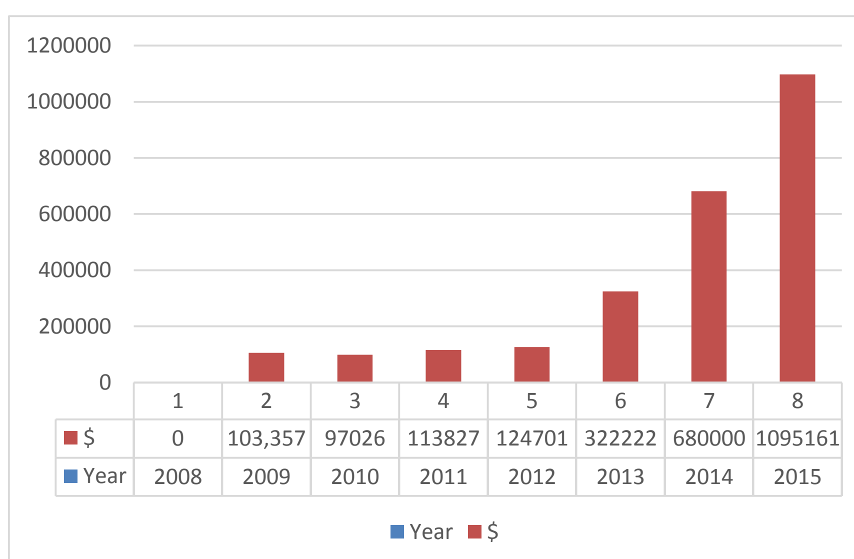
Joint appraisal report

Country	Lao PDR
Reporting period	*January to December 2015*
cMYP period	*Ends in December 2015*
Fiscal period	*October to September*
Graduation date	*Not applicable*

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

Gavi continues to be one of the major funder of the vaccination program in Lao PDR with introduction of a number of new vaccines. Campaigns are generally externally funded, most recent being the MR campaign completed in last quarter of 2014 which was funded jointly by WHO and UNICEF through Measles & Rubella Initiative. This led to a perception that the program may not sustainable as the Government funding would never commensurate with the actual needs. Until 2009, vaccines and operational costs for outreach were almost entirely externally financed. With intensified advocacy, technical support, Government of Lao started national budget allocation for the procurement of vaccines as part of Gavi co-financing in 2009 and never defaulted. In addition, WHO and UNICEF support for assessment of financial sustainability, costing of vaccines and outreach and use of financial gap monitoring tool since 2013 the Government significantly increased domestic expenditures on traditional vaccines, cold chain and operating costs for outreach. The EPI review and possibility of Gavi graduation also catalyzed this action. The Government allocation for EPI budget is shown in the following graph:



Lao PDR has also benefited from the recent Board decision on Gavi eligibility that allows it two extra years for the graduation process to start with. Japan (through JICA), World Bank and Luxemburg Dev had been a major support to the EPI program, while Japan has pulled out its vaccine procurement and other support in recent times. Luxemburg Dev and few other donor partners including UNICEF had been supporting significant proportion of operational cost of the routine immunization.

Only recently, the Ministry of Finance and Ministry of Planning and Investment are attempting to pull together all external aid coming to the country as part of aid effectiveness program. Lao PDR has been alerted to record the value of vaccines coming in kind through UNICEF as part of Gavi assistance.

While overall financial sustainability and fiscal space remain a concern, a significant positive development to note is the doubling of Health sector allocations. It has gone up to 9% of all Government expenditures, compared to 4.4% earlier. Fiscal pressure is also on account of lower revenues of the Government compared to rapid economic growth estimated at more than 6% at present. This is a welcome improvement following the major financial shortfall last year that resulted in non-payment of personnel salaries.

The vaccines has been rolled out as planned. In fact, Gavi has utilized the vaccine introduction event as an example on two occasions – dual launch of HPV and PCV in 2013 and global launch of JE (Gavi supported). The joint appraisal team felt that the upkeep of the vaccines at all levels of storage – national, provincial and district/health center – has improved significantly (as observed during the joint appraisal). Some of the key challenges raised during the appraisal mission relate to broader development and health issues in the country such as large proportion of ethnic minorities and geographic inaccessibility of many parts of the country.

Two previous HSS grants from Gavi had small amounts ($600,000 per year). Lao focused these investments in five districts only, focusing on delivery of integrated MCH services. The District health centers were strengthened with advanced diagnostic and delivery service facilities and vaccinations are being provided as part of Lao's integrated service delivery model, with antenatal visits and deliveries providing an opportunity to provide birth doses of vaccines like Hepatitis B, BCG and OPV. The situation continues to be challenging due to geographic and ethnic barriers. Per unit cost of service in Lao is much higher. The new HSS grant, now under preparation, will enhance the annual support to $1.4 million per year.

The presence and contribution of development organizations is likely to scale-down since the country has acquired a low-middle income status. There is little presence of NGOs with active contribution to the immunization program. Lao Women's Association is usually cited when the discussion on the NGOs/CSOs comes up.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- The country since 2004 has made good progress in reaching its target population with vaccines. Coverage for the third dose of Pentavalent vaccine has increased from 49% in that year to 88% in 2014. This is more than 1% as compared to last year.
- The country is completing a large nationally-representative coverage survey and will begin implementing data quality assessments in late 2015.
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- The reported administrative national coverage for Pentavalent vaccine has been consistent throughout the years keeping concordance with the WHO-UNICEF estimates;

Challenges

- Large disparities in coverage among districts and illogical reported coverage (above 100%), signals of deficient data quality, remain issues that need to be addressed.
- Stock outs of vaccines have been reported in 2014 and in previous years stemming from the declining external resources for vaccines and operational costs for immunization service delivery coupled with limited immunization supply chain management

- Overall grant management, monitoring and financial management of the HSS grant is weak, particularly the reporting of cash expenditures, activity completion and performance based rewards
- The validity of the external audit is questionable, as the auditing entity is not entirely independent to the government.
- The impact of the HSS grant is questionable, based on the reported figures on ANC1, delivery by skilled birth attendants, and immunization coverage
- The increase in financing by the country is confounded by the introduction of new vaccines in recent years. The country remains heavily reliant on donor funding for its programme despite increased ownership and domestic funding in recent years
- The gap between the end of the current HSS grant, and the commencement of next HSS grant could cause disruption to immunization and related activities without adequate planning

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)

- Use the findings of the national coverage survey, to be available by end of this year, and of the high-risk approach to re-define modalities to reach all populations for immunization services, in line with the government strategies on health service delivery.
- Strengthen EPI data collection and reporting systems in the framework of national and sectoral priorities of improving availability, timeliness and quality/reliability of data and information. Maximize the use of new Census data to refine data on the target population for immunization. Build on (or link to) the ongoing work of the MoH on eHealth Strategy Development and HMIS/DHIS2 and on innovative approaches to improve Logistics Management Information and real-time monitoring of Cold Chain functioning and Vaccine Stocks monitoring (CCIS) to support immunization programming.
- Conduct, and translate the findings from the evaluation of current HSS grant, including a planned transition between the current and new HSS grant.
- Strengthen the financial management and program monitoring capacities at national and provincial levels.
- Endorse the EVM Improvement Plan and mainstream the main activities and budgets into the annual operational plans of the relevant Ministry of Health units at the national, provincial and district level.
- Develop effective communication strategies with a costed plan of action to address demand side barriers to immunization, including those related to ethnicity and fear of multiple injections. Ensure that interventions are informed by evidence and, where necessary, tested in Lao context before scaling up.
- To further increase financial sustainability of the immunization programme and in conjunction with the development of new Health Sector Development Plan 2016-2020, new cMYP and EVM IP, update the medium term budget framework for vaccines, cold chain and outreach to inform strategic and operational planning and budgeting by the Ministry of Health and external development partners.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- *Renewal of Pentavalent vaccine in the existing presentation*
- *Renewal of Pneumococcal vaccine in the existing presentation*
- *A bridge support for HPV demo for one year has been communicated to the country*

