

RAI4E Malaria Grant -Laos Progress Update

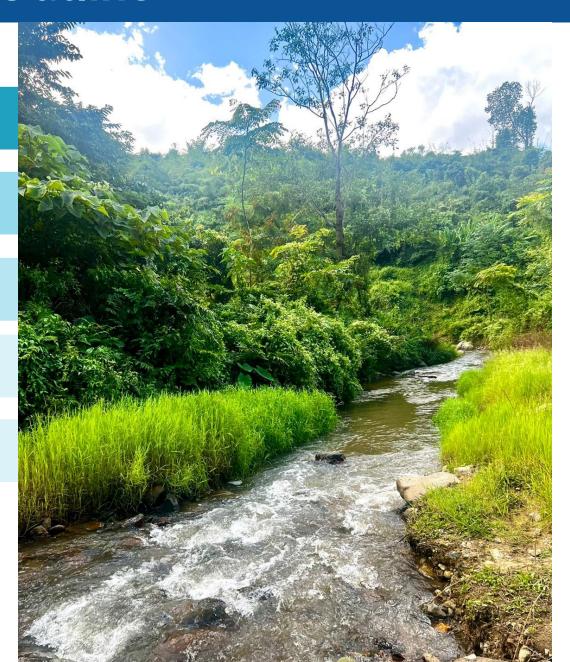
4th CCM Plenary Meeting

17 December 2024

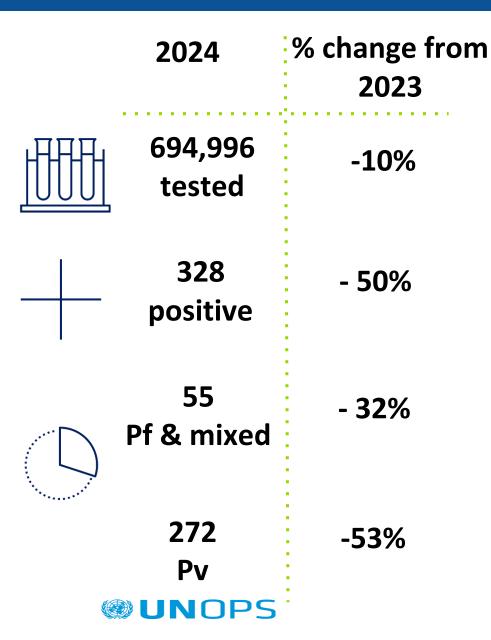


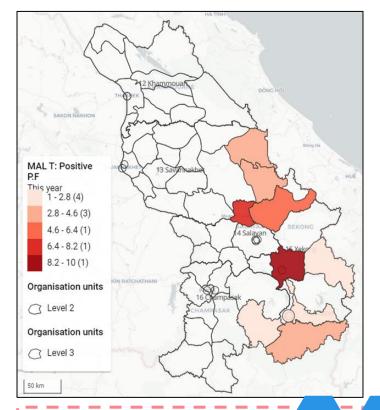
Presentation Outline

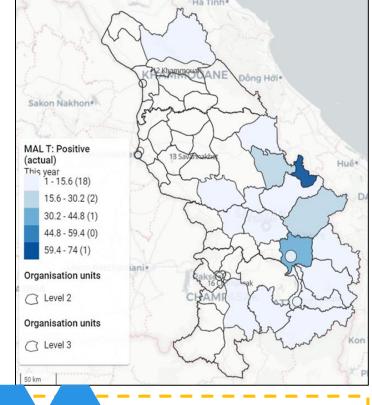
- 2024 Malaria Situation
 - 2025 Activities
 - 2024 Financial Updates
 - 2025 Budget
 - Areas need to improve



Malaria Situation







P.f hotspot 2024

3 districts (Lamarm in Sekong, Toumlan & Taoi in Salavan) P.v hotspots 2024

2 districts (Samouy in Salavan, Kalum in Sekong)

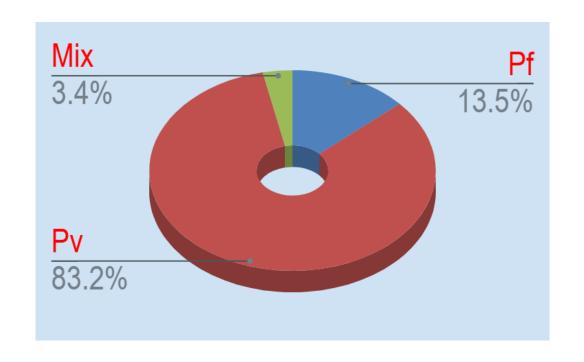
Achievements by Sector (2024)

Parasitological testings

Public	Community	Private	Total
376,872	300,101	18023	694,996
(54%)	(43%)	(3%)	

Malaria Cases

Public	Community	Private	Total
120	185	23	328





CIFIR (2024)

