Tuberculosis Progress Report PBC7.1&PBC7.2

The 2nd CCM Plenary Meeting – Calendar Year 2026

National Tuberculosis Control Center

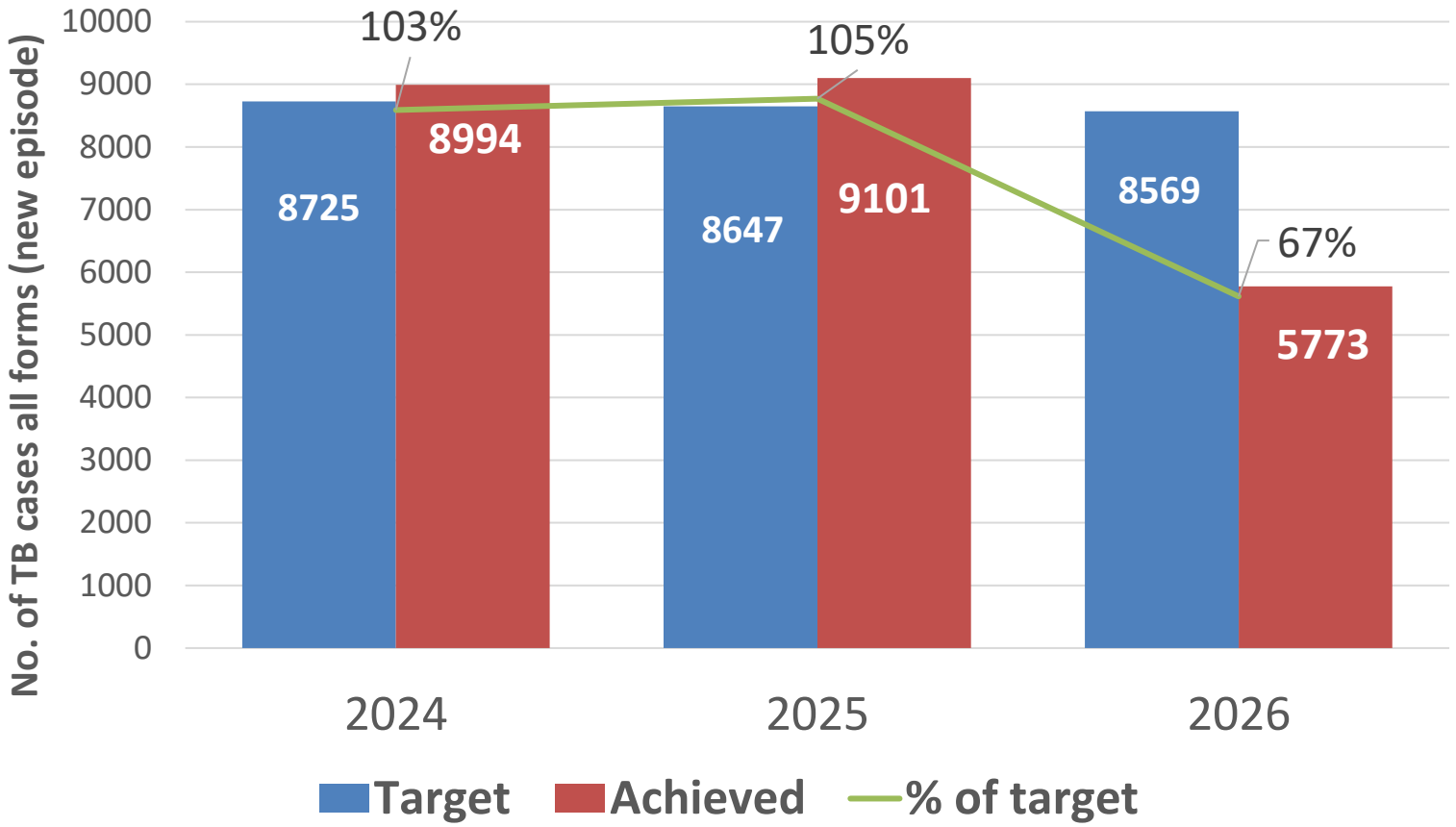
Ministry of Health, LAO PDR

21st August 2026, Souphattra Hotel, Vientiane Capital

TB program progress (1)