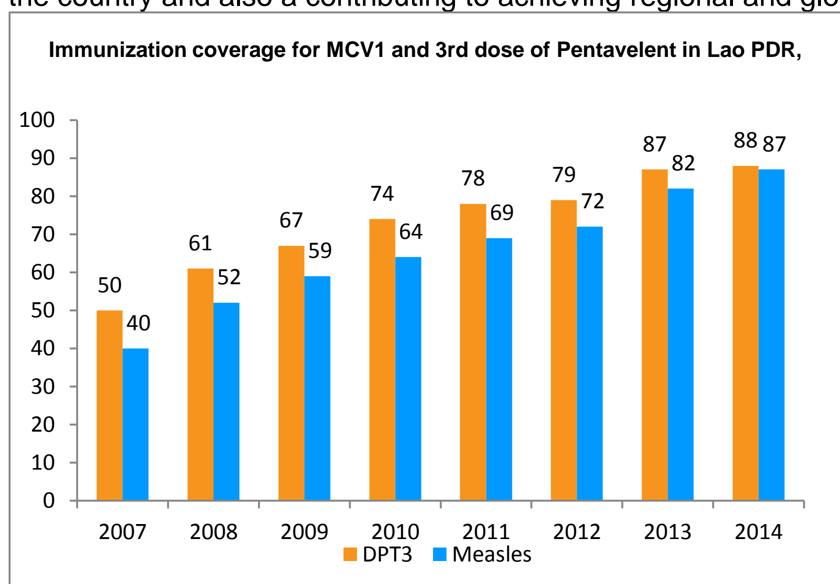
Health systems strengthening support

- *The existing grant is fully approved and disbursed. New application is expected in September 2015*
- *Approval of performance base reward of $441,540*

2. COUNTRY CONTEXT

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

- In the past 10 years Lao People's Democratic Republic (Lao PDR) has shown an increase in the economic growth that reached 8.1% with GDP per capita estimated at $1,355, the household poverty rate has declined to 13% (target for 2015 is less than 10%); this increase in GDP together with strong political commitment from higher levels has resulted in putting additional investments in the health sector that are aligned with the commitment of achieving the Millennium Development Goals (MDGs) by 2015.
- Lao Government has also initiated the Health Sector Reform planning process in June 2012 with the overarching goals to achieve health related MDGs by 2015 and Universal Health Coverage by 2025. A national socio-economic development plan 20160-2020 has been developed with the aim of ensuring Lao graduation moving the country out from the least developed country status by 2020.
- The Expanded programme on Immunization (EPI) of Lao PDR is considered one of the most successful public health programmes in the country. In the past 10 years the programme has been able to significantly contribute to achieving many national health goals reducing morbidity and mortality of many of the vaccine preventable diseases (VPDs) in the country and also a contributing to achieving regional and global goals



- Though the programme is still heavily dependent on external funding for both vaccine procurement and operational cost, the government total spending on immunization in 2014 represented about 28% of the total expenditures on the immunization programme- the contribution to financing the traditional vaccine and co-financing of Gavi supported vaccines together has increased from about $125,000 in 2012 to over $1.1 million in 2015-16. Gavi contributed to about 19% of the total expenditures while other partners contributed to the rest but mainly lead by UNICEF and WHO respectively as well as other donor partners such as KOICA, KOFIH, Lux Dev, WB, USCDC and PATH. It should be noted that this information refers to 2014 and includes costs of the large MR campaign. For routine immunization, Gavi continues to be the major supporter.
- However, despite gradual improvements in immunization coverage rates, progress remains uneven and high inequities persist across provinces and districts. A series of measles outbreaks in Northern Western and Central region provinces in 2014 and recently outbreaks of diphtheria in 6 (six) provinces has raised the attention again on

the disparities as the majority of outbreaks were identified in ethnic Hmong communities and hard-to-reach areas, where hesitancy to vaccinations and inadequate service delivery has been previously acknowledged.

- Timeliness of vaccination by age is extremely low, with most infants vaccinated beyond the age of 1 year of age after they are exposed to the risks of infection thereby contributing to the infant and child mortality and morbidity.
- In term of effective vaccine management, the recently conducted EVMA showed that the country still not able to reach 80% target scoring of EVM standards. There are issues and bottlenecks have been identified from the EVMA, some of these include: lack of clarity on policies, guidelines and SOPs governing key vaccine management and cold chain logistics including maintenance and transportation; ad-hoc activities at field level with issues on supportive supervision; no adequate and well-defined central budget for procurement and maintenance of cold chain equipment and logistic supplies. An EVM IP has been developed with road map to address these issues.
- An equity and bottleneck analysis conducted in 2013 and 2014 identified key barriers to making immunization services available to underserved populations. The analysis identified some issues as barriers to achieving equitable and sustainable immunization services, these included:
  a. issues on predictability and sustainability of financing of traditional vaccines and operational cost for outreach service delivery;
  b. capacity issues on planning, micro planning and management of immunization services;
  c. issues on immunization supply chain management at all levels but particularly at sub-national levels;
  d. addressing demand side barriers in certain ethnic groups and those associated with fear of multiple (and growing) injections
- The new cMYP 2016-2020 that is in development now will outline the priorities and shape the next steps for Lao PDR to improve the programme performance in the year to come. Some of the priority activities that are likely to be highlighted in the new cMYP include:
  a. Strengthening routine vaccination with more emphasis on maximizing the output of fixed site and improve the predictability, frequency and quality of integrated outreaches with special focus on underserved communities to reduce inequities and disparities in vaccination coverage, a National EPI policy to support this exercise is semi finalized
  b. Development and implementation of national communication strategy for routine immunization with special focus on ethnic barriers to immunization and fear of multiple injections associated among others with the introduction of new vaccines
  c. Strengthening of the immunization supply chain management and temperature monitoring through the implementation of the EVM assessment recommendations and main actions in the EVM Improvement Plan. This will involve strengthening of policy and procedures related to cold chain maintenance, vaccine distribution system, logistics management information system and capacity of provincial and district level managers and health providers.
  d. Establish a routine system of conducting data quality assessment at sub national level while strengthening administrative data collection through Health Management Information System/DHIS2 and periodic national surveys (DHS/MICS).
  e. Improve the utilization rate of newly introduced vaccines (PCV, JE and HPV) and ensure smooth introduction of JE and IPV into routine programs
- Though Lao PDR is committed to improving performance of its immunization programme and achieve the national goals, adequate resources to ensure sustainability of quality implementation of the planned activities is crucial and Gavi and other partners' support has been playing a major role and main source of funding in the past few years and will be needed in the years to come.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

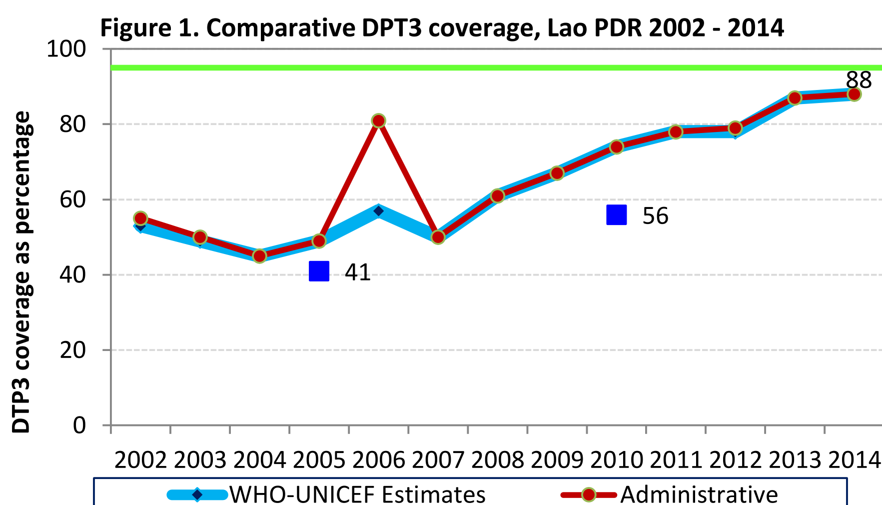
With Gavi support Lao PDR has introduced several vaccines in its routine immunization scheduled since 2002. (Tetra: DTP-Hep B), in 2006 Hep B monovalent, in 2009 (Pentavalent – DTP-Hib-HepB), in 2013 (PCV13 and HPV demo) and in the third quarter 2015 (IPV and JE). Planned activities are underway in Lao PDR to introduce other vaccines such as Measles Second Dose and nationwide scale-up introduction of HPV vaccine.