Case Notification within 24 hours

Case classification within 3 days

Foci responses within 7 days

98% (44/45)

1 case notified after 24 hours due to communication gap across province

93% (42/45)

3 cases investigated after 3 days

(same reasonsmiscommunication across district and province) 94% (15/16)

1 case responded to after 7 days





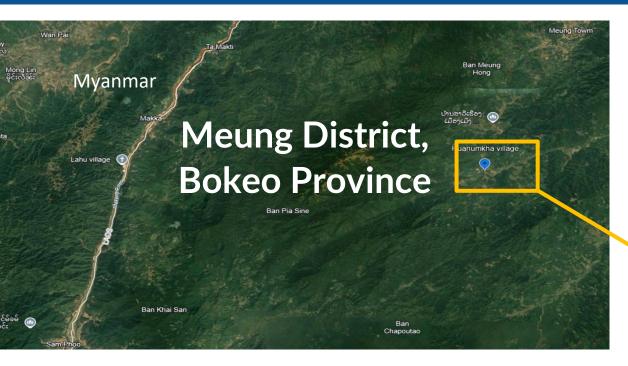
LLIN distribution - Continuous (2024)

LLINs distributed to

Pregnancy	ММР	Uniformed personnel	· ·	LLIHN for forest goers	ОВ	Total
20,474	31,819	22,000	8,694	3,422	6,217	92,626

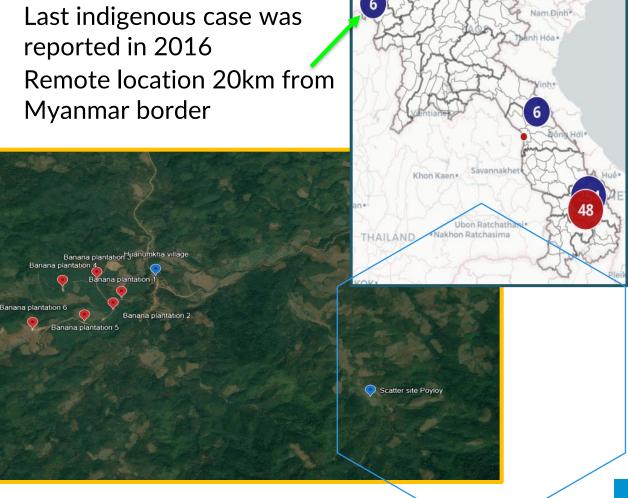


Bokeo Pv re-establishment - September 2024



- Banana plantation next to the village with workers from Lao PDR, Myanmar and China
- Ethnic minority community with forest and fieldgoing behavior
- 1° & 2° Vectors found in the village

- 6 indigenous P.v cases in Sep 2024
- reported in 2016





Bokeo Pv re-establishment - September 2024

Extremely challenging field work due to remote access in the rainy season, highly mobile populations, communication with ethnic minority group and coordination with international company owning the banana plantation.

• Response

- Province and District led RACD in the field site with, vector control, IEC (Sep)
- RDA x4 with CQ with coverage of
 - RDA1 (Sep) = 79% for day 1 (64% for day 2, 40% for day 3), and
 - RDA2 (Oct) = 36% coverage for day 1 (34% for day 2, 21% for day 3)
 - Repeated RDA2 (Nov)= 85% coverage for day 1 (82% for day 2, 80% for day 3)
- PvSeroTAT (Oct-Nov)





RDA: Reactive drug administration

2025 Activities





Case Management

- Case diagnosis & treatment;
- Pv radical cure; including G6PD testing, assisted Pv referrals, treatment, follow up;
- CIFIR activities in elimination districts following 1-3-7 approach;
- Prevention of re-establishment

Vector Control

LLINs:

Mass distribution

Continuous distribution to targeted group: MMP, forest goers, field goers, pregnant women, uniformed personals

- Entomological monitoring:
 Hot spot areas as well as
 elimination areas
- Bed net survey:



Trainings

Routine ICCM and scale up ICCM (30% of volunteers who have weak performance will be trained)

310 VMWs will be trained for scale up ICCM

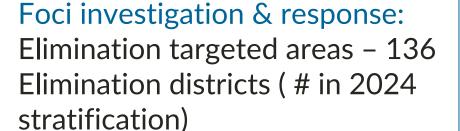
DHIS2, surveillance, and supervision protocol

Elimination certification and POR

Surveillance

iDES:

