

Priority issue 2 : Prevention and Treatment of STDs		Time table					Budget (US\$)							
Ref.	Activities	Implementing agencies	Partners	Target population	Indicators/ Expected Outcome	2002					Estimated cost	Funds Available	Sources of Funds	
						2	3	4	1	2				3
2.1.20	Comprehensive HIV/AIDS/STD project (incl. training of HCW and provision of small equip) for 3 provinces (Saravan*, Sekong and Attapeu) targeting general population, esp. women in child bearing age * Activities to be coordinated with	PHD	NCCAB, UNFPA	General population, esp. pregnant women.	Increased effectiveness of STD prevention, diagnostic and treatment services in project areas	X	X	X	X	X	X	X	1,500,000	UNFPA
2.1.21	Training on STD syndromic management for district health/LYU staff and pharmacists in Sayabouli, Vientiane and Bolikhamxay provinces	BI	NCCAB	District health/LYU staff	Health/ LYU staff and pharmacists in 14 districts trained/ better services provided to	x			x				14,000	AusAIDS
2.1.22	Training of HCWs and pharmacists in the syndromic approach, in Luangprabang and Bokeo provinces	CARE	NCCAB, PCCAs, PHD, District and Pro. Hosp. and PWTs	STD patients	All HCWs and pharmacist in the project area trained and improved their services	x	x	x					11,000	JICA, WAF
Step 2. Ensure the availability of appropriate STD Drugs														
2.2.1	Review of National STD treatment guideline for an update and appropriate situation	NCCAB	Curative Dept.	HCW, physician	new guideline revised and is used nationwide				X	X	X		30,000	FHI
2.2.2	Assess STD drugs needs for the provinces as recommended by the new reviewed STD guideline, and calculate costs	NCCAB	FDD	District and provin.	Drug needs identified and costed/list STD drugs available				X	X	X		2,000	GF
2.2.4	Train hosp. pharmacist on DRF	NCCAB, FDD	PCCA, PHD, MCHC, hospitals	Hosp. pharmacist	All hosp. pharmacist trained				X				5,000	GF
2.2.5	Procure an initial stock of STD drugs to Provincial and District hospitals, and ensure 1 annual replenishment	NCCAB	PCCA, PHD	DH, PH	STD drugs available				X		X		200,000	GF
2.2.6	Monitor STD drug utilization and revolving fund	NCCAB	PCCA, PHD	DH, PH	Drug available and monitor/DRF					X	X	X	5,000	GF
2.2.7	In coordination with PSI, develop condom distribution system to general health care facilities	NCCAB	PSI	DH, PH	Condoms available and affordable in all health care settings				X	X	X	X		

Priority issue 2 : Prevention and Treatment of STDs		Time table					Budget (US\$)								
Ref.	Activities	Implementing agencies	Partners	Target population	Indicators/ Expected Outcome	2002					Estimated cost	Funds Available	Sources of Funds		
						2	3	4	1	2				3	4
2.2.8	Revolving Drug Funds in Luangprabang and Bokeo provinces	CARE	NCCAB, PCCAs, PHD, District and Pro. Hosp. and PWTs	STD patients	Revolving STI drug funds established and managed at all the hospitals in the project areas/ Increased availability of and accessibility to STI drugs in	x	x	x					11,000	11,000	JICA, WAF
Step 3. Integrate STD services into primary health care															
2.3.1	Train PHCW on STD case management based on syndromic approach and on demonstration of condom use and promotion	PHD	NCCAB	PHCW	90 % of PHCW trained	X							5,000	5,000	GF
2.3.2	Procurement and distribute minor medical equipment, consumables, condoms and drugs to PHC Centers with trained personnel	NCCAB	PHD	DH, PH	90 % DH are well equipped to provide STD services	X		X	X	X			200,000	100,000	GF
2.3.3	Develop clinic based IEC materials on STD	IEC center, MOH	NCCAB	DH, PH	All DH have appropriate IEC materials	X							7,000	6,000	GF
Step 4. Strengthen STD case finding in antenatal clinics															
2.4.1	Train MCH department staff in STD case finding and integrate and coordinate STD services with OB-GYNE department	PHD, MCHC	NCCAB	OB-Gyne & MCH department	ANC attenders receive appropriate care &	X	X	X	X	X			8,000	8,000	GF
2.4.2	Develop case finding criteria using provisional risk assessment, clinical and simple lab testing	PHD, MCHC	PCCA, NCCAB	pregnant women & their partner	30 % of asymptomatic STDs detected and treated	X							2,000		
2.4.3	Educate ANC attending women to recognize symptoms of STD and seek treatment for themselves and their partners	PHD		Pregnant women	Pregnant women improved knowledge and health care seeking	X	X	X	X	X			4,000		
2.4.4	Develop mechanism to ensure privacy and confidentiality of information and services	PHD	NCCAB	HD,PH	Privacy and confidentiality ensured	X							1,000		

