

Lao PDR

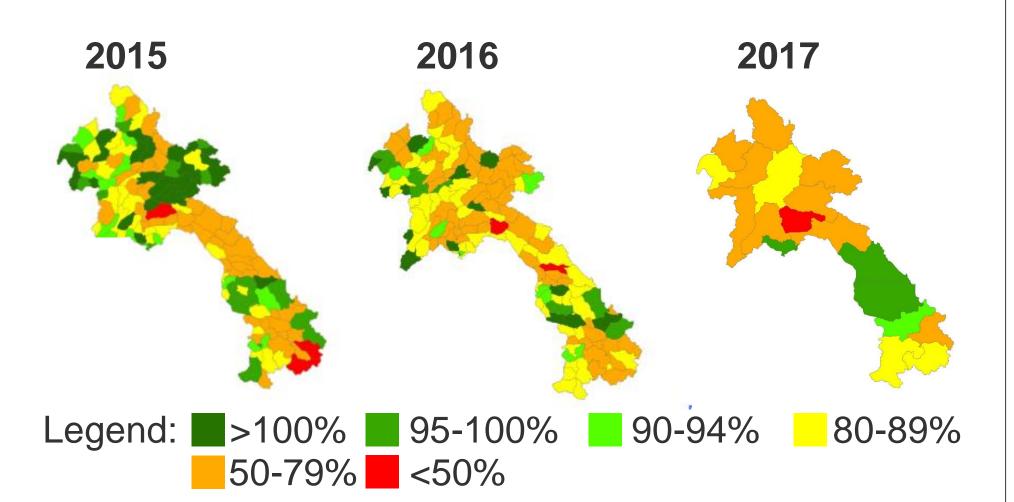
Managing the Transition from Gavi Assistance

Kongxay Phounphenghack, Chansay Pathammavong, Bounpheng Philavong, Southanou Nanthanontry, Khampe Phongsavath

1. Background Information

National DTP3 Coverage (%) 100 90 80 70 60 30 20 "DTP3 - WHO/UNICEF estimates" "DTP3 - Country Official estimates" "DTP3 - Country Official estimates"

DTP3 Coverage by District Lao PDR



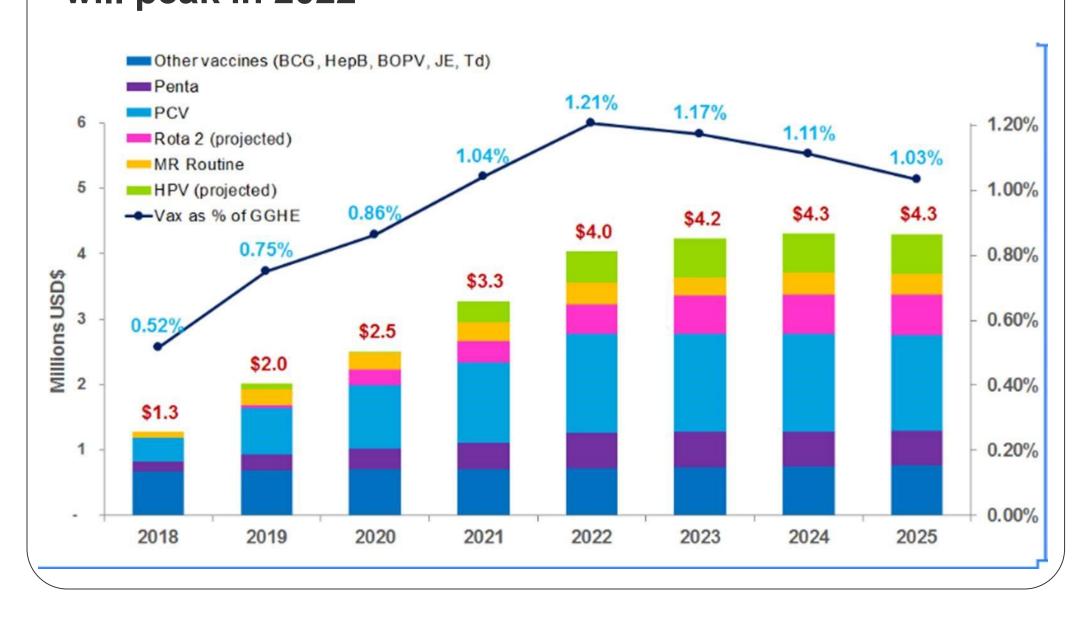
Where the country is in terms of the timing of transition of Gavi support:

- Lao PDR is in the accelerated transition phase
- Co-financing until end 2021 for existing Gavi vaccines;
 HPV and Rota would be introduced in 2019 and supported into 2023
- HSS, Transition Grant, Vaccine Introduction and Switch Grants forthcoming