Integrated drug efficacy surveillance in selected areas



ACD and outbreak response: 5 southern provinces











Monitoring and Supervision

Routine supervision visits from CMPE, Province, District and HCs

Self assessment of elimination certification activities

Desk review by CMPE

RDQA visits by UNOPS

Desk review by UNOPS





Reactive Accelerator Strategies

2025 RAS		Pf Strategy	Pv Strategy
BR areas	Threshold for response	1 local Pf case in village / kato	4 local Pv cases within 4 weeks in village / kato
	Response	RDA x2 using ASPY 7-60yrs	RDA x2 using ASPY* 7-60yrs PvSeroTAT
Malaria-free Elimination areas	Threshold for response	3 local Pf cases in foci	3 local Pv cases in foci
(no cases in past 3yrs)	Response	RDA x3 using ASPY 7-60yrs	RDA x4 using CQ 1-60yrs PvSeroTAT

^{*}ASPY will be used in the Pv strategy as there is a large stock in Lao, once this has been used. Pv RDA will switch to CQ

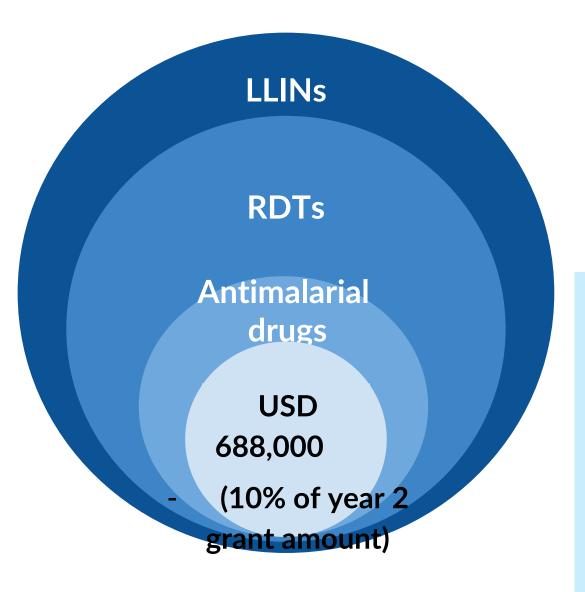
Finance

- > Finance and progress update report for 2024 in Jan-Feb;
- External audit for 2024 in Apr-May;
- Provincial expenditure verification for at least 9 provinces;
- Compliance review at least once a year for each subrecipient;
- Quarterly cash report and forecast in Mar, Jun, Sept and Dec;
- Refresher training on finance guideline for all provinces and central SRs in May and June.





Health Products Procurement 2025



2025 forecasting

- 2025 forecasting is done.
- Procurement request submission is timely done.

CMPE is in process of

- 2025 contract agreement of shipping company
- Procurement process of transportation for LLIN for mass distribution in Feb, 2025



Reprogramming 2025

May

Preparation

SRs meetings

- Identification of reprogrammed activities
- Performance framework
- Budget calculation
- Forecasting and quantification for 2026 commodities

Early June

Late June

Finalization

Submission to GF

Reprogrammed budget

Reprogrammed performance framework

Quantification of 2026 commodities

HPMT



Reprogramming 2025- Key points

→ First priority on

- ◆ Efficient and non-ambitious malaria strategy for 2026
- strengthening of microscopy (assess the functionality of microscopy at hospitals, training needs, and consumable needs)
- strengthening of CMPE's established PCR lab (reagent needs)
- ◆ HR gap including VMWs payment

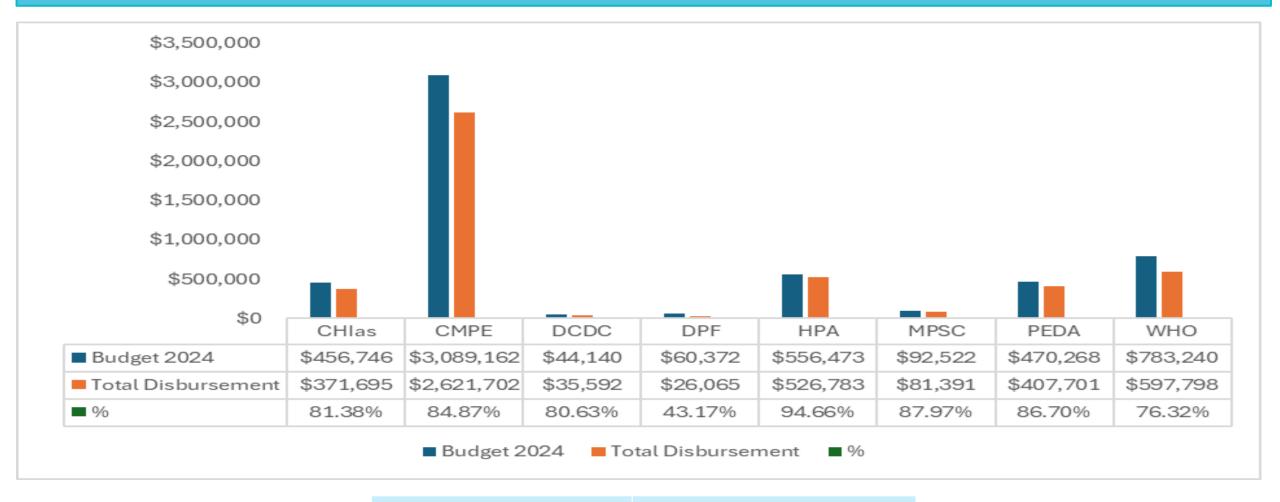
- → Reinvest the above prioritized activities with identified saving, and exchange gain
- → FX exchange rate will be updated and apply in reprogramming budget;