PBC 7.1 Number of notified TB cases all forms (new episode)

TB program notified:
- 9,101 TB cases all forms (new episode), or 86% TB treatment coverage of WHO TB incidence estimate in 2025, achieving the HANSA2 performance-based condition PBC 7.1 HANSA2 year 2 target.
- 5,773 TB cases all forms (new episode) in 2026, currently on track to reach the HANSA2 year 3 TB target.



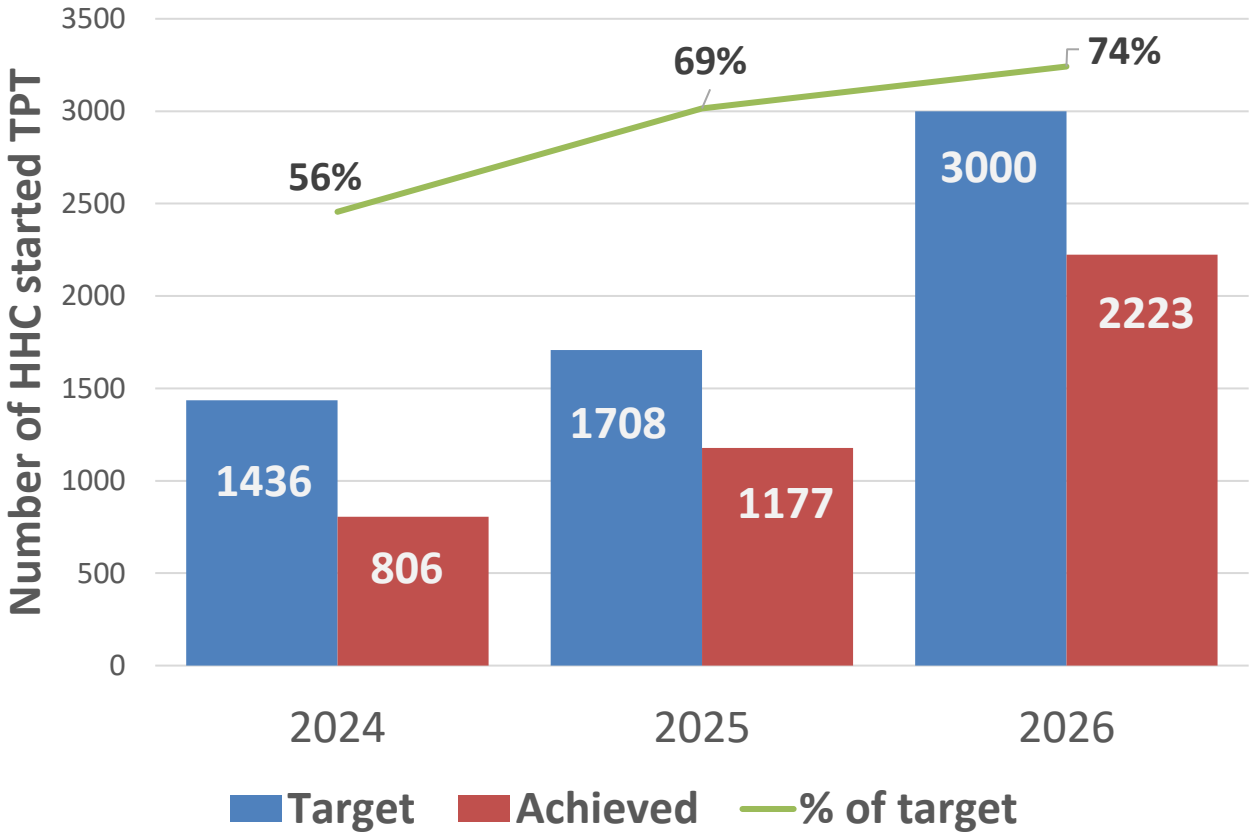
PBC7.1: notified TB cases of all forms (new TB episode) by province, source: DHIS2, 20/8/2026											
Provinces	2026								Total	Target	% of target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
01 Vientiane Capital	105	173	299	130	142	120	56	25	1.050	8.569	67%
02 Phongsali	19	10	75	15	12	15	18	5	169		
03 Louangnamtha	20	24	52	47	16	19	27	10	215		
04 Oudomxai	43	88	38	22	22	26	20	60	319		
05 Bokeo	91	103	18	12	11	18	7	2	262		
06 Louangphabang	36	31	26	28	36	180	23	49	410		
07 Houaphan	3	4	4	9	29	4	3	2	58		
08 Xainyabouli	13	13	17	57	76	94	26	10	306		
09 Xiangkhouang	4	6	5	3	5	19	5	1	48		
10 Vientiane	24	32	62	25	76	26	49	10	304		
11 Bolikhamxai	15	5	9	14	12	13	11	30	109		
12 Khammouan	40	69	75	36	57	37	28	18	360		
13 Savannakhet	95	79	179	176	91	91	61	40	815		
14 Salavan	46	44	30	41	63	152	38	25	439		
15 Xekong	4	10	33	10	10	11	6	6	90		
16 Champasak	91	59	68	124	124	85	73	41	665		
17 Attapu	6	6	8	18	12	64	11	24	149		
18 Xaisomboun	3	1	0	0	0	1	0	0	5		
Total	659	757	998	769	794	975	463	358	5.773		