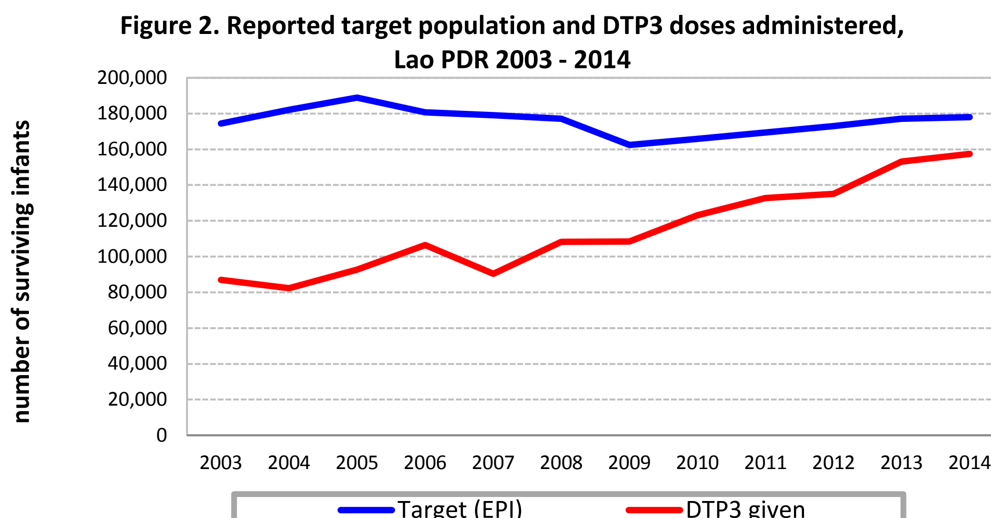
It is noticed that according to the most recently-completed APR, national vaccine coverage targets have not been set to 95% in line with the regional coverage targets defined by the Regional Framework for Implementation of GVAP in the Western Pacific, endorsed by the Regional Committee in October 2014.

While still at levels below the global and regional recommended targets, the country since 2004 has made steady progress in reaching its target population as seen in the chart below (Figure 1), which shows comparative sources of coverage since 2002. In this figure it is to note that the reported number of children having been vaccinated with Pentavalent vaccine is concordant with the WHO-UNICEF estimates and similarly, there is concordance in the APR and JRF sources; nevertheless, it is also to note that the gap in coverage between surveys and the other sources has increased, survey findings are significantly lower. The current national coverage survey, in its latest stages of field work, shall shed updated findings.

Figure 2 supports the above by showing that the immunization programme has indeed been reaching increasingly more children since 2007. Uncertainty in the accuracy of the target population estimates however, has remained an issue, which is expected to be addressed in the recently concluded national population census.

In 2014, DTP3 coverage at district levels was variable and fluctuated from 47% to 140%, indicating issues in data quality (both reported figures of children vaccinated and that of the population target). Nevertheless, coverage at district levels has also improved; while until 2010 over 60% of district reported DTP3 coverage below 80%, in 2013 and 2014, 30% and 21% respectively reported coverage lower than 80%.





The above graph (Figure 2) shows the trend of DTP3 coverage in Lao PDR; while a significant decline in target EPI population (under 1 year) from 2005 until 2009 is evident. The target population shows a linear growth from 2010.

Table below shows achievement of Gavi supported vaccines for 2014, confirming the need to catch up with coverage levels as per agreement. It is worth to note that the analysis of district level data for PCV13 showed that 36 % of districts, in about 7 provinces, reported 0% coverage (it was noted that reports from those districts were still to be submitted). The national coverage reported in 2014 was 72% and non-reporting districts were not mentioned. A follow up on the completeness of reporting is certainly of importance.

For at least one month, the country suffered stock out, at national level, of BCG and anti-tetanus vaccine in 2014. Previously, BCG stock out at national level were also reported in 2013 and in 2008, 2009 and 2010. Stock-outs of measles and rubella containing vaccines were reported in 2013.

Vaccines	
Pentavalent vaccine	**Achieved in 2014**
Total surviving infants	180,741
# of infants vaccinated with 1st dose of DTP-HepB-Hib	167,508
# of infants vaccinated with 3rd dose of DTP-HepB-Hib	157,377
3rd dose coverage DTP-HepB-Hib	87%
Drop-out 1st to 3rd dose DTP-HepB-Hib	6%
Wastage rate (%)	5%
Pneumococcal vaccine	
# of infants vaccinated with 1st dose of PCV13	140,633
# of infants vaccinated with 3rd dose of PCV13	128,512
3rd dose coverage PCV13	72%

The mission visited two health centres in two districts, Feuang and Sangthong, within Vientiane Province, that were focus for assistance during the current outbreak of Diphtheria. Feuang district health official made a presentation on EPI situation, with focus on the Diphtheria outbreak which affected more girls than boys, apparently reflecting the fact that girls may have been less vaccinated than boys. In this district, Lux Development supports 04 rounds of outreach activities per year. Additional outreach activities with support from development partners like WHO and UNICEF in wake of the outbreak will be increase to 06 this year increasing chances of reaching more children with vaccination. Major findings at the health facility in Feuang, with a catchment population of about 14,000 population and with 17 deliveries in July, were: temperature chart for the only refrigerator not updated in the last two months; thermometer not working, ice packs stored in the refrigerator. Pentavalent vaccine was absent in the district cold chain store.

The visit to the second health facility in Sangthong, showed that newly printed immunization registries were already being used and staff had transferred data from the old registries to the new ones; however, vaccination data for IPV was already recorded, (IPV is planned to be introduced in the country in October this year), raising concerns on the quality of data recorded and reported. The refrigerator for vaccines was well functioning with temperature charts updated. The thermometer that was functioning well showed two alarm time-points that were not recorded. Pentavalent vaccine stock was to expire in Sep. 2015 raising concern that the stock could not be fully used by the expiration time.

Large disparities are a function of at least three main determinants/bottlenecks:

1. Management and coordination
2. Immunization supply chain management
3. Demand side barriers

On the management and coordination side, key factors affecting the management capacity for delivery routine immunization services in an equitable way are: initiative overload and campaign-based approach to immunization service delivery, insufficient monitoring and supervision, inadequate quality of micro planning for immunization service delivery through both fixed site and outreach, and weak linkages between health facilities and the communities.

On immunization supply chain management, main challenges highlighted in the 2014 EVM assessment and included in the EVM Improvement Plan are poor temperature monitoring, inadequate cold chain normative framework and weak system for refrigerator maintenance, inadequate vaccine distribution system.

On the demand side, anecdotal evidence and increasing number of qualitative research point out to issues of immunization resistance from some ethnic groups and a growing number of injections, associated among others with new vaccine introduction.

3.1.2. NVS renewal request / Future plans and priorities

The national immunization program is getting ready for the introduction of IPV in its national immunization schedule in order to align with the Global Polio Eradication program and the Polio End Game Strategy.

The current cMYP expires in December 2015 and a new c-MYP, 2016 - 2020 shall be finalized by the end of September 2015 and closely monitoring of implementation of the EVM assessment improvement plan shall set clear direction on addressing persistent cold-chain and vaccines management issues.