Priority issue 2 : Prevention and Treatment of STDs										Budget (US\$)								
Ref.	Activities	Implementing agencies	Partners	Target population	Indicators/ Expected Outcome	Time table										Estimated cost	Funds Available	Sources of Funds
						2002		2003		04		05						
						2	3	4	1	2	3	4	04	05				
Step 5. Promote health care seeking behaviour for the diagnosis and treatment of STD																		
2.5.1	Develop IEC to promote health seeking behaviour	IEC center, MOH	NCCAB	General population	IEC available to promote health seeking behaviour				X	X					20,000			
2.5.2	Attitudinal restructuring of HCW towards STD integrated in STD training	PHD	NCCAB	HCW, physicians	HCW improve their attitude toward STD patients				X	X	X	X			5,000			
2.5.3	Conduct operational research on health care seeking behaviour/assess barriers to behaviour change and adoption to safer sexual practices	NGOs	NCCAB	General population	Research conducted/research findings are used for HIV/STD program development					X					20,000			
Step 6. Include the promotion of safer sexual behaviour, including condom use, as integral part of treatment of STDs																		
2.6.1	Outreach activities/FGDs by the Multi-Sectoral Project Working Team (PWT) to provide accurate information on STD and HIV/AIDS and to promote STI treatment seeking behaviour and safe sex practices among service women and male clients in Luangprabang and Bokeo provinces	CARE	PWT, PCCAs, PHD, NCCAB	Service women, entertainment owners, male clients and other target groups	Improved STD treatment seeking behaviour among the target population	x	x	x	x	x	x	x	x	x	23,000	11,000	JICA, WAF	
2.6.2	Peer education in Luangprabang and Bokeo provinces	CARE	PWT, PCCAs, PHD, NCCAB	Service women and other target groups	Peer educators developed/improved safe sex practices and STD treatment	x	x	x	x	x	x	x	x	x	11,000	11,000	JICA, WAF	
2.6.3	Ensure the inclusion of the promotion of safer sexual behaviour, including condom use, as integral part of treatment of STDs, in all training activities (see Activities 2.1.3-6, 2.1.10, 2.1.12-13, 2.1.17, 2.3.1, 2.3.5-6)																	
															SUB-TOTAL	2,671,980	2,276,230	

July 1995 Phnom Penh, Cambodia

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Keywords:

Immunization / Poliomyelitis - prevention and control / Vaccines / Measles - prevention and control / Tetanus - prevention and control / Western Pacific
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Disbursement Request and Progress Update

CONTENT

1. Request Summary
 - Part I: Cash Request
 - Part II: Authorization
 2. Programmatic and Financial Progress Update
 - Part III: Program Progress
 - Part IV: Program Expenditures
 3. Cash Reconciliation and Requirement
 - Part V: Cash Reconciliation
 - Part VI: Cash Requirement
- Appendix 1: Statement of Sources and Uses of Funds (Cash Flow Statement)

Disbursement period as used in this form refers to the period for which the Principal Recipient provides a progress update in Section 2 of the Disbursement Request and Progress Update (e.g., one fiscal quarter). The disbursements from the Global Fund normally covers a PRs cash requirements for one disbursement periods plus one additional quarter to ensure that the PR will have adequate cash on hand for program expenses while it prepares its Disbursement Request and Progress Update and that Request is being considered by the Global Fund.