TB program progress (2)

- 1,177 children household contact of TB patients, started a TB preventive treatment (TPT), representing 69% of the PBC 7.2 target in 2025
- 2,223 TB household contact persons of all ages started TPT in 2026 as of mid August 2026, reaching 74% of the year targets, on track to reach the HANSA2 year 3 TPT target.

- The 2026 procurement of TB diagnostics and drugs is partly secured, pending the payment of the 2026 domestic order of 40% of essential first line TB drugs

PBC 7.2: Number of household contact with TB patients who began TB preventive treatment



PBC7.2: Number of people in contact with TB patients who began TB preventive treatment, DHIS2, date: 20/8/2026

Provinces	2026								Total	Target	Progress
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
01 Vientiane Capital	0	13	2	8	14	5	0	1	43	3.000	72%
02 Phongsali	0	1	16	5	1	3	6	0	32		
03 Louangnamtha	6	13	19	24	16	40	14	20	152		
04 Oudomxai	9	7	12	3	2	2	3	0	38		
05 Bokeo	10	11	2	9	15	21	5	0	73		
06 Louangphabang	2	8	1	7	1	5	0	7	31		
07 Houaphan	0	0	0	9	20	1	3	1	34		
08 Xainyabouli	5	1	10	36	79	3	12	8	154		
09 Xiangkhouang	1	0	0	0	3	0	0	0	4		
10 Vientiane	1	5	22	9	16	13	24	3	93		
11 Bolikhamxai	0	1	1	3	3	3	4	3	18		
12 Khammouan	40	35	80	57	124	71	25	9	441		
13 Savannakhet	19	12	19	20	36	89	74	32	301		
14 Salavan	15	17	12	30	13	52	9	0	148		
15 Xekong	3	7	29	38	24	21	15	9	146		
16 Champasak	27	31	28	95	81	42	82	32	418		
17 Attapu	3	2	0	25	8	36	11	12	97		
18 Xaisomboun	0	0	0	0	0	0	0	0	0		
Total	**141**	**164**	**253**	**378**	**456**	**407**	**287**	**137**	**2.223**		

TB program progress (3)