Priorities that the national immunization programme has identified are as follows:

1. Strengthening routine vaccination with full implementation targeting at micro planning in all health centre and districts levels nationwide. Improve the predictability, frequency

(quarterly) and quality of health outreach services with additional vaccination sessions in high risk areas with priority hard-to-reach areas and identified ethnic population. Ensuring adherence to new strategic guideline for improving coverage through fixed site promotion and quality integrated outreach services and predictability of outreach financing at the district level will be pivotal to improving the quality routine immunization services

2. Ensure utilization of PCV and other routine vaccines in remote areas with special focus to identified high risk population further reducing child and infant mortality due to pneumonia
3. Strengthening of the immunization supply chain management and temperature monitoring through the implementation of the EVM assessment recommendations and main actions in the EVM Improvement Plan. This will involve strengthening of policy and procedures related to cold chain maintenance, vaccine distribution system, logistics management information system and capacity of provincial and district level managers and health providers.
4. Establish a routine system of conducting data quality assessment at sub national level
5. EPI coverage survey in 2015 with technical and financial support from GAVI, WHO and UNICEF
6. Strengthen immunization data collection and reporting through HMIS/DHIS2 and finalization of CCIS.
7. IPV vaccine introduction nation-wide (quarter 4/2015) with plan for OPV switch in 2016
8. JE vaccination campaign (10 southern provinces) has been completed in early 2015 and plans are on to introduce it into the routine schedule.
9. Development of Comprehensive Multi Year plan 2016-2020
10. Development and implementation of the national communication strategy for routine immunization with special focus on addressing ethnic barriers and fear of multiple injections related to the introduction of new vaccines.
11. Finalize National EPI policy.
12. Training of provincial and district EPI managers on AEFI
13. Develop and print EPI handbook for medical officers and all healthcare workers.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

Programmatic implementation and reporting

HSS grant management, monitoring and reporting were flagged during the JA mission as areas that require significant strengthening. While we were assured of the implementation of planned activities in the five targeted districts receiving HSS support (and confirmed some of these during our field visit to one of these districts), monitoring and reporting throughout the grant period has been consistently weak. The HSS PBF reporting form submitted with the 2014 APR was only partially completed with few details, and the accompanying HSS progress report submitted by the country not very detailed. Resource and capacity constraints were identified as the key reason for poor monitoring and reporting of the current grant.

Needs and actions to improve this area for the next HSS grant were discussed at length. Several positions have been included in the next HSS application to (for example, three additional financial and reporting personnel to be hired by the NIP) and it was felt that these positions would be well-complemented by additional technical assistance to be provided by WHO on programmatic M&E

going forward. In addition, the Secretariat will need to ensure that it provides sufficient assistance to ensure the changes with the new country portal and grant performance framework are well-understood and completed by the country.

Although an M&E framework was drafted and submitted for the current HSS grant application, it was not finalized, used or submitted to Gavi during implementation of the grant. The data collected by the NIP and indicators being monitored in this current grant relate only to antigen coverage (DTP/Penta-3 and Measles), Antenatal Care coverage (ANC1 & ANC4), Number of deliveries including institutional delivery and number of women of child bearing age receiving the contraceptive services. These are primarily administrative data collated from the health center and districts. The NIP conducts yearly review meeting with all provinces to assess their performance on antigen coverage and plan for the corrective actions. The government of Lao PDR plans to conduct Immunization Related Data Quality Self-Assessment in identified provinces in late 2015. The outcome and recommendations from this planned DQS will lead to development of improvement plan with identified activities and timeframe. Additionally, the country will complete the EPI Coverage survey in 2015, which will provide provincial level coverage estimates.

Number of Mother and Child Services and Immunization by district (Jan-Dec 2014).

Names of District and Health centers	Number of pregnant women per year	Attended ANC1		Delivery by Skilled Birth Attendants		DPT-HepB-Hib3 and Polio3		Measles and Rubella	
		Whole 2013	Whole 2014	Whole 2013	Whole 2014	Whole 2013	Whole 2014	Whole 2013	Whole 2014
Xay district	**2.421**	**2.007 (85.62%)**	**1.973 (81.49%)**	**756 (32.25%)**	**870 (35.93%)**	**1.994 (91%)**	**1.948 (86%)**	**1.808 (82%)**	**1.973 (87%)**
Namor district	**1.343**	**951 (72.65%)**	**1.074 (79.97%)**	**543 (41.48%)**	**525 (39.09%)**	**1.111 (90%)**	**1.948 (90%)**	**740 (60%)**	**1.090 (86%)**
La District	**454**	**236 (52.44%)**	**345 (75.99%)**	**259 (57.55%)**	**270 (59.47%)**	**363 (91%)**	**355 (88%)**	**334 (83%)**	**369 (91%)**
Pakgeum district	**1.257**	**1.146 (93.70%)**	**1.155 (91.89%)**	**1.026 (83.89%)**	**1.212 (96.42%)**	**1.253 (106%)**	**1.090 (90%)**	**1.036 (88%)**	**1.092 90%)**
Sangthong district	**770**	**709 (95.42%)**	**695 (90.26%)**	**561 (75.5%)**	**751 (97.53%)**	**767 (108%)**	**684 (93%)**	**878 (124%)**	**673 (92%)**

The above table indicates that few of the districts have shown reduction in achievement in ANC indicating the need of continuous monitoring and on-job support to the targeted health centre. The decrease in achievement can be seen in few districts for skill birth attendant delivery and vaccine coverage as well. For vaccine coverage, it was suggested that there has been improvement in quality of data recording and reporting in immunization coverage and this may be responsible for this reported decrease, particularly in Pakgeum and Sangthong districts.

The identified bottlenecks in the current HSS grant with some expected corrective actions are:

- Inadequate human resources at the health facility level in implementation of the grant. Despite the recent initiative of the Government of Lao PDR to induct additional workforce in the health system, the analysis of the current workforce distribution still indicates a visible disparity.
- Quality of supervision of the grant management including performance of programme at sub-national level. The documentation of supervision and monitoring activities including reporting and recording practices remain an area of improvement for the country. The next HSS application addresses many of these areas (including increasing supportive supervision and funding dedicated financial and reporting resources).
- Timely release of funds for outreach activities to the health centre level remains a bottleneck due to late reporting (both technical and financial) to the district level. This is due

to low capacity at the health centre and district level in financial management; the evaluation of the current financial grant management including the process involved in the grant implementation will identify the specific areas of improvement and thereby will be incorporated in the management of the planned HSS grant 2016-2020.

- Cultural issues related to provision of Antenatal care and delivery services by male staff including the additional need of human resources per skill-match as for the levels of care; the government of Lao PDR has made provision to re-look into Human Resources of Health policy of the country.

In terms of implementation, the participation of Lao Women Union and the Lao Youth Union including the Village Level functionaries as Village Chiefs and Ethnic Community Chiefs (Sing Saos) for social mobilization is incorporated in the current HSS grant implementation. The primary role of these organizations are limited to their interaction and support at the health centre level for the activities outlined above. The active participation from local authorities is very encouraging. The involvement of local government at the district and sub-district level was noticed in their contribution to construction of local maternity waiting room in the health center compound.

Financial management and reporting

Currently the HSS grant is disbursed through a vertical financing mechanism, where Gavi disbursements are initially deposited to the national account within the Department of Planning and Finance, Ministry of Health, Lao PDR. A dedicated HSS bank account is set-up downstream for the utilization of HSS funds specifically for MNCH/EPI programme, by the NPI Gavi administrative office. The transfer of funds from MoH to the dedicated HSS bank account requires the submission of an annual plan/ budget, to be approved by the MoH/Gavi management committee steered by the Department of Hygiene and Health Promotion and the Cabinet of Ministry of Health, whom convenes in January/ February each year. The submitted annual plan/ budget envelopes the exact same amount as disbursed by the Gavi tranche payment each year, and no delays have been reported in this process. The NPI Gavi administrative office then releases funds to provincial levels on a quarterly basis by bank transfer towards the PHO bank account, conditioned on the submission and review of a quarterly plan/ budget. The provincial quarterly plan / budget will incorporate quarterly plans submitted by district health offices (DHO), and monthly micro plans by health centre (HC) managers, whom the province will approve, and manage the cash transfers further downstream to DHO and HCs. Delays in the transfer of funds, particularly towards the district/ health centre levels, have been reported in the audit. Changes in the current grant disbursement model has been suggested, including the use of DGAs (direct payments from NPI to district levels), although potential changes remain in discussion and none have been committed for the management of the upcoming HSS2 grant.

