**Costed Extension of an Existing HSS Grant**

**LAO PDR: Rationale for Extension**

|  |
| --- |
| **The Rationale for Extension presents the rationale and objectives for the additional activities to be funded to an existing Health System Strengthening (HSS) grant.**  *Overview of the proposal*  This rationale builds on the HSS3 proposal and associated budget that was reviewed and approved in 2019 for a total amount of USD 11,746,978. The extension request is for an amount of USD 976,000.   * The former proposal was based on robust analysis of country data and evidence of progress made (or persistent challenges) on the coverage and equity situation. * The grant extension is expected to be anchored to the country's health sector context, providing the rationale for the proposed objectives and related activities.   *Independent review process*   * The request for a costed extension will be reviewed by Gavi’s Independent Review Committee (IRC) and the review will be focused on the additional activities totalling USD 976,000. The recommendation to Gavi will be documented in the form of an IRC report. * The documents required for this review in addition to this rationale for extension are listed below:   + Gavi budgeting and planning template is completed to complement the objectives presented. This should be reflected in the country’s own operational budget and workplan.   + Signatures of both the Minister of Health and Minister of Finance or their delegated authority are required to endorse the final extension request before submission to Gavi. * Additional documents will also be shared with the IRC:   + Previous reprogramming / application from 2019 including the IRC report   + The 2020 Multi-Stakeholder Dialogue (MSD) report   + The 2019-2023 comprehensive Multi-Year Plan for immunisation (cMYP)   + The 2021-25 Lao PDR RMNCAH Strategy and Action Plan   + The current Grant Performance Framework (GPF) as reflected in the Gavi Country Portal   *Next steps following the independent review process*   * Following the independent review there will be a period for Lao PDR to respond to any ‘issues to be addressed’ as highlighted in the IRC report ahead of final Gavi approval and disbursement. |

**Part A: Overview of the current Health System Strengthening (HSS) support**

**All grey boxes to be pre-filled by the Gavi Secretariat**

**All white boxes to be filled by Country**

# Financial support requested

## Currently active Gavi financial support specific to HSS (only grants already approved but not yet closed; figures include funds rolled into HSS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of support** | **Amount committed** | **Amount approved** | **Amount disbursed** | **Year(s) of support** |
|  |  |  |  |  |
|  |  |  |  |  |

## New financial support requested: Country to complete table below. For all types of vaccine support and guidelines, please refer to: <http://www.gavi.org/support/process/apply/>

|  |  |
| --- | --- |
| **Target start and end date for financial support:** |  |
| Please note the **country’s total HSS ceiling** for the coming 5 years: (US$ ceiling amount)  *This amount reflects total grant value based on addition funds rolled in.* | 976,000 |
| **Health Systems Strengthening support (HSS)** | **2022** |
| *Objective 1:* Information, data and systems for decision-making, including surveillance | $ 41,000 |
| *Objective 2:* Leadership and governance (political commitment, legislation, programme management and advisory bodies (NITAG and ICC) | $ 294,000 |
| *Objective 3:* Immunisation performance and service delivery (coverage and equity) | $ 480,000 |
| *Objective 4:*Vaccine supply (vaccine regulation, procurement and cold chain) | $160,000 |
| **Total ADDITIONAL HSIS support requested (US$)** | **976,000** |
| **Percent of total grant for which additional funds are requested** | **12%** |

## Country health and immunisation data and national health planning and budgeting cycle Country to complete table below

|  |  |  |
| --- | --- | --- |
| **Country health and immunisation data** - All figures in US$ | **2020** | **2021** |
| **Total government expenditures (past year)** | $3,327,761,000.00 | Not applicable |
| **Total government health expenditures (past year)** | **$**186,691,113.00 | Not applicable |
| **Immunisation budget (past & current year)** | **$**3,235,454.00 | **$** |