- 100% molecular (GeneXpert) testing of all TB presumptive with 11.4% Xpert test positivity (country average) and higher 15% Xpert positivity in ACF condition (NRL/NTC 2026 6-month Xpert test data)
- Continued active case finding in remote districts and in prisons, (ACF contributes over 30% of all TB notification in 2026)
- Training of trainers of TB infection testing using TB sking test (CY-TB) and pilot testing in 3 central hospitals of Vientiane
- On line evidence based (TB tracker) joint monitoring of TPT uptake at province and district levels by NTC and province TB coordinators
- TB/HIV collaborative activities: 4,732/5,453 (87%) TB patients had an HIV test result, 224 (4.7%) HIV reactive, 180 (80%) among PLHIV and 44 (20%) tested after TB diagnosis; 197/224 (88%) started ART
- 24 MDR/RR-TB cases have been diagnosed in 2026, 22 started short all oral treatment (6-month BPaL/M), 2 patients died before treatment (as of August 2026)
- The 2026 procurement of TB diagnostics and drugs is partly secured, pending the payment of the 2026 domestic order of 40% of essential first line TB drugs

Challenges and next steps

Challenges

Budget:

- Central level: Workplan have submitted to CDCD and DPF, now waiting for MOH approval/signed;
- District level: Limited budget for conducting home visit to screen household contact of TB persons
- Districts activities implementation did not report to provincial level.

Procurement of health products: Pending payment of the 2026 domestic order of 40% of first line TB drugs with risk of essential drug shortage in 2027

Other:

- Some of new District TB Managers (DTMs) have not been trained on TB tracker data entry and TB management.

Next steps

Budget:

- Central level: Keep coordinate with MoH to get agreement as soon;
- District level: NTC set up the saving budget to fill the gaps of these activities in Q3 and Q4 2026;
- Provinces need to coordinate to get the report from districts.

Procurement of health products: Accelerate the payment of the 2026 domestic order of 40% of the first line TB drugs to GDF to avoid quotation expiry, extended lead-time and risk of shortage.

Other:

- Build capacity through onsite training and online coaching to the new DTMs on real-time data entry, data quality in TB tracker DHIS2.

Progresses updated for Q1 (Jan-Mar) against the AOP 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
I.	***Activity: To increase and decentralize TB case finding and care management at the primary health care level to reach the unreached***				
1.1	Sub-activity 2.10.1.1: Transport samples of presumptive and diagnosed TB patients; 100% samples from district and health centres sent toGeneXpert laboratory; 100% coverage in Y1-Y3	DHO/HC	149,296	149,296	Keep conducting by using remained fund of 2025 while waiting for AOP 2026 fund.
1.11	Sub-activity 2.10.1.11: On site visit by MDR unit team at district/health centre level for coaching of local HF staff to ensure ambulatory treatment management (2 visits per patient on ambulatory)	NTC/PHO	14,255	14,255	
1.12	Sub-activity 2.10.1.12: Living support for MDR-TB patients during DR treatment including transportation, examinations, food: 65, 68, 73 DR-TB patients (Y1-Y3)	NTC/PHO	122,953	122,953	

Progresses updated for Q1 (Jan-Mar) against the AOP 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
II.	***Activity: To decentralize and integrate TB prevention at the primary health care level***				
2.1	Sub-activity 2.10.2.1: Conduct TB patients' home visit to screen all HHC including children with X-ray followed by GeneXpert (5,500 BC TB patients per year) and TPT for household contact children <5 and other age groups by HC staff	HC	47,000	47,000	Keep conducting by using remained fund of 2025 while waiting for AOP 2026 fund.
2.2	Sub-activity 2.10.2.2: Ensure routine monitoring visits by provincial level to district and health center levels	PHO	41,486	41,486	
2.3	Sub-activity 2.10.2.3: Ensure routine monitoring by district to health center: Supervision by District TB managers (DTMs) to 1000 health centres, 2 times a year, average 2 HCs visits per tour	DHO	32,895	32,895	
2.4	Sub-activity 2.10.2.4: HCs staff conduct home visits to follow-up TB patients treatment and HHC children and adults receiving TPT by HC staff	HC	47,000	47,000	
2.7	Sub-activity 2.10.2.7: Office running cost for provincial level	PHO	2,486	2,486	
2.19	Sub-activity 2.10.2.19: Office running cost for district level and 6 central hospitals	DHO	10,305	10,305	