1. Request Summary

A. Country:	
B. Disease:	
C. Grant number:	
D. Principal Recipient:	
E. Disbursement period beginning date:	
F. Disbursement period end date:	
G. Disbursement Request number:	
H. Currency:	USD

PART I: CASH REQUEST

1 Cash requested from the Global Fund (amount in USD): _____
(from Part VI, line 12)

2 Amount requested in words (in USD) _____

Cash disbursed will be remitted to the bank account noted on the cover sheet of the Grant Agreement.

PART II: AUTHORIZATION

3 Signed on behalf of the Principal Recipient
(signature of Authorized Designated Representative)

4 Name: _____

5 Title: _____

6 Date: _____

2. Programmatic and Financial Progress Update

A. Country:	
B. Disease:	
C. Grant number:	
D. Principal Recipient:	
E. Disbursement period beginning date:	
F. Disbursement period end date:	
G. Disbursement Request number:	
H. Currency:	USD

PART III: PROGRAM PROGRESS				
Main program objective				
Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
1				
2				
Main program objective				
Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
1				
2				

PART IV: PROGRAM EXPENDITURES			
	Budget	Actual	Reason for variance
1 Total actual expenditures vs. budget			
1.a. PR's total program expenditures			
1.b. Disbursements to sub-recipients (by sub-recipient)			

- Other program results, issues, and lessons learned:

- Planned changes in program, including resolutions to mitigate issues, if any:

- Changes in budget forecasts including for next disbursement period:

3. Cash Reconciliation and Requirement

A. Country:	
B. Disease:	
C. Grant number:	
D. Principal Recipient:	
E. Disbursement period beginning date:	
F. Disbursement period end date:	
G. Disbursement Request number:	
H. Currency:	USD

PART V: CASH RECONCILIATION

1. Cash Balance: Beginning of disbursement period: (line 7 from previous disbursement period Cash Reconciliation)

Add: Sources of Cash during the disbursement period (from PR Statement of Sources and Uses of Funds (Cash Flow Statement), Appendix 1)

2. Interest received on bank account, user fees and other income received*

3. Cash received from the Global Fund (last Disbursement)

4. Total sources of cash (line 2 plus line 3)

5. Total cash available for disbursement period: (line 1 plus line 4)

Less: Uses of Cash during the disbursement period (from PR Statement of Sources and Uses of Funds, Appendix 1)

6. Total program expenditures during disbursement period (same as Part IV, 1, "Actual")

7. Cash Balance: End of disbursement period: (line 5 minus line 6)

PART VI: CASH REQUIREMENT

8. Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter:

9. Next disbursement period beginning date _____ end date _____

10. Subsequent quarter beginning date _____ end date _____

11. Less: Cash Balance: End of disbursement period: (Part V line 7)

12. Cash requirement from the Global Fund for next disbursement period plus one additional quarter:
(line 8 minus line 11)

13. Exchange Rate
(used to translate local currency into USD) _____

* Including income from other donors, if program supported by Global Fund is co-financed by other donors

