

Joint appraisal report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analysed, and explained where relevant.

Country	Lao PDR
Reporting period	Calendar year 2015
Fiscal period	October to September; now changing to January-December
If the country reporting period deviates from the fiscal period, please provide a short explanation	The country has been reporting for calendar years irrespective of fiscal period being different
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
National Health Strategic Plan (NHSP) duration	2016-2020

1. SUMMARY OF RENEWAL REQUESTS

[These tables will be pre-populated by the Gavi Secretariat. If there are any changes to be made, this should be discussed as a group during the joint appraisal and flagged in the report – see the guidance document for more details]

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – Pentavalent in existing presentation	Renewal	2017	156,733 children		
NVS – PCV in existing presentation	Renewal	2017	156,733 children		
HSS – E.g. Core tranche	Continuation (already approved)	2017	N/A		
HSS - PBF	Approval	2016	N/A		\$393,570 (TBC)

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	Measles-Rubella 2 nd dose	September 2016	2017
	HPV National	January 2017	2017/18
	CCEOP	2017	

*Not applicable for countries in final year of Gavi support

2. COUNTRY CONTEXT (maximum 1 page)



This section does not need to be completed for joint appraisal update in interim years

[If relevant, comment only on any changes since the previous joint appraisal to key contextual factors that directly affect the performance of Gavi grants – see guidance document for more details]

The Lao People's Democratic Republic (Lao PDR) reported an outbreak of circulating vaccine derived poliovirus Type 1 (cVDPV1) in Oct 2015 which affected 3 provinces covering 7 districts. The genotyping data of the VDPV type 1 indicated that the viruses have been in circulation for nearly 3 years. Lao PDR has also reported multiple pertussis outbreaks in 2016. These vaccine preventable disease outbreaks have primarily affected the ethnic Hmong community. The geographical location of these outbreak villages varied considerably from being within walkable distance from the health centre and others which

are geo-topographically remote. The population and location characteristics of these outbreaks highlighted the persistent disparities in the service delivery and utilization in the country and outlined the need to strengthen routine immunization service delivery to these priority high risk population in the country.

The immunization programme in Lao PDR is still heavily dependent on external funding for the operational cost to deliver the vaccine while the government contribution towards procurement of traditional and new & underutilized vaccines have been growing steadily. In view of the possible graduation of the country from its Least Developed Country (LDC) status, it is anticipated that the donor support might shrink and put at risk the sustainability of the operational cost support, which is partially supported by donors. The cessation of the immunization operational cost support by World Bank in the southern provinces of Lao PDR is a stark example of the same. Prioritisation of health in the government budget through increasing the share of government expenditure for health in the general government expenditure from its relatively low level of 3% (2014, NHA) is essential going forward in order to create the appropriate fiscal space for health, including immunisation.

The national vaccination coverage in 2015 showed an improvement in administrative coverage of all antigens in comparison to the reported data of 2014. The gradual improvement in national immunization coverage figures however masks the disparity in coverage between the districts within a province.

The preliminary results from the EPI coverage survey conducted in 2015 amongst the 12-23 years children were shared by the National Institute of Public Health. The DTP3 coverage assessed using recall, card and the enumerated dose in child health register indicated that the coverage is around 81.4% while the valid DTP3 coverage assessed using the vaccination cards and the child health register was only 52.5%. Timely vaccination by age is significantly low, with infants getting vaccinated beyond the age of 1 year which means they are exposed to the risks of infection thereby contributing to the infant and child mortality and morbidity.

The new cMYP 2016-2020 has been drafted by the National Immunization Programme with support from WHO and UNICEF. The cMYP has outlined the priority areas including strategies and activities to be conducted over the next 5 years to objectively improve the programme performance. The principle focus of the cMYP is the sub-provincial level improvement in quality of immunization service delivery.

In order to improve the cold chain and vaccine stock management, the national immunization programme was supported by the WHO country office to establish a system of regular cold chain and logistics inventory management at the national level including regular national and provincial level vaccine and logistics stock management incorporating the data from the district level for monitoring and decision making on stock management. The pilot initiatives of UNICEF to support the provincial level stock inventory using SMS system was also incorporated into the regular monitoring system. UNICEF continues its support for capacity building of NIP in the area of vaccines forecasting, procurement support services, distribution and monitoring of vaccines and commodities.

In addition to the above initiatives, the National Immunization Programme is being supported by the WHO country office to improve the quality of data for local decision making. This activity of "quality of data improvement" pertains to both coverage data and vaccine/logistics management data.