The reporting of the HSS grants in 2014 entailed the submission of a HSS report, and bank statements for the calendar year. However the reporting can be much improved; 1) the country opted against using the HSS template for the APR since 2013, which lacked certain vital information for evaluation, such as a clear matrix of ‘planned activity for each objective’ against ‘percentage of activity completed’, alignment of reported ‘achievements’ and ‘targets’ against objectives, and a clean “income & expenditure” bank statement against activities conducted; 2) the submitted bank statements did not align with the reporting of the calendar year (i.e. January was missing, and hence the carried over balance was inaccurate); and 3) the bank statement may not have followed standard accounting, which reported both “positive” and “negative” expenditures against activities; hence the tracking of actual vs. planned expenditures, and total expenditure was difficult to deduce. Other information such as how budget are approved, channeling mechanisms to sub-national levels, accounting & reporting arrangements at each level, description of M&E activities, or participation of stakeholders (e.g. CSOs) are all missing from the HSS report. Through verbal communication, some of the above information were retrieved during the mission for this report. Given the importance of the above information, it was also surprising to observe the passive reporting of the missing information during the mission, and the expectation of a formal

presentation / report from either the NPI Gavi administrative unit, Department of Planning and Finance, Department of Hygiene and Prevention, PHOs and/or DHOs was not realized; subsequent discussions on challenges and improvements may not have been guided by a comprehensive understanding of the grant.

It is the intention that the current financial principles in the current grant to pay for the outreach services based on number of vaccinations provided, reporting mechanisms and monitoring/audit at the provincial and district level will constitute a focused part of the final evaluation of the HSS grant. The HSS evaluation is planned to be conducted at the end 2015. We also discussed the current financial reporting mechanisms in place and ways to strengthen these moving forward.

PBF rewards:

The NIP has used 30% of its last reward funds under GAVI PBF approach. The country received ~ 1.5 Million USD in 2014 under this initiative from Gavi. The activities for which the 30% of the allocated funds were used by NIP are:

- Provision of rewards to good performing districts;
- Procurement of Cold Chain Equipment and support for preventive maintenance;
- Support for office stationaries and equipment.

Planned activities for the utilization of balance 70% of the fund include:

- Development of micro plan strategy in High Risk Areas and fund for additional vaccination rounds in these identified areas;
- Ensure planning for preventive maintenance for the Cold Chain Equipment.

A separate account is maintained for this Gavi PBF initiative under a separate account than that for Gavi HSS programmed grant payment. This Gavi PBF account is authorized by the Minister of Health only; NIP supports the Minister of Health with the required Secretarial support in managing the required fund. The Gavi HSS fund is managed by a separate accountant than that for VIG and other campaign support.

3.2.2. Strategic focus of HSS grant

The current approved HSS grant is based on the fundamental principle of government of Lao PDR approved “Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015", known as MNCH Strategy. The main emphasis of the approved HSS grant is based on the principle of establishing and improving the MNCH package of services in five selected districts of two provinces with an underlying principle of increasing utilization through community participation.

The strategic focus of the HSS grant implementation is to improve MNCH interventions including immunization service delivery and antenatal care and provision of skilled birth attendant. The main emphasis is to implement the MNCH services in an integrated way and provision of child survival skills training. The implementation of the above strategy through the provision of the services through GAVI HSS grant has led to the increase in the utilization of services leading to greater coverage of MNCH activities.

The principle areas targeted in the current HSS grant were:

1. Improving the capacity of central, provincial and district staff to plan, implement and monitor MNCH services:

   a. Strengthen planning with developing micro plan at the health center to priorities interventions for reducing maternal and child mortality and morbidity

b. Strengthen administrative & financial capacity at province/district/health center/village levels

c. Strengthen MNCH and EPI information system including result-based financing, EPI result auditing result system, and improve the village-based data collection system

2. Establishing the MNCH package of services in five selected districts with increased utilization:

a. Training on MNCH services including technical training on operating of medical equipment and etc.

b. Facility renovation and improving supplies at the district hospitals and health centres

c. Provision of transport facilities for monitoring and supervision

3. Increasing community mobilization and participation for MNCH activities including immunization at district, health centers and village level

a. Implementation of integrated outreach services including the operational cost for free delivery including the transportation of pregnant women to health facilities, covering the treatment for children lower than five years of age and integrated outreach services in 5 districts

b. Implementation of free MCH services includes free antenatal care, free delivery and free care for under five years old children

The implementation of the activities outlined in the current HSS grant is complementary to the government of Lao PDR's policy on free MCH. The initiative of the free MCH along with treatment of under-five including outreach service provision is part of the health sector reforms wherein MCH/EPI is seen as the entry point. The provision of these services are complementing the services supported by other donor partners as Lux Dev, ADB, UNICEF, Plan International, KOFIH, KOICA and thus are in line with the support extended to the Ministry of Health and the government of Lao PDR.

The Immunization programme in Lao PDR is dependent on the donor funding for its outreach service delivery for considerable number of provinces and districts. The sustainability and predictability of the donor funding determines the performance output for immunization coverage. The Government of Lao PDR has increased their domestic funding to procurement of traditional vaccines and their contribution to Gavi Co-financing for new vaccines including supporting increasing number of outreach services in the districts and health centers. Apart from the improvement of quality of programmatic components as identified in recent surveys and assessments, relative dependence of the Ministry of Health on the outreach funding for EPI/MCH services on multiple donors, is a persistent challenge in achieving and sustaining the immunization outcome in the country.

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

Lao PDR submitted an unsuccessful application in January 2015. The country has been requested to re-submit the application after addressing the clarifications as detailed in the IRC report to inform on the gaps in the application. It is important to note that the current Gavi funding will expire in end 2015.

3.3. Graduation plan implementation *(if relevant)*

Not applicable. The assessment is recommended to take place in 2016. This will allow the country more time to address the financial and programmatic issues in a longer timeframe as compared to an assessment in 2017 when the country expects to enter into Gavi graduation.

3.4. Financial management of all cash grants

The annual external audit for the management of HSS grant was conducted for the year 2014, with no major issues reported in adhering to local government and Gavi guidelines. It is worth noting that the external audit entity has changed from a fully private auditing company in 2013, to the State Audit Organization of Lao PDR in 2014, as stipulated in the Aide Memoir between Gavi and Lao PDR. While there is no suggestion of deviations from international auditing standards, the auditor independence and objectivity of the external audit exercise may come into scrutiny, when considering the potential conflict of interest between the State Audit Organization and the government. It is suggested that future external audits should consider to revert back to fully private auditing entities to minimise concerns over integrity.

For the reporting period of 01 January to 31 December 2014, the GAVI- Health Systems Strengthening (HSS) fund reported an overall expenditure of USD 664,131, and a balance of USD 18,944 to be carried over into 2015. The HSS fund utilization has not been reported by objectives. The majority of the fund was utilized on management costs (USD312,726, 47.3%), provision of transportation, renovations of district and health centres, and other operational costs (USD160,285, 24.2%), training activities for health workers (USD85,060, 12.9%), and monitoring and evaluation activities (USD84,896, 12.8%).

In the first and second quarter of 2015, the HSS disbursed approximately USD113,225 and USD98,808, respectively, for HSS activities, with a reported balance of USD261,309 at the end of June, 2015. As the last tranche of the current grant has already been disbursed, Lao PDR will need to itself-finance its HSS activities until prior to the commencement of the next HSS grant. The current balance is expected to meet the requirement for the remaining of the calendar year in 2015, however, given the earliest estimation of disbursement for HSS2 to be no sooner than March 2016, the continuation of HSS activities is likely to be affected in Q1 2016. The National EPI Manager has informally committed to utilize funding from other sources to cover in advance of the HSS expenditures in 2016, to be repaid once HSS2 funding becomes available, with minimum interruption to the current HSS activities.