Annex 2: Example of an M and E Plan, excluding narrative

EXAMPLE

PROGRAM INDICATORS FOR MONITORING AND EVALUATION														
Program objectives	Key indicators	Baseline (if available)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Y2 and Y3 Planned	Data Source	Frequency of data collection	Responsible
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
1 To prevent mother-to-child HIV transmission (pilot program)	No of staff trained to manage the program	2	5									Training Records	One time only	Training Officer
	Procurement system up-graded to allow for procurement of ARVs		system developed									Procurement Policies, Invoices and Direct Observation	One time only	Procurement Staff of MOH
	District hospitals fully equipped for program	0		3		5							One time only	District Health Supervisors
	Percent of pregnant women attending participating hospitals who are tested for HIV	0%									85% end Y2	ANC Records	Ongoing	District Health Supervisors
2 To prevent HIV among sex workers through voluntary counseling and testing (scale up of existing program)	Number of HIV + women receiving antiretroviral therapy to prevent mother-to-child transmission of HIV	0%				200				1000	9000	ANC Records	Monthly	District Health Supervisors
	Disbursement scheme and monitoring system for NGO sub-recipients developed	1	system developed									Disbursement Policies, Training Records	One time only	Chief Financial Officer
	Number of counselors trained	5	15	35								VCT Centers' Training Records	Monthly	Training Officer
	Facilities offering VCT services	1	4									VCT Centers' Service Records	One time only	District Health Supervisors
	Number of people receiving HIV testing interventions to promote VCT	800				1600					14000	VCT Centers' Registers	Monthly	District Health Supervisors
	Percent of sex workers who reported using condoms during last sexual intercourse	200		500						1500	8000	VCT Centers' Registers	Monthly	District Health Supervisors
	Disbursement scheme and monitoring system for CBO sub-recipients developed	33%	scheme and systems developed							40%	55% end Y2	Behavioral Surveys	As scheduled	MOH/Dept of Statistics
	Training program for HIV life skills education established	0		Program Developed								Disbursement Policies	One time only	Chief Financial Officer
	Number of teachers trained in HIV life skills education (Pilot program)	0				50						Training Records	Monthly	Education Supervisor, Ministry of Education
	Number of schools that taught life skills education	0								15	25	Curricula	One time only	Education Supervisor, Ministry of Education
	Knowledge of HIV/AIDS among age 15-24**	not available		Baseline established							TBD	KAP Survey, Antenatal serosurveillance study	As scheduled	Chief Epidemiologist, MOH/Dept of Statistics
	HIV prevalence among age 15-24	1.4%									1.2% end Y2		Quarterly	Chief Epidemiologist, MOH/Dept of Statistics

PROGRAM BUDGET													
Summary period budget/expenditures	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Y2		Data Source	Frequency of data collection	Responsible
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual			
	USD 170,000		USD 131,000		USD 160,000		USD 540,000		USD 3.2 m		PR budget forecasts and accounts	Continuous entry	PR Financial Manager

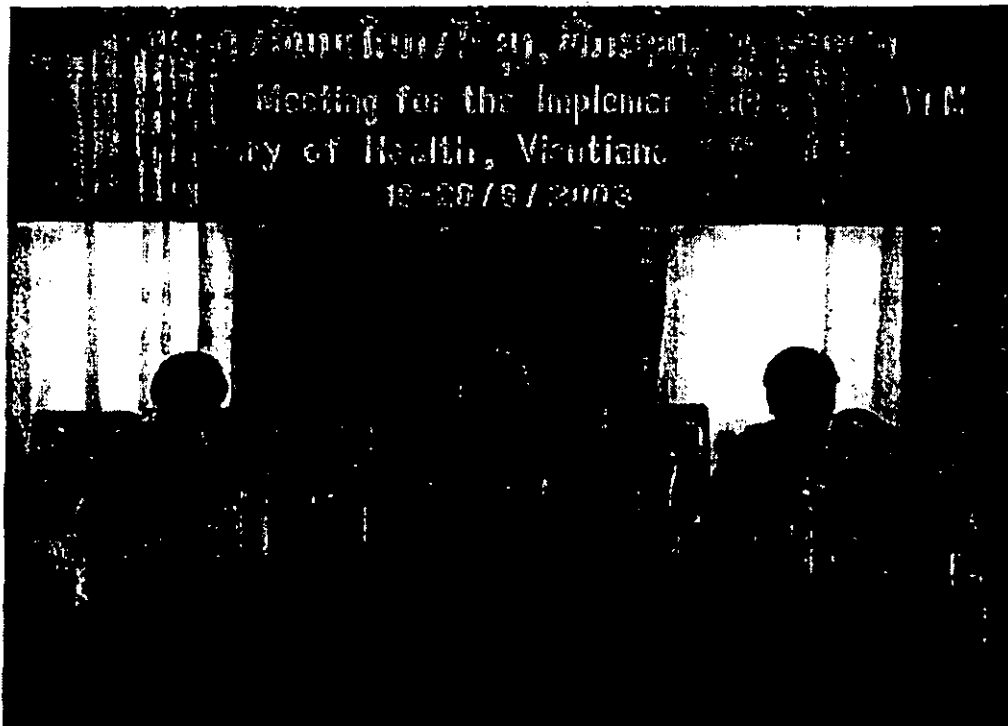
Consolidated use with other major partner by female aged 15-49. **Percent schools with teachers trained in HIV/AIDS education and who taught 4 last academic year. ***Percent young people aged 15-24 who know 1-3 ways of prevention of sexually transmitted HIV/AIDS and reject major transmission mode.