3. GRANT PERFORMANCE AND CHALLENGES *(maximum 3-4 pages)*



Describe only what has changed since the previous year's joint appraisal. For those countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: programmatic performance of each vaccine programme against approved targets and planned activities, including progress and bottlenecks in implementation; actual versus planned financial expenditure, associated challenges, proposals for using unspent funds, and complementarity between all cash grants]

Lao PDR has effectively roll-out/extended the PCV-13 vaccination to all health centres in the country. This planned activity in earlier years had issues with the implementation of the programme. The challenges

involved hesitancy from both health service providers and the recipients due to multiple injections during the time of visits. The implementation of the PCV-13 roll-out still has issues of limited utilization in several health centre areas as evidenced in field monitoring and supervision.

Lao PDR has also successfully implemented Inactivated Polio Virus vaccine and bOPV as part of the national polio-end game plan. The implementation of the IPV vaccination at 14 weeks is also plagued with multiple vaccinations at one point of time. This will require extensive inter-personal communication for the health workers and effective local level tailored social mobilization of the community on issue of multiple injection use.

The implementation of the DTP-HepB-Hib vaccine as part of the national immunization schedule is ongoing and is being used in all health centres.

The coverage performance of each of the vaccines used in the national immunization schedule has shown a steady increase with the level of coverage in 2015 is higher than that of the reported coverage of 2014.

After conducting wide-age Japanese Encephalitis campaigns in selected provinces in mid-2015, Lao PDR has introduced the JE vaccine in the national immunization schedule. The introduction of the JE vaccine in the national immunization schedule has been done with the support from the government of Lao PDR.

3.1.2. NVS future plans and priorities

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: for existing vaccines - reasonableness of targets for next implementation year, plans for any changes in presentation or type, risks to future implementation and mitigating actions; for new applications – any expected future applications (include in table 1 above), emerging new priorities for the national immunisation programme]

Lao PDR will continue to use DTP-HepB-Hib vaccine, PCV-13, Inactivated Polio vaccine, Japanese encephalitis vaccine in its immunization schedule using the current formulations. At this time, there is no plan for the national immunization programme to change the presentation or type of the vaccines used. In line with the outlined strategy of "Polio-End-Game", the country has successfully "switched" to bOPV from tOPV in April 2016 and the immunization schedule includes three doses of bOPV along one of IPV at 14 weeks.

Lao PDR plans to apply for Measles Second Dose (MSD) introduction to GAVI in line with the measles elimination efforts as agreed by the National Immunization Technical Advisory group. This would be particularly important to ensure that Lao PDR introduces the measles second dose and provide an additional dose to all children in the country for the required protection from the measles disease. The repeated outbreaks of measles in the country in last few years with the age group affected beyond the infants would then be protected by a higher immunity towards the measles virus with the introduction of this second dose of measles.

Lao PDR also plans for national introduction of HPV in a phased manner over the next 3-4 years. The demonstration project with HPV primarily conducted in urban settings (conducted with support from GAVI) need to be contextualized to the rural setting with particular emphasis on reaching out to the target age girls out of school, which was missing in the pilot implementation of the project in the identified provinces. It is decided that wider discussions will be undertaken with Ministry of Education including other relevant community level organization to devise a robust system to ensure the wider reach of this vaccine to the population, most at risk. The country plans to submit the application either in Jan 2017 or beyond as per the decision is made amongst the in-country technical team in the country.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

[Comment on the extent to which the HSS grant contributes to improve coverage and equity in access to immunisation, and how it helps to address the technical, health systems and financial bottlenecks that might jeopardize the sustainability of these gains. See guidance document for more details]

The currently implemented HSS grant 2016-2020 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 with an underlying principle of increasing utilization through community participation. The strategic focus of the HSS grant implementation is targeted towards a broader MNCH intervention base wherein the immunization service delivery and antenatal care are intricately outlined. It is anticipated that the provision of the outlined strategies under the current HSS grant will lead to the utilization of services leading upto to the greater coverage of immunization services and also support the benefit outlined on the greater coverage of MNCH activities.

The immunization services strategy and activities under the HSS grants is based on a complementarity of the other donor funding support to the outreach service delivery for immunization services in identified number of provinces and districts, while the other supports relate to the overall improvement of the immunization system in the country. The focus of the currently implemented HSS grants outlines the principle of improvement in financial management of the grants with better objective based technical reporting including having activities which complements to the "health sector reforms strategies" in the country.

3.2.2. Grant performance and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: achievements of targets and intermediate results; actual versus planned activity implementation and financial expenditure; use of PBF reward and budgets/plans; degree of participation of key stakeholders in implementation of HSS proposal; implementation bottlenecks and key challenges regarding financial management of HSS grant; compliance with data quality and survey requirements]

Lao PDR has just started the implementation of HSS3 and thus the achievement of targets and sharing of the intermediate results will be done accordingly.