* 1. **National health planning and budgeting cycle, and national planning cycle for immunisation**

|  |  |  |
| --- | --- | --- |
| **National cycles** | **From** | **To** |
| **Years of National Health Plan** | 2014 | 2025 |
| **Years of immunisation strategy (e.g. cMYP)** | 2019 | 2023 |
| **Start and end dates of fiscal period** | 1 January | 31 December |

# Part B: Past performance of Gavi HSS support, implementation challenges and lessons

# Programmatic performance

The table listed below summarises the HSS key milestones achieved in 2020:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HSS obj** | **Indicators** | **2019** | **2020** | **% change**  **2019-2020** |
| **OBJ-1** | Number of Maternal Child Health (MCH) / Expanded Programme on Immunization (EPI) managers trained on Supportive Supervision (SS) | 150 | 204 | 36% |
| Percent of facilities received MCH/EPI service delivery funds on time | 85% | 90% | 5% |
| Percent of timely submission of quarterly provincial financial statements | NA | NA | NA |
| **OBJ-2** | Cold Chain Equipment (CCE) expansion in existing equipped sites | 0% | 0% | 0% |
| CCE extension in unequipped existing and/or new sites which reduced proportionately outreach services | 0% | 0% | 0% |
| CCE replacement/rehabilitation in existing equipped sites | 10% | 0% | -10% |
| Cold room expansion in existing equipped sites | 33% | 33% | 0% |
| Number of cold chain hubs established in the last year | 0 | 6 | NA |
| % of facilities offering immunisation services as per the revised microplan guidelines | 80% | 85% | 5% |
| Percent of outreach immunisation activities conducted in identified High risk areas | 80% | 80% | 0% |
| **OBJ-3** | Percent of social mobilisation activity per villages implemented | 85% | 80% | -5% |
| **OBJ-4** | Number of districts with vaccine stockouts | 10 | 16 | 60% |
| Percent of functional cold chain equipment in health facilities | 88% | 88% | 0% |
| **OBJ-5** | Number of health facilities where incinerator installed and functioning | 0 | 0 | 0% |
| **OBJ-6** | Number of planned, periodic Data Quality Audits (DQA) conducted against plan | 8 | 3 | -63% |
| Number of supportive supervisions conducted by each level (National + Provinces + Districts) | 466 | 210 | -62% |

Reporting against the grant performance framework (above table) indicates some progress between 2019 and 2020, though these figures must be interpreted with extreme caution, as some reflect only HSS expenditure and activities, overall decreases observed in service provision and lack of a robust routine system for monitoring intermediate indicators.

The cash suspension[[1]](#footnote-1) which remained in place until September 2020 also led to many longer-term strengthening activities being delayed or cancelled, some of which are reflected in the 2021-22 HSS 3 reprogramming.

To note:

* In 2019 and 2020 provincial funding was implemented on an activity basis and therefore it is not possible to calculate an indicator of timely submission of provincial financial statements
* COVID-19 related delays in Cold Chain Equipment Optimization Platform (CCEOP) implementation resulted in 2020 targets for CCE replacement, extension and expansion not being met. Procurement, installation and other activities planned for 2021 are expected to redress this;
* Number of districts with vaccine stockouts only reflects the 16 (out of 148) districts in two provinces (Oudomxay and Champasak) which have started fully monitoring vaccine stock through the eLMIS (mSupply), compared to10 districts who were monitoring vaccine stock in the previous reporting period. This should not be considered indicative;
* No procurement was possible under the cash suspension; hence installation of incinerators was 0 in the last two years; and
* Supportive supervision and DQAs only commenced in quarter 3, 2020 due to COVID restrictions earlier in the year, and budgetary constraints. Numbers are therefore much lower than in 2019.