Activities in the AOP 2026 to be proposed and implemented in the Q2 (Apr-Jun) 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
I.	***Activity: To increase and decentralize TB case finding and care management at the primary health care level to reach the unreached***		**Work plan Submitted to CDCD**		
1.3	Sub-activity 1.3: Training province and district TB staff based on National TB manual on quality sample collection and delivery, diagnosis, registration, treatment management, contact investigation, M&E including TB tracker.	NTC	31,466	31,466	Work plan Submitted to CDCD and through to DPF Waiting for agreement from MoH
1.6	Sub-activity 2.10.1.6: Training of X-ray technician in province and district hospitals and prisons	NTC	3,976	3,976	
1.9	Sub-activity 2.10.1.9: Training on GeneXpert and Lab SOPs for lab technicians Y1-3	NTC	16,219	16,219	
1.10	Sub-activity 2.10.1.10: Train central province and district doctors on management of MDR-TB - x 20 participants x 5 (1 in each MDR unit province) each year	NTC	16,643	16,643	
1.11	Sub-activity 2.10.1.11: On site visit by MDR unit team at district/health centre level for coaching of local HF staff to ensure ambulatory treatment management (2 visits per patient on ambulatory)	NTC/PHO	14,255	14,255	
1.17	Sub-activity 2.10.1.17: Onsite monitoring and coaching to selected provinces, district and health centres by NTC technical, finance and NRL supervisors, average 4 times a year in each 18 provinces	NTC	37,029	37,029	
1.21	Sub-activity 2.10.1.21: Operational costs for Active case finding (ACF) in prisons, high TB burden districts; each team is composed of 10 staffs and each camp visits 2 consecutive sites within 2 weeks	NTC/PHO	125,438	125,438	
1.26	Sub-activity 2.10.1.26: TB tracker on site coaching in all 164 TB units (central, provincial and district levels) for DQA. One tour can visit 3 TB units (x 3 tours per quarter): by province/NTC supervisors	NTC	17,744	17,744	

Activities in the AOP 2026 to be proposed and implemented in the Q2 (Apr-Jun) 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
I.	***Activity: To increase and decentralize TB case finding and care management at the primary health care level to reach the unreached***				
1.1	Sub-activity 2.10.1.1: Transport samples of presumptive and diagnosed TB patients; 100% samples from district and health centres sent to GeneXpert laboratory; 100% coverage in Y1-Y3	DHO/HC	149,296	149,296	Work plan Submitted to CDCD and through to DPF Waiting for agreement from MoH
1.2	Sub-activity 2.10.1.2: Practical Approach on Lung Health (PAL) Course for Hospital doctors at central province and district levels for TB staff including OPD, IPD.	NTC	38,490	38,490	
1.4	Sub-activity 1.4: Training HCs, VHVs, prison nurses based on National TB manual on quality sample collection and delivery, diagnosis, registration, treatment management, contact investigation, M&E.	PHO	30,214	30,214	
1.5	Sub-activity 2.10.1.5: Training of radiologist on chest X-ray reading in province and district hospitals and prisons	NTC	7,952	7,952	
1.7	Sub-activity 2.10.1.7: Contracted laboratory technicians in NRL: 1 contracted laboratory technicians in NRL, Y1-Y3	NTC	6,000	6,000	