Ministry of Health

Global Fund to Fight AIDS, Tuberculosis, Malaria

Progress Report on the Implementation
of the Global Fund to Fight AIDS, Tuberculosis, Malaria
1st Quarter and 2nd Quarter/2003 (April - September)



Global Fund News, 1st Edition, October 2003. PR Office of the GFATM,
Ministry of Health
Vientiane, Lao PDR. Tel: (856)-21 241980, Fax: (856)-21 241981

Background Information:



GLOBAL FUND
to Fight AIDS,
Tuberculosis
and Malaria

Global Fund to Fight AIDS/Tuberculosis/Malaria (GFATM) was created as an independent public-private partnership to increase the global resources available to combat AIDS, tuberculosis, and malaria, direct the resources to areas of greatest need, and ensure that the funds are used effectively.

Programmes aimed at prevention, treatment, and care and support of those infected and directly affected are all eligible for funding, but "proposals to the Fund must be evidence-based, technically and developmentally sound, and must show that added resources will bring added results".

The idea of an international funding mechanism to fight these diseases crystallized **at the Okinawa G8 Summit in July, 2000**. At the urging of UN Secretary General, Kofi Annan, and national leaders, the concept was then unanimously endorsed at the UN General Assembly Special Session on HIV/AIDS in June, 2001. The following month, G8 leaders meeting in Genoa committed \$1*3 billion to the fund. At the same time, a transitional group was created, consisting of nearly 40 representatives of developing countries, donor countries, and the UN system. Regional consultation followed, and at the end of 2001 the Board was selected.

At the first meeting of the Board in January, 2002, GFATM became officially operational, and the first call for grant proposals was made, with a deadline of March 10. The announcement of the approved proposals on April 25 therefore marked the end of a very swift review process. (Ref: The Lancet 04 May 2002, Volume 359, Number 9317)

✓
On the **25 April 2002**, the Fund announced that 40 programmes in 31 countries would receive funding under its first round of grants. Seven of the proposals were from the Western Pacific Region.

In **WPRO, Cambodia, China, Lao PDR, Mongolia, Vietnam** have been approved for funding.

In **SEARO, India, Indonesia, People's Democratic Republic of Korea, Sri Lanka, Thailand** have been approved for funding.

Role of WHO

WHO work closely with countries of the Region in preparing proposals for the Fund. For example, in response to requests, WHO provided support to five of the six countries that submitted proposals for TB control.

Two bi-regional meetings on the Fund were organized in the South-East Asia and the Western Pacific Regions. **The first was organized by the Government of Thailand in Bangkok in November 2001 and the second by the Government of China in Beijing in February 2002. WHO supported representatives of Member States to participate in both meetings.** WHO also regularly updated Member States of the Region on the latest Fund developments through its country offices.

The following information describing the different steps prepared since the early stage of submitting the proposal to the Global Fund until the period in which the proposal has been approved by the Global Fund.

I. From Beijing Meeting until the submission of the proposal to the Board of the Global Fund (9 February 2003-10 March 2003)

1. Attend the Beijing Meeting for the Global Fund from 7-9 February 2003. Representatives from the Ministry of Health attended this meeting were:

- Dr. Bounlay Phommasack, Deputy Director General, Dept. of Hygiene & Prevention,
- Dr. Chansy Phimpachanh, Director of NCCA Bureau, MOH
- Dr. Samlane Phomphida, Director of CMPE, MOH
- Dr. Bounkong, Technical Officer to the TB Center, MOH.

2. Preparation of proposal.

Time available to prepare the proposal was only 30 days. Deadline for submission of proposal to the Global Fund was 10 March 2003. Immediately, after back from Beijing meeting, the following activities have been planned and carried out:

- February 11, 2003: Submit report of the Beijing to the Ministry of Health
- February 12, 2003: Report the results of Beijing meeting to the Board Directives of the MOH, discuss on the preparation of proposal and propose the establishment of CCM..
- February 2003, CMPE, NCCAB, TB Center prepared proposals
- February 21, 2003, presentation of proposal on AIDS, Malaria, TB to CCM.
- February 21-24/2003 revision of proposal
- February 25, 2003 submission of proposal to the Global Fund

3. Establish of CCM-Country Coordination Mechanism

This is a multi-sectoral committee, chaired by the Minister of Health, that includes representatives of civil society, multiple ministries, the donor community and the private sector. It is required as part of the Global Fund proposal process.