*Summary of HSS Activities in 2020*

|  |  |
| --- | --- |
| **Component** | **Key Achievements** |
| Information, Data and  Systems for  Decision  Making | * EPI data collection tools and standard operating procedure (SOPs) developed and implemented. * EPI supportive supervision checklist revised, electronic version in District Health Information Software (DHIS) 2 created. * Data management training conducted in five provinces, data quality assessments conducted in one province. * STOP ISDS expanded to 11 new districts and 47 health facilities (HFs) within five provinces. * Ongoing support provided for adverse event following immunisation (AEFI) surveillance, monitoring and case investigation. * AEFI surveillance guideline developed and finalised in March 2021. |
| Leadership and  Governance | * Joint NIP-Partner 2020 Annual Operational Plan (AOP) developed, regular monitoring and coordination systems established. 5 Interagency. Coordinating Committee (ICC) meetings and 6 NITAG meetings held. * Estimates for the cost of immunisation as part of the Essential Health Services Package (unit costs) and Well Child Package (integrated with nutrition and early childhood development) developed for use in routine planning and budgeting. * Provision of public financial management technical assistance commenced at district level in 4 provinces. * EPI managers training completed in four provinces. |
| Immunisation Performance and Service  Delivery | * Quarterly community meetings (QCMs) to strengthen microplanning, supportive supervision and role of community leaders held in 7 provinces. * Supportive supervision and monitoring from national to sub-national level conducted in17 provinces. * Intensified outreach and Periodic Intensification of Routine Immunisation (PIRI) conducted in 8 high risk districts. * EPI managers training on Immunisation in practices conducted in 4 provinces in Q1 of 2021. * Village health volunteer (VHV) mapping complete in one province, tools (e.g. counselling package, supervision, monitoring, training and communication) developed or under development. * Tools developed to assist village leaders and VHVs address vaccine hesitancy and safety concerns in high-risk and/or hard to reach populations. |
| Vaccine  Supply | * Supportive supervision on cold chain and vaccine management in 13 provinces. * Cold chain maintenance, monitoring and vaccine distribution support in 7 provinces. * CCE (e.g., 4 walk-in cold rooms, generators and tool kits) procured and installed in April 2021, other infrastructure (e.g. computers for electronic stock management) also procured. * Effective Vaccine Management SOPs developed * CCEOP de-linking approved and costed operational plan ahead of deployment in 2021 * CCE (e.g., first batch of 157 CCE procured and arrived in country in April 2021 |

A summary of HSS activities and achievements contributing the indicators above by Gavi cost category is provided in the above table together with Targeted country assistance (TCA) activities, noting complementarity of HSS and TCA funding. Further detail on TCA milestones is provided in section 1.4.

# Financial management performance

## HSS3 implementation summary (as of 30 June 2021)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recipient** | **Grant Amount** | **Funds Disbursed** | **Expenditure** | **Country cash balance** |
| Ministry of Health (MoH) | $9,496,978 | $ 9,496,978 | $4,997,691 | $4,499,287 |
| UNICEF | $2,250,000 | $ 2,250,000 | $2,250,000 | $0 |
| **Total** | **$ 11,746,978** | **$ 11,746,978** | **$7,218,216** | **$4,528,759** |

## Implementation summary of other cash grants (as of 30 June 2021)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Start** | **End Date** | **Recipient** | **Grant**  **Value** | **Disbursed** | **Expenditure** | **Cash balance** | **Status Update** |
| CCEOP | 2019 | 2019 | UNICEF SD | 693,289 | 693,029.74 | Not yet available | Not yet available | The goods are done and transported |
| Transition grant | 2017 | 2019 | WHO | 1,625,179 | 541,420 | 541,420 | 0 |  |
| UNICEF | 718,200 | 718,200 | 0 |  |
| CHAI | 365,559 | 356,457 | 9,102 | Remaining cash to be  spent in Q1  2021 as per the extension request  approved by Gavi in  January 2021 |
| HPV MAC  Ops | 2019 | 2019 | WHO | 134,667 | 134,667 | 134,667 | 0 | All funds expended |
| HPV VIG | 2019 | 2019 | MoH | 185,911 | 185,911 | 185,414 | 497 | Budget of activities  using the  leftover  approved by Gavi in  Feb 2021 |
| PCV switch grant | 2018 | 2018 | MoH | 45,000 | 45,000 | 45,000 | 0 | Balance rolled over to  HSS |
| MR 2nd dose VIG | 2017 | 2017 | MoH | 149,330 | 149,330 | 149,330 | 0 | Balance rolled over to  HSS |
| Rota VIG | 2019 | 2020 |  | 115,576 | 0 | N/A | N/A | N/A – MoH cancelled the  application – on hold |