Total expenditure for the immunization programme was approximately USD13.53 million in 2014, a significant increase from 5.56 million USD in 2013. This increase is mainly attributed to a significant increase in SIAs (campaign) costs. Government expenditure on immunization programme has also increased from USD2.30 million in 2013, to USD3.84 million in 2014, representing a 67.0% increase; however government funding only represented 28% of the total financing in 2014, decreasing from 41% in 2013. The major financing sources for the immunization programme were USCDC (USD4.1 million, 29.6%), government (USD3.84 million, 27.6%), Gavi (USD2.58 million, 18.5%), and UNICEF (USD2.49 million, 17.9%). As a proportion of the total General Government Expenditure on Health, the government expenditure on immunization programme has increased from 2.1% in 2013, to approximately 3.6%* in 2014 (*GGHE as reported in 2013).

Government expenditures primarily covered for personnel costs (51.55%), all vaccines (including both traditional and new vaccines) (16.66%), and other routine recurrent costs (16.27%). The profile of the government expenditures has expanded since 2013, where personnel and vaccine costs were the only reported expenditures on immunization from government funding, and it is encouraging to observe greater ownership of the immunization programme. Despite the overall increase in government funding as aforementioned, Lao PDR remain reliant on donor funding for its traditional vaccines (42.2%); at the minimum, it is highly encouraged to take full ownership for its traditional vaccines prior to entering graduation, where co-financing of more expensive new and underused vaccines will take into consideration.

Vaccine costs (for both traditional and new vaccines), from all sources, was approximately USD7.5 million, representing 55.48% of total expenditures in 2014; this has increased in both

absolute and proportionate terms when compared to 2013. This significant increase can be both attributed to 1) the continued increase in government commitments on co-financing for both traditional (+83.96%), and new and underused vaccines (+128.57%), as well as 2) the overall increase in donor co-financing of vaccines, particularly a significant proportion from USCDC (USD3.94 million). Other than GAVI, USCDC (flu) and PATH (JE) are the other external donors towards vaccine costs in Lao PDR in 2014.

It is worth noting the vaccine schedule for Lao PDR will include the introduction of IPV in October 2015, and the continuation of the HPV demo project in selected districts. Vaccine and SIA related costs are likely to increase. Lao PDR has consistently increased its effort in taking financial ownership of their immunization program since 2012, which is to be encouraged, but still remains heavily reliant on external donors for both traditional and new and underused vaccines financing including the operational cost to deliver these vaccine. The routine immunization outreach in 8 provinces is funded by donor partners as part of the integrated EPI/MCH activities while in other 2 provinces the cost of this outreach is co-shared by Government of Lao PDR and donor partners.

In consideration of the recent changes in GAVI graduation criteria and the two year period before entering graduation phase in 2017, it is an opportune window for Lao PDR to 'step-up' its prioritization in meeting the fiscal needs of its existing programme costs, most notably full ownership for its traditional vaccine financing, and consolidating the fiscal changes in the expanded HSS activities delineated in the new HSS2 grant. The expansion of its vaccine portfolio to include new vaccines must be considered very carefully, with future financial sustainability issues in mind.

Finally, it should be noted that the full financial utilization reporting for the Gavi-supported JE campaign that concluded in May of this year is expected to be submitted to Gavi in December along with the SIA technical report and coverage survey findings.

3.5. Recommended actions

Actions	**Responsibility** (government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Conduct the graduation assessment	Either Gavi secretariat or WHO	2016	By respective organization
Actions to improve HSS program monitoring and financial management	National Government with technical support by WHO	2016 onwards (long term)	Integrated in the HSS proposal
Evaluation of current HSS grant, including review of financial management	National Government with technical support by WHO	Completion by mid-2016 (begin Q4 of 2015)	Part of WHO TA
EVM improvement plan – temperature monitoring, vaccine distribution, Logistics MIS linked to HMIS/DHIS2 and eHealth strategy development	UNICEF	2016 onwards (long term)	Part of UNICEF TA
Development and implementation of communication plan – formative research, action plan, communication tools and M&E	UNICEF	2016 onwards (long term)	Part of UNICEF TA
Establishment of NITAG to strengthen decision making process	WHO	2016 onwards	Part of WHO TA
Workshop to disseminate results and recommendations from coverage evaluation survey	WHO and UNICEF	2016 Q1	Respective organizations from TA support

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

The Interagency Coordinating Committee on Immunization composed by representatives of UN agencies and donors is the governance structure overseeing the immunization program in the country.

Lao PDR's immunization program continues to benefit from substantial partner support over the years. WHO, UNICEF has largely supported with technical assistance while Luxembourg Development and other development partners are significantly contributing to develop the health and immunization systems. WHO and UNICEF also mobilise financial resources for key functions of NIP.

WHO and UNICEF have been jointly working in assisting the national immunization programme from policy, guidelines and strategy development to the day-to-day operational support. In term of programmatic areas, the two organizations have jointly provided assistance to the following areas: strengthening routine immunization system at the national and sub-national level and implementation of reaching every district strategy, strengthening immunization supply chain system, introduction of new vaccines, implementation of programme reviews and evaluations (e.g. EPI review).

WHO is involved in supporting vaccine preventable disease surveillance, strategies/ policy/guidelines development in all areas of immunization programs, post introduction evaluations, ensuring assessment of data quality and support, development of applications of new support to Gavi and human resource capacity building in all areas of immunization programs at all levels.

UNICEF has been assisting the Ministry of Health and NIP to develop and implement the annual procurement and shipment plans for vaccines and cold chain and provided Procurement Services for the Government of Lao, Gavi and other donors. UNICEF also supported the strengthening of temperature monitoring system through the introduction of 30DTR and EVM capacity development of EPI managers and providers at the national and subnational level.

On data-related aspects, UNICEF partnered with the University of Oslo and the University of Washington to support NIP to develop and test a model of real time monitoring and a management information system on cold chain and logistics management (CCIS). The initial implementation experience showed positive results in terms of triggering required management/technical action to report cold chain and vaccine management issues and efforts are underway to develop a DHIS2-interoperable model that can be scaled-up nation-wide.

On financial sustainability front, UNICEF provided technical support to the MoH for estimating medium-term budget needs (2014-2017) and mapping of available external resources for vaccines and operating costs for MCH/immunization service delivery using integrated health outreach. The results of this budgeting and dynamic mapping exercise informed financial transition planning, the annual budget preparation and mobilisation of external resources to cover the immediate and medium-term gaps for vaccines and outreach financing.

4.2 Future needs

In the context of growing scope and complexity of the Lao National Immunization Programme and in view of the capacity need in technical areas and support in operational implementation of both Immunization Programme and Health System Strengthening activities planned in the

country , external support needs, particularly from UNICEF and WHO, will continue to remain relevant and are likely to increase.

WHO

WHO will be providing support at national and sub-national levels in order to strengthen the implementation support of the "Three Build" Samsang Initiative of the Government of Lao PDR. It is proposed that WHO continues to provide support incorporating wider dimension of health system domain into immunization service delivery to ensure capacity building and monitoring of programme's performance towards ensuring continuum and sustainability of the programme with increased focus at provincial and district level. These activities will not be supported in isolation but in the wider preview of systematic approach relating to data management and capacity building.

Inequities in service delivery and performance make a sub-national focus highly opportune. Current and planned HSS activities, including the focus areas, involve intensified improvement activities at district and health centres, demanding substantial capacity building, supportive supervision and monitoring of all levels.

Successful implementation of the above will require significant time and resources from WHO to provide and ensure quality support to the National Immunization Programme and Government of Lao PDR. Readiness of other technical areas of expertise in WHO Lao PDR such as health financing, human resource for health, health information system and maternal and child health will be synergistic to the quality of activities and outcomes. WHO will exercise its convening and coordinating role to bring on board the required expertise.

Main general areas of support that would be provided by WHO are:

1. Strengthening Routine Immunization system with a holistic health system focus including programme reviews and assessments
2. Strengthen vaccine management system:
3. New vaccine introduction: Focus on Post introduction evaluation of new vaccines including surveys
4. Developing/updating the existing policies/strategies/guidelines:

WHO will also provide support in the following areas

i. VPD surveillance including laboratory support
ii. Capacity building (inside and outside country, as relevant) and
iii. Programme management with special focus to district and provinces

WHO Human Resources Support:

In order to embrace the concept of support to Immunization Programme with a health system focus domain, there is a critical need of financial support for:

- one professional P4 level staff for EPI in WHO country office
- one national programme officer at NOB level (in order to ensure sustainability and capacity building of the National staff for future needs of the country) and
- consultant/s to support the immunization system programme activities, as and when needed.

