VL results
  - Expand differentiated service delivery tailored to adherence needs
- **Test kit supplies**
  - Strengthen inventory management and monitoring systems to ensure continuous availability of VL test kits.

Data source: DHIS2 & VLAO - MOH updated as of January 2026 and report at 2026-Q1

How: Closing Community and Health System Gaps

Strengthen Laos HMIS

- Enhance automated data analytics and visualizations (Laos HIV dashboard) to support program monitoring and quality improvement
- Strengthen digital tools for service and client monitoring (DQA/DQI)
- Build workforce capacity through ToT and self-learning materials for data systems use, maintenance, and data-driven decision-making
- Strengthen CHAS capacity for system hosting, migration, and management

Strengthen Lab System

- Standardize site expansion criteria for HIV confirmatory testing
  - Testing volume and positivity yield
  - Travel distance/time to nearest ART or POC site
  - Burden of missed referrals or loss to follow-up
  - Availability of minimum infrastructure, staffing, and commodity storage
- Strengthen specimen referral systems for small VCT sites
- Introduce mobile confirmatory testing outreach
- Provide client-centered transport and social support

ເປົ້າໝາຍຮ່ວມກັນ (95-95-95)

ການນຳໃຊ້ຍຸດທະສາດ ແລະ ນະວັດຕະກຳໃໝ່ ຈະຊ່ວຍ ຫຼຸດຜ່ອນອັດຕາການຕິດເຊື້ອ HIV ແລະ ປັບປຸງຄຸນນະພາບ ຊີວິດຂອງຜູ້ຕິດເຊື້ອ

ບໍ່ງມະຕິໃຫ້ໄວ

Self Testing, Index Testing, PITC

ປ້ອງກັນໃຫ້ດີ

PrEP, Innovative strategies and Digital for Health

ປິ່ນປົວໃຫ້ຕໍ່ເນື່ອງ

Same Day ART, Retention in Care, MMD, EAC/TL

ນຳໃຊ້ຂໍ້ມູນ ເພື່ອວາງແຜນ ໃຫ້ມີປະສິດທິພາບ

Data Quality Assurance, Effective planning