Terms of Reference:

- Review proposals or proposal revisions and authorize for submission to the Global Fund.
- Receive and review work-plans and progress reports from implementers of global fund activities and monitor progress of activities that have been funded.
- Review requests for funds and authorize disbursement of funds from the global fund main account.
- Arrange for and review the annual external financial audit of the global fund.
- Meet on a quarterly basis. If the CCM so decides, the duties of the CCM may be delegated to a smaller executive committee of the CCM which will meet quarterly and the entire CCM will meet on an annual or semi-annual basis.
- A designated member of the CCM will be a co-signatory on the Global Fund main account.

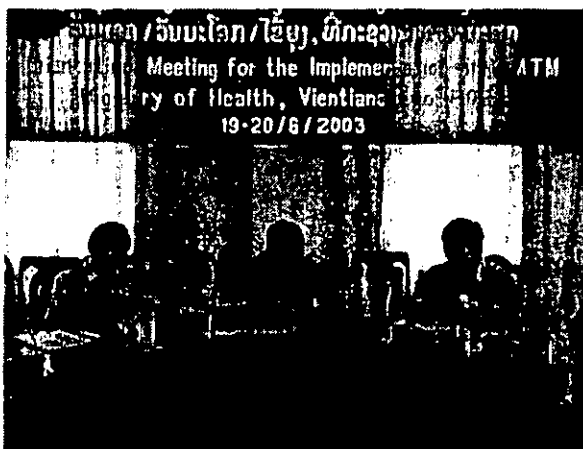
Composition of CCM:

In total there are 28 members.

1. Ministry of Health (4)
2. Ministry of Labor & Social Welfare (1)
3. National Assembly (1)
4. Office of Supreme Public Prosecutor (1)
5. Committee for Planning & Cooperation (1)
6. Ministry of Information & Culture (1)
7. Ministry of Communication, Transport, Post & Construction (1)
8. Lao Buddhist Association (1)
9. Chamber of Lao Commerce (1)
10. Lao Front for National Construction (1)
11. Lao Youth Revolutionary Union (1)
12. Lao Women's Union (1)
13. Lao Red Cross (1)
14. People Living with HIV/AIDS, Savannakhet province (1)
15. WHO (1)
16. UNICEF (1)
17. UNDP (1)
18. UNAIDS (1)
19. UNFPA (1)
20. Care International (1)
21. Institut de la Francophonie pour la Medecine (IFMT) (1)
22. Embassy of Sweden (1)
23. PSI (1)
24. International Federation of Red Cross and Crescent (1)
25. EU (1)

Photograph below:

Dr. Ponmek Dalalay, Minister of Health, Chairman of CCM, delivering opening remarks on the "Orientation Meeting for the Implementation of the Global Fund to Fight AIDS/Tuberculosis/Malaria



The CCM will be assisted by a CCM Secretariat. The CCM Secretariat will be appointed by the CCM. It will be housed within the Ministry of Health. Technical skills will be needed in the areas of public health and in accounting/management.

The terms of reference of the CCM Secretariat:

- Review workplans and progress reports of implementers and make recommendations concerning them to the implementers and the CCM.
- Monitor implementation activities supported by the Global Fund.
- Make recommendations to the CCM concerning disbursements from the Global Fund.
- Provide advice and guidance to implementers of activities so that they can follow Global Fund rules and regulations.
- The head of the Secretariat will serve as a co-signatory on the Global Fund sub-accounts.

II. Activities performed since the submission of the proposal until the announcement of the Global Fund. (March 10/2003-April 25, 2003).

III. From the first announcement of the Global Fund until the first disbursement of fund

There are many activities to prepare during this period.