Proposed budget for WHO: Two FTEs of USD 500,000 for two years (~ USD 250,000 per year) + USD 100,000 (~ USD 50,000 per year) for support of consultants. This makes a total human resource support budget of USD 300,000 per year.

UNICEF:

In order to support the Ministry of Health and address high disparities and drop-out rates in immunization coverage and in line with the findings and recommendations of the JA review, UNICEF's 2016-2017 work will focus on the following areas:

a. Strengthening immunization supply chain management to ensure adequate cold chain and vaccine distribution capacity at the national, provincial, district and health facility levels
b. Strengthening management capacity for immunization service delivery with focus on subnational level, with focus on equity-focused data analysis, monitoring, and delivery of high quality health outreach to underserved children
c. Boosting communication for immunization to address demand-side barriers (e.g. resistance from certain ethnic groups, or due to fear of multiple injections)

More specifically UNICEF is proposing the following elements of technical support to ensure adequate support to the NIP/MOH priorities in the area of immunization:

1. Secure essential human resources in UNICEF CO, which are built on existing HR staffing structure and are critical to support implementation and monitoring of activities in all four areas outlined above: one international and one national immunization staff.

   Expected outputs: Supply forecasts/Procurement Plans; Mainstreaming EVM Improvement Plan activities into national and development programmes and budgets; Medium term budget framework for vaccines/outreach; Financial gap monitoring and immunization budget tracking system; Immunization data analysis and technical inputs into proposals and reports with focus on immunization supply chain management, outreach, equity analysis of immunization outcomes, including for Gavi consumption; Articulated approaches, tools and plans for strengthening management capacity for immunization results within more integrated MNCH/HSS approaches

   Indicative budget: US$ 200,000/year

2. Secure technical support and operational resources to support the implementation of the EVM Improvement Plan with focus on strengthening vaccine procurement and distribution system, temperature monitoring, logistics management and cold chain information system (CCIS).

   Expected outputs: functional EVM Task Force; EVM activities mainstreamed into the annual operational plans and budgets of MoH/NIP, Gavi and UNICEF- funded activities, Cold Chain and Logistics Management (CCIS) module integrated with DHIS2, costed scale-up plan for CCIS, annual cold chain inventory, improved availability of data for programming on cold chain and vaccine management, support to modelling of monitoring and reporting systems and the development of scalable models in the framework of HMIS/DHIS2 and eHealth strategy development and implementation

   Indicative budget: USD70,000/year

3. Strengthening management capacity for immunization service delivery at subnational level, with focus on equity-focused data analysis, monitoring, and delivery of high quality health outreach to underserved children

   Expected outputs: tested District Health System Strengthening approach with focus on immunization service delivery, mapping of health facilities, outreach points and catchment populations; managerial dashboards assisting with bottleneck analysis of immunization services and a tested system for outreach monitoring and reporting linked to HMIS/DHIS2 work and to eHealth strategy development and implementation

   Indicative budget: USD50,000/year

4. Secure targeted technical assistance and operational funding to support communication for immunization to address demand side barriers.

   Expected outputs: communication products and media plan, annual advocacy plan, implementation monitoring and demand side analysis informs programming in this area

   Indicative budget: USD25,000/year

Total indicative budget: 345,000/year or 690,00 for 2016-2017

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

A formal meeting of the ICC/HSS was organized on the last day of JA mission. The observations/recommendations by the JA team was presented at the meeting. The committee members were in general agreement with the findings of the mission.

The final report of the JA is usually completed few days after completion of the country mission. The final 'draft' report will be sent to the Government for comments. Once endorsed it would then be finalized and submitted for HLRP's review.

Issues raised during debrief of joint appraisal findings to national coordination mechanism:

1) The financial sustainability is an important area of concern. While welcoming additional two years' period for Lao's graduation it was agreed that an early assessment in 2016 is the right approach to allow the Government additional years to implement the assessment outcomes in coming years.

2) There is a recognition to build a resilient health system in Lao with the ultimate aim with EPI as an entry point activity including the platform for health sector reforms. Within this, improving timeliness, availability and quality of immunization data and strengthening the capacity of provincial and district health managers for delivery of equitable immunization services are paramount.

3) It is recognized that immunization supply chain management and implementing the EVM improvement plan are key to ensure high quality (potency) of vaccines and to reduce vaccine wastage rates especially viewing that the Government would ultimately use its own resources to purchase the vaccines.

4) Building up a strong NITAG will enable an evidence driven decision making on vaccine related issues in preference to a reaction following WHO's recommendations and availability of external resources. Country circumstances can vary from country to country.

5) Demand side of the program needs attention – for example, starting with a KAP study on why the coverage in ethnic minorities is low which should lead to the development and implementation of national communication for immunization activities addressing identified demand side barriers

6) Government initiative to pull together all external resources through MPI is a welcome step. Within that, it would be important to record the Gavi support for new vaccines which come as in-kind support.

7) Country targeted technical assistance is an appropriate change. WHO and UNICEF country offices will work together to ensure that the Government needs identified during the JA report are fully supported.

Any additional comments from

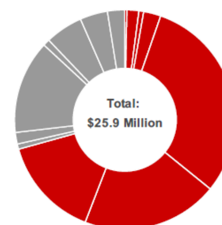
- Ministry of Health:
- Partners:
- Gavi Senior Country Manager:

Annex A. Key data

Lao People's Democratic Republic (the)

Total population (2015)	7,019,652
Birth cohort (2015)	181,099
Surviving Infants (surviving to 1 year per year, 2015)	175,335
Infant mortality rate (deaths < 1 year per 1000 births, 2013)	54/1000
Child mortality rate (deaths < 5 years per 1000 births, 2013)	71/1000
World Bank Index, IDA (2012)	3.28
Gross Nation Income (per capita US$, 2013)	1,450
Co-financing status (2015)	Intermediate
No. of districts/territories (2013)	145

Non-vaccine support	Vaccine support
29%	71%
$7,575,293	$18,277,487



Data refers to disbursed values, date as per above chart

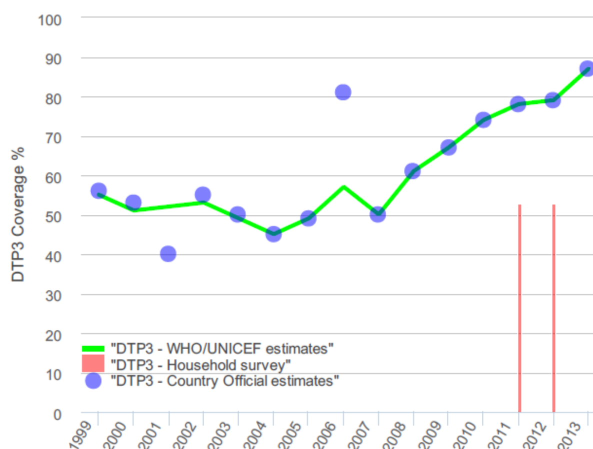
Gavi support for Lao PDR

Type of support	Approvals 2001-2020 (US$) (31 May 2015)	Commitments 2001-2020 (US$) (31 May 2015)	Disbursements 2000-2015 (US$) (31 May 2015)	% Disbursed (31 May 2015)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Cash Support (CASHSUPP)	$196,500	$221,500	$196,500	100%												■	■			
Health system strengthening (HSS 1)	$438,500	$438,500	$438,500	100%									■							
Health system strengthening (HSS 2)	$3,554,588	$3,554,588	$3,554,588	100%											■	■	■	■		
HepB mono (NVS)	$82,855	$82,855	$82,855	100%					■	■	■	■								
HPV Demo (NVS)	$567,522	$567,522	$453,043	80%												■	■	■		
Immunisation services support (ISS)	$1,431,200	$1,431,200	$1,431,200	100%	■	■	■													
Injection safety support (INS)	$255,505	$255,505	$255,505	100%	■	■	■													
IPV (NVS)	$573,500	$899,500	$181,191	32%														■	■	■
JEV (NVS)	$778,500	$778,500	$653,936	84%														■		
JEV - Operational costs (OPC)	$1,047,500	$1,047,500	$1,047,500	100%														■		
Penta (NVS)	$7,211,408	$7,211,408	$7,896,273	109%								■	■	■	■	■	■	■		
Pneumo (NVS)	$4,815,227	$4,815,227	$5,173,078	107%												■	■	■		
Tetra DTP-HepB (NVS)	$3,837,114	$3,837,114	$3,837,114	100%	■	■	■	■	■	■	■									
Vaccine Introduction Grant (VIG)	$801,500	$801,500	$801,500	100%	■							■				■		■		
Total	**$25,591,420**	**$25,942,420**	**$26,002,783**																	