2024 Financial Updates



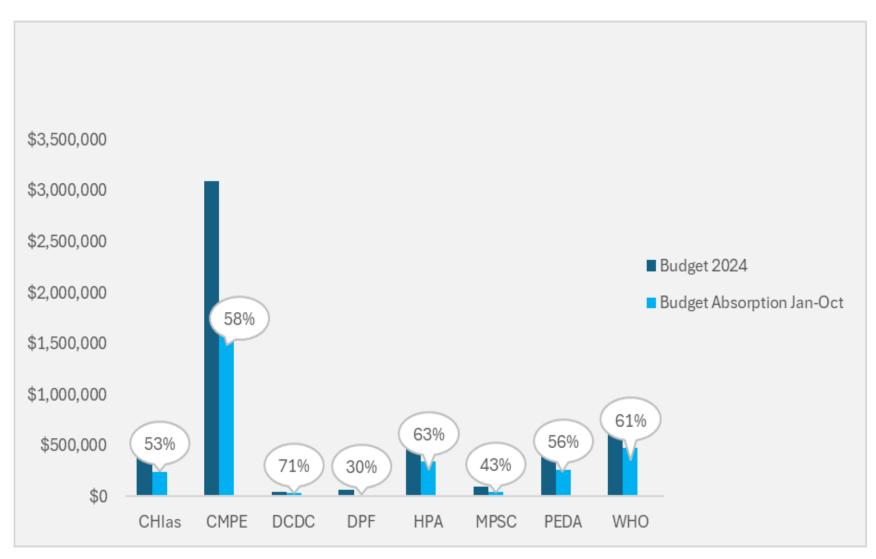
Disbursement vs Budget 2024





Budget	\$5,552,923
Total disbursement	\$4,515,176
%	81%

Budget Absorption Jan-Oct, 2024



Average Absorption rate: 58% for Jan-Oct

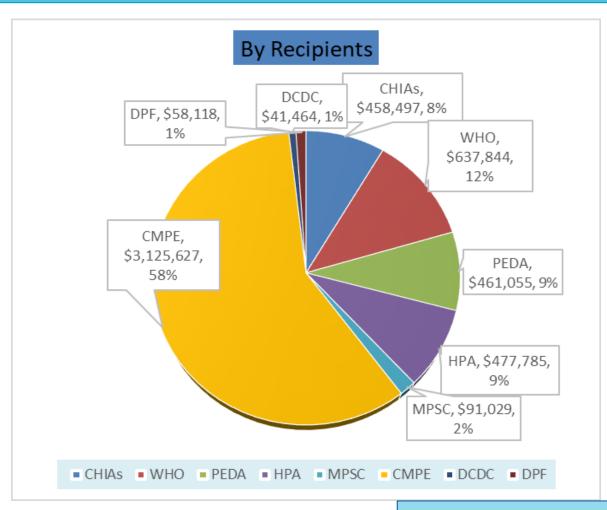


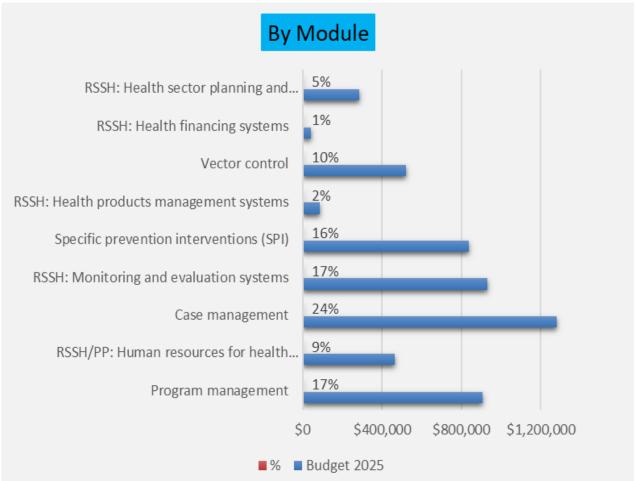
2025 Budget





Budget Plan 2025





Total: USD 5,351,420



Areas need to improve

Procurement Master List

Delayed approval will affect the implementation.

Financial

Supporting documents of all expenditures must scanned and kept in the safe place.

Delayed sending advance clearance document from district causes the risk of missing proper review by provincial accountant before recording accounting transactions.



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Thank you