Planned introductions:

2019 HPV & Rota

Vaccine cost as % of government health expenditure will peak in 2022



2. Financing

Securing financing:

- So far having budgets approved for vaccine procurement has not been a problem; as the amounts increase, this will need to be carefully planned and monitored
- There are occasional problems with funding for NIP activities not reaching districts to enable activities (outreach, etc); in some cases, activities have to be delayed to the following quarter. Lao PR is trying to improve integrated service delivery (NIP, MCH services, etc) to reduce operational cost of outreach and create system efficiencies

Disbursement of funds:

- Each province has an immunization program manager responsible for (1) consolidation of the budgets and activity plans developed by the district immunization program staff, based on the microplan, and forwarding the budgets and action plans to the central level and (2) disbursement of funds received from NIP to the lower levels of the system
- Variations in budget allocations, mechanisms and timeliness of disbursement directly impact the implementation of outreach services.

To address multiple donor transitions (Gavi, UNFPA, GFATM), Lao PDR will need to:

- Situate transitioning of key health programs within a broader health financing context in progressing toward UHC
- Assess fiscal space and viable options for domestic resource mobilization for achieving and sustaining UHC
- Strengthen institutional capacity of the country to deliver services for results
- Develop one unified transition roadmap and actionable plans to ensure smooth transition from donor funded programs to domestically financed integrated health programs

Lao PDR has already taken important steps to improve the efficiency and accountability of spending in the health sector. The Minister has recently gone before the National Assembly to increase the level of budgetary oversight of the Ministry of Health and the Government of Lao remains committed to increase government spending on health with a target of 9%.

3. Procurement

Procurement Method: UNICEF SD, with some exceptions such as Typhoid vaccine when responding to outbreak

Challenges:

- Approval of budgets sometime misaligned with required timing of transfer
- For example, currently there is low stock of OPV at national level due to delays in budget approval

4. NITAG

Lao PDR has a NITAG, reformed in 2017 and high functioning with engaged members, dedicated executive secretary. The NITAG structure is consistent with WHO recommendations

5. Coverage and Equity

Challenges:

- Relatively small population spread over a large geographical area. Much of the population lives in rural and difficult-to-access areas.
- About a quarter of the population belongs to non-Lao ethnic groups. In some cases, communities are mobile (or partly mobile) and often with their own language.
- The concentration of recent outbreaks amongst ethnic populations point to economic, geographic and ethnic disparities impacting access and coverage.

Actions

- Reinforcing the development of microplans to strengthen service delivery especially in hard-to-reach communities; expanding monitoring and supportive supervision to low-performing/priority districts; and building health care worker capacity through a comprehensive EPI manager training.
- Developing tailored communications materials in local languages to address disparities among ethnic groups.
 Also conducting interpersonal communication trainings for healthcare workers and community volunteers in targeted districts to address language barriers.
- Exploring more efficient ways to deliver a package of services to remote and vulnerable populations including regular integrated outreach.
- Implementing Effective Vaccine Management improvement plan
- Data quality remains a challenge: NIP developed a Data Quality Improvement Plan in 2016 that is being implemented. Additional funding to considerably improve data quality in the coming years.
- Lessons learned from the recent outbreak have highlighted the need for a strong surveillance system for rapid responses.
- Improvements in AEFI reporting and management also remain a priority if we are to address vaccine hesitancy.

6. Transition Plan

Immunization law has been drafted and submitted to Department of Junctive for enactment into law.

7. Graduation Grant

- Transition plan will be revisited in future years in view of changing priorities. ~\$2m Remains to be allocated from HSS savings
- Several partners are ID's to receive transition grant funds – WHO, UNICEF, CHAI, SABIN, US-CDC
- Grant is at the beginning of usage (2017 2021)
- Consultative process is important in using grant

Gavi funding allocation within Lao transition plan (US\$ million)

		Year					
		2017	2018	2019	2020	2021	2017-
							2021
GAVI	Invest-						
funding to	ment	0.87	0.49	0.27	0.20		1.83
Government	HSS	0.98	0.86	0.56	0.28		2.68
	New						
	Vaccine	0.11	0.46	0.36	0.34	0.33	1.59
	Subtotal	1.96	1.81	1.19	0.81	0.33	6.09
GAVI funding for TA through Development							
partners		1.20	1.03	0.63	0.43	0.42	3.72
Government							
Commitment			1.78	3.38	4.22	5.04	14.43

8. Key Lessons

 Important to build awareness across government -MOH (3 departments involved), MOF