Red line on table indicates duration of support based on commitments.
Commitments: Multi-year programme budgets endorsed in principle by the Gavi Board. These become financial commitments upon approval each year for the following calendar year.
Approvals: Total Approved for funding

Lao PDR DTP3 / immunisation coverage

DTP3 - WHO/UNICEF estimates (2013)	
Grade of confidence	*N/A*
DTP3 - Official country estimates (2013)	87%
M:F sex ratio at birth (2015)	1.05
Household survey: DTP3 coverage for male (2012)	52.00%
Household survey: DTP3 coverage for female (2012)	53.10%
Household survey: Last DTP3 survey (2012)	53%
% districts achieving > 80% DTP3 coverage (2013)	74%
% districts achieving < 50% DTP3 coverage (2013)	2%
MCV WHO/UNICEF estimates (2013)	82%
Polio WHO/UNICEF estimates (2013)	86%



Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	191,043	188,150	195,248	195,248		195,248		195,248		195,248
Total infants' deaths	10,302	10,134	10,524	10,524		10,524		10,524		10,524
Total surviving infants	180741	178,016	184,724	184,724		184,724		184,724		184,724
Total pregnant women	191,043	188,150	195,248	195,248		195,248		195,248		195,248
Number of infants vaccinated (to be vaccinated) with BCG	166,207	154,441	175,723	175,723		175,723		175,723		175,723
BCG coverage*[1]*	87 %	82 %	90 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	157,244	156,754	166,252	166,252		166,252		166,252		166,252
OPV3 coverage*[2]*	87 %	88 %	90 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	162,667	167,508	170,500	170,500		170,500		170,500		170,500
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	157,244	157,377	166,252	166,252		166,252		166,252		166,252
DTP3 coverage*[2]*	87 %	88 %	90 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	180,741	167,508	170,500	170,500		170,500		170,500		170,500
Number of infants vaccinated (to be vaccinated) with 3rd	174,715	157,377	166,252	166,252		166,252		16,625		166,252

dose of DTP-HepB-Hib										
DTP-HepB-Hib coverage*[2]*	97 %	88 %	90 %	90 %	0 %	90 %	0 %	9 %	0 %	90 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	162,667	140,633	166,252	166,252		166,252		166,252		166,252
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	149,111	128,512	157,266	157,266		157,266		157,266		157,266
Pneumococcal (PCV13) coverage*[2]*	82 %	72 %	85 %	85 %	0 %	85 %	0 %	85 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	157,244	154,892	166,252	166,252		166,252		166,252		166,252
Measles coverage*[2]*	87 %	87 %	90 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Pregnant women vaccinated with TT+	152,834	72,355	156,198	156,198		156,198		156,198		156,198
TT+ coverage*[7]*	80 %	38 %	80 %	80 %	0 %	80 %	0 %	80 %	0 %	80 %

Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	758,161	576,434	774,763	774,763	N/A	774,763	N/A	774,763	N/A	774,763
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	6 %	2 %	2 %	0 %	2 %	0 %	2 %	0 %	2 %

Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Carry out a physical inventory of Pentavalent vaccine at National store	Completed. The inventory of stocks and upkeep of vaccines is up to mark
Physical inventory of AD syringes and adjust future supplies accordingly	Stocks of 0.5 ml AD syringes is reasonable. Other stocks of syringes of different sizes and dry supplies does not look well monitored
Provide pending reports relating to HPV demo project	Completed
Conduct a PIE/implementation analysis of delayed nationwide use of PCV	Not conducted as the issue under discussion on the validity and need of repeated PIE in the wake of several vaccines introduced at the same time. Recommendations from WHO and other partners awaited
Complete coverage evaluation survey, including MR campaign	Delayed to end 2015, now includes post campaign for JE
Discuss the DQA with Gavi secretariat	Done. Planned for November 2015
Prepare the HSS application	Completed. However, the IRC recommended resubmission, expected by September 2015

Annex C. Description of joint appraisal process (e.g. team composition, how information was gathered, how discussions were held)

The JA was carried out in August with participation of Gavi secretariat, UNICEF Regional office, WHO Regional office (IVD and HSS) and in-country WHO and UNICEF offices with overall steering by the Government officials. There are no other development partners/NGOs significantly associated with Lao EPI program in general and Gavi grants in particular. The JA mission was also utilized to describe the dynamics of Performance Monitoring Framework from 2016 as well as for consultation for a Gavi policy review.

Besides review of the APR documents, several group and individual meetings were aimed at gathering relevant performance related information. A field visit to districts/health centers/villages allowed exposure to program implementation and the challenges. Visits to National stores (Vaccines and immunization supplies) provided observations on the progress since the appraisal last year.

A formal meeting of the ICC/HSCC took place on last day to present the findings of the mission. The committee was in general agreement with the observations and recommendations moving forward to next year and in future. It can be concluded that the committee in Lao is functional and vibrant. Based on the country’s needs, a serious effort on way is establishment of a strong NITAG to serve as a sounding board for vaccine related decisions as well as for advice and advocacy to the Government.

Overall the appraisal process has been participatory, inclusive and focused on right issue. From next year, the appraisal should consider a longer period for more time for field visit/s and more time for report preparation. Having a draft report ready before the ICC/HSCC meeting will be a good approach.

Annex D. HSS grant overview

General information on the HSS grant							
1.1 HSS grant approval date			2012 - 2015				
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US$)			US$ 2,100,218 (exc. performance payments)				
1.4 Grant duration			4 years				
1.5 Implementation year			Feb/2012 – Dec/2015				
(US$ in million)	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
1.6 Grant approved as per Decision Letter				0.302	0.597	0.600	0.600
1.7 Disbursement of tranches				1	1	1	1

1.8 Annual expenditure				0.033	0.697	0.643	-
1.9 Delays in implementation (yes/no), with reasons			None noted				
1.10 Previous HSS grants (duration and amount approved)			One-off cash support in 2010; US$438,500				

1.11 List HSS grant objectives (in 2014)

Objective 1: Improving capacity at all levels to plan, implement and monitor MNCH services

1.1 Micro planning at the health center to prioritize interventions for reducing maternal and child mortality and morbidity
1.2 Administrative and financial management
1.3 MNCH information system
1.4 Supportive technical supervision

Objective 2: Strengthen the MCH-EPI package of services

2.1 Training on MNCH services
2.2 Supplies and facility renovation
2.3 Provision of transportation facilities

Objective 3: Increasing community mobilization and participation for MNCH activities including immunization at district, health centers and village level

3.1 Integrated outreach services
3.2 Implementation of the government policy on free MCH services

1.12 Amount and scope of reprogramming (if relevant)

N/A

- **Annex E. Best practices (OPTIONAL)**

Lao PDR is an example of high Government commitment as evidenced by three facts: (a) introduction of several new life saving vaccines, including one time campaigns; (b) steep increase in Government financing of the EPI which was nil in year 2008. It exceeds $1 million. It never defaulted on its co-financing share, and now takes care of more than 80% of the routine vaccines; patronization of the vaccine launch events by the highest level (Deputy Prime Minister).

Lao PDR excels in putting up impressive and highly visible vaccine launch events as well as supporting Gavi in important activities. It hosted a visit by Gavi Board chair leading a delegation of the MPs from Australia. It represented the Asia constituency in the successful replenishment conference by Gavi in Berlin in January 2015.