- Study on the fiduciary arrangements
- Open Bank Account of the Global Fund at the MOH
- Open Bank Account for Sub-PR, Malaria, AIDS, and Tuberculosis.
- Assessment of financial mechanism of PR by the Expert from the Global Fund

- Assessment of supply system of PR by Expert of the Global Fund.
- Preparation of malaria drugs to be ready to order
- Preparation of hand out/guidelines for training of malaria volunteers, STD guidelines.
- Print posters/ pamphlets for health education

11. Vientiane Municipality
12. Bolikhamxay province
13. Khammuane province
14. Savannakhet province
15. Champassak province
16. Saravan province
17. Xekong province
18. Attapeu province

IV. Provinces identified as great needs from the Global Fund:

STD programme implementing in the following provinces:

1. Luang Namtha province
2. Vientiane province
3. Vientiane Municipality
4. Champassak province
5. Saravane province

Malaria programme implementing in the following provinces:

1. Saravane province
2. Attapeu province
3. Xekong province
4. Champassk province

Tuberculosis programme implementing in the whole country.

1. Luangprobang province
2. Oudomxay province
3. Luang Namtha province
4. Xieng Khouang province
5. Bokeo province
6. Xayabury province
7. Phongsaly province
8. Xam Neua province
9. Vientiane province
10. Special Zone Xaysomboun

V. Achievements:

Orientation of the Global Fund to the provinces 19-20 June 2003:

The orientation on the Global Fund to Fight AIDS/Tuberculosis/Malaria (GFATM) organized at the Ministry of Health. The main objectives of the meeting were to inform and get commitments from provinces to effectively implement the project.

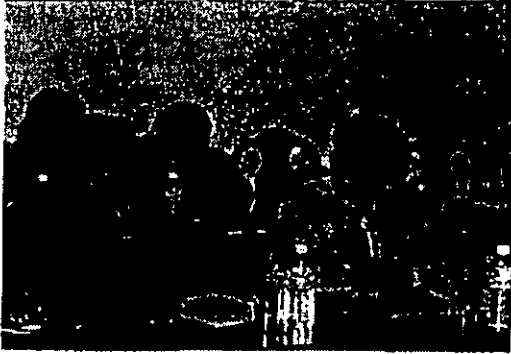


Members of CCM and concerned provinces attended the orientation meeting on 19-20 June 2003 at MOH



During the Orientation Meeting:

Sub-PR Malaria, explaining the Plan of Action (POA) to control malaria to the meeting.



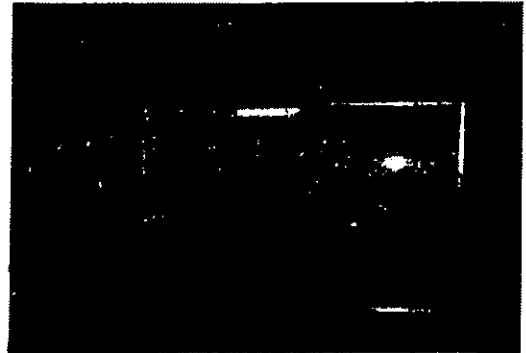
Sub-PR PSI, explaining the Plan of Action (POA) to the meeting



Sub-PR NCCAB, explaining the Plan of Action (POA) to the meeting



Head of CCM Secretariat explaining the process and mechanisms to implement GFATM



Sub-PR Tuberculosis, explaining the Plan of Action (POA) to the meeting



PR Office explaining, answering the questions to the meeting



Tools for implementing the GFATM developed by the CCM Secretariat:

1. Guidelines for the Implementation of the Global Fund to Fight AIDS/Tuberculosis/Malaria. These guidelines already distributed to Sub-PR and concerned provinces
2. Contract between PR and Sub-PR Malaria, Sub-PR NCCAB, Sub-PR Tuberculosis and Sub-PR PSI, for implementation of GFATM already signed.
3. Manual on Financial and Accounting Management System for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Sub-PR Malaria, Sub-PR PSI visiting Phouvong District with Vice Minister, Attapeu province



Monitoring and supervision of targeted provinces by CCM Member and PR

Vice Minister of Health, Dr. Bounkouang Phichit, CCM member visiting Champassak provincial service