## Compliance, absorption and other fiduciary risk matters

The annual absorption rate for 2020 stands at 58 percent (Q1 – 42 per cent, Q2 – 60 per cent, Q3 - 60 per cent & Q4 - 68 per cent) as at 31st December 2020. In light of the need for quarterly budgets under the emergency funding scenario and the programme complications resulting from the Covid-19 pandemic this is assessed as a reasonable programme outcome. The untimely preparation of the 2021 annual budget has caused delay in programme activities for Q1 2021. This delay and previous low absorption rates are further complicated by the COVID-19 pandemic. Although significant procurement activities are included in the draft 2021 budget, there is still a strong likelihood that the HSS3 grant funds will not be completely absorbed in 2021. A further concern that a MCHC/EPI staffing restructure may also contribute to delayed programme activities.

It is noted that the 2019 audited financial statements were not delivered to Gavi within the specified time frame. This was in part due to the late arrival of the 2018 audited financial statements and further delayed by BDO’s executive management not signing off in a timely manner. The 2020 financial statements are currently being developed and it is expected that these financial statements will be provided to Gavi within the deadline.

The financial management of Gavi funds by MCH/MoH staff made strong progress during the period of 2019-2020, through the implementation of the fiscal agent and mobilisation of national financial management resources; the key achievements highlighted as followings:

* External audit reports for 2017 & 2018 (and the Gavi Programme Audit) have been reviewed and material concerns have been addressed with relevant systems reforms and accounting treatment. These reforms resulted in an un-qualified audit opinion for 2019. There is a matter of undocumented transactions noted in the 2017 external audit report and Gavi is considering the treatment of these funds.
* Designed and embedded financial & administrative staff and platforms to ensure accountability and the efficient distribution of Gavi funds and to ensure compliance with future financial reporting obligations.
* Provided day to day training for relevant MCHC/EPI staff and encouraged team building and problem-solving skills.
* Accounted for outstanding provincial funds and designed fund procedures, application structure and reporting tools for provincial use.
* Registered the EPI Unit for tax purposes and obtained formal tax exemption for purchases using Gavi funds; and,
* Introduced routine reconciliations for all bank accounts and cash on hand.
* Provided all necessary support throughout 2020 to ensure funds were returned to normal Gavi processes and procedures. During the period, the FA approved 380 transactions totalling $881,321.08. An approval rate of 97.5 percent is noted on the first submission of vouchers for payment.

The MCHC/EPI is now fully capable of supporting programme activities, fully functional with finance and accounting systems, well positioned to oversee funding to sub-national levels and staffed with competent and capable people. While some systems problems persist, there are now safeguards to ensure that Gavi funds are not exposed to potential loss. A stock-take of all assets purchased with Gavi funds was undertaken by MCHC/EPI staff September 2020 and verified by the external auditor during fieldwork for the 2019 financial statements.

The programme, with the support of partners, the fiscal agent services of GFA and a new joint PFM project between Gavi and WB to improve the health sectors’ financial management, will be working to mitigate these risks through improved financial controls and the implementation of rigorous financial management.