Activities in the AOP 2026 to be proposed and implemented in the Q2 (Apr-Jun) 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
1.8	Sub-activity 2.10.1.8: Running costs of NRL $400 per quarter	NTC	1,600	1,600	Work plan Submitted to CDCD and through to DPF Waiting for agreement from MoH
1.9	Sub-activity 2.10.1.9: Training on GeneXpert and Lab SOPs for lab technicians Y1-3	NTC	16,219	16,219	
1.10	Sub-activity 2.10.1.10: Train central province and district doctors on management of MDR-TB - x 20 participants x 5 (1 in each MDR unit province) each year	NTC	16,643	16,643	
1.11	Sub-activity 2.10.1.11: On site visit by MDR unit team at district/health centre level for coaching of local HF staff to ensure ambulatory treatment management (2 visits per patient on ambulatory)	NTC/PHO	14,255	14,255	
1.12	Sub-activity 2.10.1.12: Living support for MDR-TB patients during DR treatment including transportation, examinations, food: 65, 68, 73 DR-TB patients (Y1-Y3)	NTC/PHO	122,953	122,953	
1.13	Sub-activity 2.10.1.13: Incentive of contracted staff by TB programme	NTC	64,320	64,320	
1.14	Sub-activity 2.10.1.14: Insurance of TB programme cars Y1-3 7 cars (NTC, provinces)	NTC	2,823	2,823	
1.15	Sub-activity 2.10.1.15: Maintenance of TB programme cars Y1-3 7 cars (NTC, provinces)	NTC	9,196	9,196	

Activities in the AOP 2026 to be proposed and implemented in the Q2 (Apr-Jun) 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
1..16	Sub-activity 2.10.1.16: Fuel for TB programme cars Y1-3	NTC	3,549	3,549	Work plan Submitted to CDCD and through to DPF Waiting for agreement from MoH **The activities on implementing is ACF, Supervision and X-ray Technical training**
1.17	Sub-activity 2.10.1.17: Onsite monitoring and coaching to selected provinces, district and health centres by NTC technical, finance and NRL supervisors, average 4 times a year in each 18 provinces	NTC	37,029	37,029	
1.18	Sub-activity 2.10.1.18: NTC Office supplies, postage, bank charges Y1-3	NTC	3,722	3,722	
1.19	Sub-activity 2.10.1.19: Cloud data storage for back-up and data exchange between NTC and NRL and Anti Virus for GeneXpert/Digital X-ray	NTC	2,200	2,200	
1.20	Sub-activity 2.10.1.20: NTC Communications - telephone, fax, Internet; Office utilities Y1-3	NTC	2,305	2,305	
1.21	Sub-activity 2.10.1.21: Operational costs for Active case finding (ACF) in prisons, high TB burden districts; each team is composed of 10 staffs and each camp visits 2 consecutive sites within 2 weeks	NTC/PHO	125,438	125,438	
1.25	Sub-activity 2.10.1.25: Annual staff insurance for NTC staff	NTC	1,952	1,952	
1.26	Sub-activity 2.10.1.26: TB tracker on site coaching in all 164 TB units (central, provincial and district levels) for DQA. One tour can visit 3 TB units (x 3 tours per quarter): by province/NTC supervisors	NTC	17,744	17,744	

Activities in the AOP 2026 to be proposed and implemented in the Q2 (Apr-Jun) 2026

Code	Activities	Implementer	Activities proposed for funds	Values of proposed funds	Status/Values of funds received
II.	***Activity: To decentralize and integrate TB prevention at the primary health care level***				Work plan Submitted to CDCD and through to DPF Waiting for agreement from MoH
2.5	Sub-activity 2.10.2.5: Train HIV/AIDS workers on screening of active TB and LTBI at province and district levels (in ART and other POC)	NTC	8,176	8,176	
2.6	Sub-activity 2.10.2.6: Conduct joint on site visits to selected sites (ARTs, POCs) once a quarter by NTC and CHAS	NTC	1,890	1,890	
2.19	Sub-activity 2.10.2.19: Office running cost for district level and 6 central hospitals	DHO	10,305	10,305	

Thank you