Head of PR explaining the purposes of the visit At Attapeu province



Training of drug store owners at Sekong province By Sub-PR PSI



Participants of the training expressed their

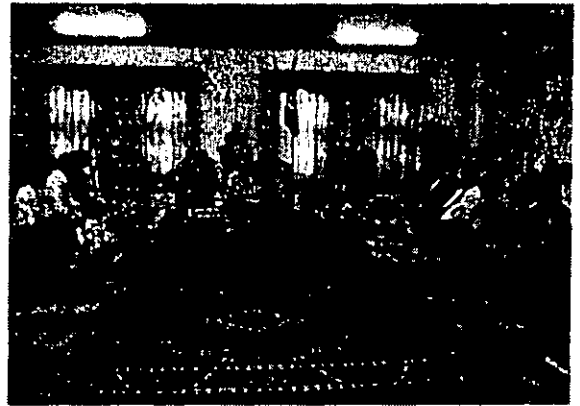


feelings and happy to see the training organized locally in their own provinces.

Technical staff of Sub-PR Malaria discussed with Participants during the training



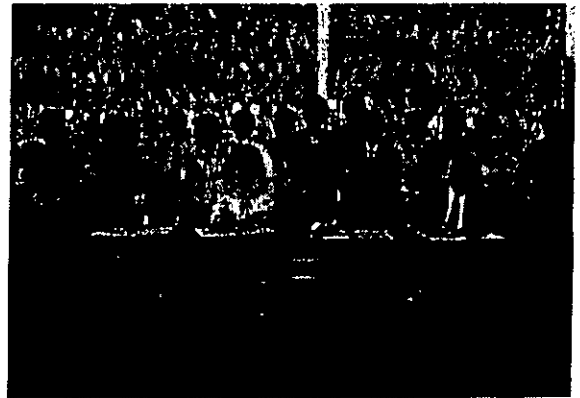
The Board of GFATM visiting MOH, Laos:



Sub-PR Malaria discussed with Saravane Provincial Health Service



Signing Ceremony approving TB proposal



During the discussion for malaria activities Xekong province



The Board of GFATM from Geneva, Visiting Vientiane province



VI. Conclusion

With the close supports and advices from the CCM, and with the active involvement of PR members, SUB-PR Malaria, Sub-PR NCCAB, Sub-PR TB Center, Sub-PR PSI, the implementation of the Global Fund in Lao PDR has reached its initial results, enabling the the whole system to perform the activities according to the plan. Those achievements can be emphasized in the following areas as such:

Administration/communication arrangements:

1. Setting up of PR Office
2. Setting up of Sub-PR Offices (Malaria, AIDS, Tuberculosis, PSI) *central/provincial*
3. Setting up of Office for the Global Fund incorporated into the Provincial Health Services.
4. Signed Contract between PR and Sub-PR committing concerned parties to fulfill tasks/activities planned.

Orientation/training

1. Orientation on the Global Fund to the provinces.
2. Training on Financial and Accounting Management System to all provinces (18 provinces).
3. Training of drug sellers at Saravane, Sekong, Attapeu provinces. The main purposes are to bring access of tablets for mosquito nets treatment available at the community level.

CCM Meetings:

1. First CCM (21 February 2002) meeting to endorse the proposal on AIDS/Tuberculosis/Malaria to be submitted to the Global Fund before the deadline 10 March 2002.
2. Second CCM meeting to study on the fiduciary arrangement and conditions required by the Global Fund (April 2003).
3. Third CCM meeting approved the KPMG as Local Fund Agent (June 2003).
4. Fourth CCM meeting (04 July 2003).
5. Fifth CCM meeting (October 2003) to report the achievement of the First Quarter in implementing the project.

VII. Acknowledgement

The CCM Secretariat would like to express many thanks to the CCM members for devoting their busy time to support, advice and supervise the work of the PR and Sub-PR, fulfilling the tasks planned. Thank to WHO for giving advice on technical matters. Last but not least, thank the Global Fund Board from Geneva for their valuable advices to the Global Fund in Lao PDR during their mission to Laos.

Global Fund News, MOH, Lao PDR

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DRAFT

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

Lao People's Democratic Republic

1

Date of submission:

Reporting period: 2002

Information provided in this report MUST refer to the previous calendar year

(Tick only one):

- Inception report p
- First annual progress report p
- Second annual progress report X
- Third annual progress report p
- Fourth annual progress report p
- Fifth annual progress report p

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with the GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
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