**Part C: Description of the Costed Extension**

# Programmatic description of Gavi supported HSS investments

## Prioritisation of underserved / under-immunised / zero-dose populations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Targeted geographic areas and / or populations / communities | % coverage in targeted communities (Penta 1& 3, MCV1 or MCV2, FIC or other) | Number of under immunised children | % of total number of under immunised in the country | Rationale for selection: E.g.   * Hard to reach area * Socio-economic, urban slums, remote rural * Conflict affected areas * Ethnic minority population * Refugees, IDPs, migrants, nomads |
| Target primarily the identified fifty low performing districts for under vaccinated and zero-dose children, see the table below (Figure 1) | (DHIS2 – Year 2020)  Penta1= 75.2%  Penta3= 73.6%  MR<1= 63.0% | (DHIS2 – Jan – June 2021)  *Using Penta 3 as a proxy -*  8,295 | (DHIS2 – Year 2020)  *Using Penta 3 as a proxy -*  14.1% | There are many children still not getting some or all their recommended vaccinations, indicating that barriers to service provision persist. Furthermore, with ten districts containing 41.7% of the un-vaccinated and 29.8% of the under-vaccinated children in the first half of 2021, sizeable disparities remain across the country. Furthermore, COVID-19 has disrupted routine immunisation provision and expanded pockets of zero-dose and under-immunised children. Thus, fifty at-risk districts for missed communities have been identified and are a high priority for HSS investments within the extended timeframe and allocation proposed here, given ongoing need. |



Figure 1: Priority district based on Jan-Jun 2021 performance

## Objectives and priority activities for Gavi financial support

|  |
| --- |
| **Please include a narrative which describes the relevance of the additional activities totalling USD 976,000**  Following lifting of the cash suspension for Gavi funds in late 2020, priorities for use of remaining HSS funding in 2021 and 22 (~$4.5 million under existing 2021 HSS 3 allocation, and this additional 976 k available subject to IRC approval for 2022) were agreed based on a multi-stage consultative process. This included (i) finalisation of the Government of Lao PDR’s Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) 2021-2025 strategy, (ii) EPI Mid-Term Review and Multi-Stakeholder Dialogue in November 2020; and (iii) a final consensus workshop in February 2021 with NIP and partners to agree final proposals for inclusion in HSS.  The priorities were identified as being most critical to reaching zero-dose and un/under-vaccinated populations and achieving and sustaining immunisation coverage targets in the context of Gavi transition and the RMNCAH strategy. The latter proposes a shift towards a more integrated and person-centred approach to care and envisions that by 2025, all children attending a health facility will receive a fully integrated Well Child Care visit (EPI, nutrition and early childhood development service), 85% of children should be fully immunised, and all districts in the country achieve 95% Penta 3 and MR 2 coverage. Further detail is provided in the 2020 Lao MSD Report (see pages 18-20)  Of these proposals, approximately 82% were budgeted for under the existing 2021 HSS 3 allocation. The remaining 18% are subject of this extension request.  Lao PDR experienced second and third waves of COVID-19 in April and August 2021 respectively. The precedence of COVID-19 prevention and response, including providing COVID-19 vaccination, has hindered the timely implementation of 2021 HSS-funded strengthening activities. The mass COVID-19 vaccine roll out nationwide has required significant MoH financial and human resources to be devoted to COVID-19 vaccine procurement, vaccine logistics and distribution, vaccinator training and delivery, surge testing, and public communication strategies, therefore restricting availability for strengthening and delivering routine services such as childhood EPI.  At present, the 2021 HSS3 budget utilisation rate is 11% (as of end of September 2021) and it is projected about $2.8 million from 2021 will be carried forward into 2022 and most likely 2023. Lao PDR transitions from “full” Gavi support at the end 2022 but a one-year implementation extension for cash funding (i.e. non-vaccine support) has been granted until the end 2023. We propose that if approved, this extension request for 976,000 USD will be added to rollover from 2021 to propose a 2-year plan and budget for implementing HSS priorities in 2022 and 23. This allows sufficient time to deliver outcomes, including improved and sustainable institutional capacity as the country transitions to full domestic financing of the EPI. This 2-year master budget and plan is expected to be finalised by the NIP and submitted for Gavi approval by December 2021. For the purposes of this proposal however, amounts below referring to “2021”/“2022” should be seen to refer to actual/anticipated allocations, which will change once the carry forward from the existing HSS 3 allocation (originally meant to be finished in 2021) is clear.  This extension request intentionally reinforces and expands on the most critical activities in the current HSS3 grant, with the aim of extending the reach of the existing interventions and the implementation of new strategies to restore and strengthen immunisation in the context of COVID-19 (which has posed challenges to service provision directly and to domestic financing of those services) and Gavi transition. Between 2019 and 2020/21, Lao PDR has experienced a decrease in coverage across all antigens (except Hepatitis B), leaving many communities vulnerable to vaccine-preventable diseases. Some HSS support for routine activities at this time is crucial to reverse the backslide in routine immunisation coverage, continue progress made on system level improvements, and sustainably address the gaps in Lao’s immunisation system that have come to light in the MTR 2020 and COVID-19 crisis: including issues with data quality, supply chain management and human resource capacity. However, it is also hoped the expanded timeframe (to end 2023) will also assist in ensuring a clear pathway to full and sustainable transition of the EPI to the Government of Laos can be achieved.  The next section will expand on how the proposed extension activities totalling 976,000 best support increased coverage, greater equity, and accelerate Lao PDR towards complete self-financing status. The activities remain centred around the four objectives of HSS3 and are as follows:   1. Information, data and systems for decision-making, including surveillance, 2. Leadership and governance (political commitment, legislation, programme management and advisory bodies (NITAG and ICC)), 3. Immunisation performance and service delivery (coverage and equity) 4. Vaccine supply (vaccine regulation, procurement and cold chain).   Under objective 1, planned activities aim to build on existing efforts to strengthen immunisation data systems to not only reach newly and habitually missed populations but to identify and address access barriers. The priority activities proposed for objective 2 are complimentary and additive to existing strategies to strengthen EPI management at all levels, by way of scaling up interventions such as microplanning training, integrating COVID-19 and routine immunisation planning, delivery and monitoring, and also optimising capacity building for online environments. Within objective 3, the proposal includes novel strategies and intensifying and sustaining routine activities (such as increased provision and supportive supervision) for greater quality, access to and equity of service delivery. The additional activities that form part of objective 4 aim to bolster cold chain management and bridge underlying capacity gaps and those brought to light during the MTR 2020 and COVID-19 vaccine roll out in 2021. |