The country has provided a list of activities completed using the previous PBF rewards. It is a mix of activities and financial statement. There is no pattern or strategic direction is use of the PBF rewards. The activities include supervisory activities, construction of regional store, international travel etc.

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

[Present the rationale for a new tranche of HSS funds (and the associated amount as per table in section 1) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming]

Lao PDR is operating the new grant from 2016 and no changes have been proposed. Since the original approval is for a period of two years, no additional approval for the funds is being recommended this year.

The country is aware of new funding window titled Cold chain equipment optimization platform (CCEOP). It does not intend to apply for Gavi support since the current HSS grant incorporated large investments into procuring cold chain equipment.

Based on the country's immunization performance for 2015, Lao PDR is entitled to receive a PBF reward of \$393,570. The country will be requested to provide one page brief on how it utilized in past the PBF rewards, and how it would like to invest the newly earned reward. The information on the previous rewards has been provided.

3.3. Transition planning (if relevant)

[Comment on all bolded areas listed in the table in this section of the guidance document, e.g. progress of implementation of planned activities; implementation bottlenecks; changes required to the transition plan for coming years, including rationale and costing/proposed financing]

The transition assessment was carried out in August 2016. As anticipated, the domestic funding for health sector and EPI emerged as the most important issue to be addressed. Further, the timing for accelerated transition for Lao PDR has been brought forward by one year, which means that the country will fully transition out in end 2021. The preliminary draft of the transition assessment is available with the country documents.

As per discussion during the country mission, Government and in-country colleagues recommended the timing of January 2017 as the earliest opportunity to start working on the transition planning. Since then the dates have been agreed in December 2016.

3.4. Financial management of all cash grants (e.g. HSS, VIG, campaign operational cost grant, transition grant)

[Comment on the bolded areas listed in the table in this section of the guidance document, e.g.: cash utilization performance and financial capacity constraints; modifications to financial management arrangements; major issues arising from cash programme audits or monitoring review; degree of compliance with Financial Management Requirements]

Gavi reviewed all recent grants to understand their status and residual balances.

i. Status of programmes

The following table illustrates the status of funds as per the last reporting period ended 31 December 2015 based on expenditure reports we have received.

Grant	Start Year	End Year	Disbursed USD	Expenditure USD	Balance USD
HSS3	2016	2020	-	-	-
VIG-IPV	2015	2015	145,000	200,834	-55,834
OPC-JE	2015	2015	1,047,500	855,843	191,657
VIG-JE	2015	2015	156,500	95,841	60,659
HSS2	2012	2015	3,554,588	3,542,834	11,754
HPV Demo	2013	2014	196,500	188,285	8,215
VIG-MR	2013	2013	150,000	123,602	26,398
VIG-PNEUMO	2013	2013	150,000	150,000	-

It was noted that many of the remaining balances have been spent on other activities to the amount of \$118,780. However this does not agree to the bank statement as per the analysis above with a variance of \$67,227. Lao PDR to investigate further before future disbursements are made.

Whilst Lao PDR submitted these reports to Gavi, these were not uploaded to the Country Portal. Details and use of the Country Portal was explained to EPI staff and WHO country office for present and future use. EPI Manager to review access rights for the Portal and ensure the right users maintain access and ensure timely submission of reports.

In addition to this the country has received \$442K for the latest PBF and \$ 930,774 for HSS3 during 2016. Implementation for both of these grants has been minimal for 2016.

Gavi further notes the timely external audit (conducted by State Audit Commission) and reporting for HSS2 by Lao PDR.

ii.	<p>Financial reporting timeline and extension Lao PDR has amended its fiscal year to align with the calendar year. It was noted there has been little activity in the first half of 2016. On this basis Gavi amended the reporting requirements for 2016 and present an updated reporting timeline for you. Instead of the six-monthly report due 15 August, Lao PDR will now submit a Jan – Aug report by 15 September which will include HSS 3 and the latest PBF reward payment of \$441,540. The report should contain expenditures for each cost-line item matched against cost-activities delineated in the HSS3 grant (as recommended in last year’s JA).</p>
iii.	<p>Audit of JE Campaign Support Costs The operational supports costs for the JE campaign requires an external audit. Lao PDR will initiate the audit request and anticipate the final audit report for this grant by 31 October.</p>
iv.	<p>Programme Capacity Assessment A draft of the PCA has been shared with Gavi members however requires significant clarifications. Gavi awaits a revised draft before being able to communicate key findings and the development of the Grant Management Requirements (GMRs). Based on this and the findings during the JA mission, Gavi will look to implement financial management technical assistance for Lao PDR.</p>

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

[Status of top 5 prioritised strategic actions from previous joint appraisal and any additional IRC or HLRP recommendations (if relevant)]

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Conduct transition assessment	In progress in Q3 and Q4 of 2016
2. Improve HSS program monitoring and financial management	In progress, will require focus in 2017 also
3. EVM improvement plan – temperature monitoring, vaccine distribution, Logistics MIS linked to HMIS/DHIS2, eHealth strategy development	Significant improvement during last one year period, including monthly review of vaccine stocks at three levels and quarterly review of cold chain equipment status at all three levels
4. Evaluation of HSS grant and review of financial management	Evaluation should be conducted before next year’s appraisal; Gavi’s PCA in progress; WHO Country office has extended support to the national immunization programme in development of tools to collect objective based implementation indicators.
5. Development and implementation of communication plan	Developed integrated communication strategy and communication action plan for routine and supplementary immunization. Communication task force has been formed to monitor the implementation of the plan. In addition To support the implementation of the strategy UNICEF has placed a C4D national consultant to NIP. Ongoing UNICEF support to NIP for development of IEC materials for IPC training for health workers /community leaders and implementation of the communication strategy..
6. Establish NITAG to strengthen decision making process	Already established; Ongoing WHO support to strengthen its decision making capacity

7. Workshop to disseminate coverage evaluation survey results	Survey completed; final report being drafted; results taken into account for WUENIC estimation for 2015
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5. PRIORITISED COUNTRY NEEDS¹

[Summarise the highest priority country needs and strategic actions that could significantly improve coverage, equity and financial sustainability; the timeline for completing the actions and the type of technical assistance needed if applicable – see guidance document for more details]

Prioritised needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* (yes/no) If yes, indicate type of assistance needed
Strengthen HSS program monitoring and financial management	Ongoing and continuous into 2017 and beyond	Technical assistance needed for supporting the NIP in monitoring and management of HSS grant as per the GAVI reporting needs
Monitoring the implementation of EVM improvement plan	Quarterly review of the progress made based on the M&E framework	Technical assistance from UNICEF in collaboration with WHO, NIP has developed the comprehensive EVM improvement plan. Task force has been formed to monitor the progress of the implementation of the plan. The task for meet 2 times. Further TA and implementation support will be required.
Implementation of integrated communication plan for routine immunization	Quarterly review of the communication activity plan (2017 and beyond)	Technical assistance and activity implementation support from UNICEF on going. Development of communication materials and capacity building of HWs, mass organization on interpersonal communication is in progress. Further technical assistance and implementation support will be required.
Strengthening VPD surveillance including NUVI surveillance	Implementation of the recommendations from the routine surveillance activities (2017 and beyond)	Technical Assistance and activity implementation support cost for implementation of VPD and NUVI surveillance will be required
Strengthening data quality for local level decision making	Quarterly review of the data quality improvement plan (2017 and beyond)	Technical Assistance and activity implementation support cost for implementation of data quality improvement will be required

**Technical assistance not applicable for countries in final year of Gavi support*

¹ Subsequent planning and discussions on Targeted Country Assistance will take place - detailed guidance on the process will be shared in May 2016.

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS



This section does not need to be completed for joint appraisal update in interim years, instead the EPI manager is expected to endorse the joint appraisal report.

<p>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism</p>	
<p>Issues raised during debrief of joint appraisal findings to national coordination mechanism</p>	
<p>Any additional comments from:</p> <ul style="list-style-type: none"> • Ministry of Health • Gavi Alliance partners • Gavi Senior Country Manager 	<p><u>Gavi SCM</u></p> <p>Based on the guidance this year, technical assistance for 2017 by WHO and UNICEF is recommended at same level as for 2017, including the HR support. From 2018, the TA under the PEF will be combined with the transition plan technical assistance.</p>

7. ANNEXES



This section does not need to be completed for joint appraisal update in interim years. Please include the following Annexes when submitting the report, and any others as necessary

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

The joint appraisal was combined with a multi-partner transition assessment. Two other processes affected the way the joint appraisal was conducted this year. The vaccine renewal request was dealt prior and independent of the in-country JA process. The renewal process consisted of completion of grant performance and targets through Gavi country portal. And the second change relates to combining the annual technical assistance under targeted country assistance through the partners with Gavi funding for transition plan. So the TA part of the appraisal will be pending development of transition plan in Lao PDR.

The dedicated JA related discussions consisted on progress with NVS and HSS grants, challenges in implementation within the context of overall immunization program such as continued Polio circulation, outbreak of Pertussis and longtime taken for completion of coverage survey.

The JA report was jointly drafted to be presented to the ICC/HSCC for discussion and in-principle endorsement along with the presentation of the transition assessment.