|  |  |  |
| --- | --- | --- |
| ***Objective 1:*** | Information, data and systems for decision-making, including surveillance | |
| **Timeframe for ADDITIONAL activities:** | 2022 | |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the ADDITIONAL activities listed under objective 1: | 50 low performing districts are the primary focus | |
| **Describe the tailored ADDITIONAL interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment. | | |
| Reaching the under-immunised is a persistent challenge in Laos and reducing the number of zero-dose children well prioritised in the RMNCAH strategy 2021-25. Building robust data infrastructure during this transition period can help support accurate and effective planning to reach every child, mitigating the risk of a further increase in missed communities following reduced donor funding. Improving data quality, availability, and utilisation down to health center level is integral to HSS support. Under the existing HSS3 allocation, work continues around overall strategies for data-driven planning and quality improvement. The interventions listed aim to scale up efforts to utilise geo-spatial data analytics in planning and institutionalise routine monitoring of data quality.  **Piloting and scaling up geospatial technologies**  Country-specific immunisation needs have been identified over the past year based on a range of assessments, stakeholder consultations and field visits. These include but are not limited to:   * Lack of proper and complete health facility mapping * Lack of availability of updated, clear and good/sufficient microplanning * Pockets of high-risk villages/communities * Accurate and reliable target population especially at lower level (District and HF level) * Discrepancy in coverage between different data sources * Limited access among specific groups or areas   Harnessing geospatial data in the immunisation programmes can help address the above gaps and contribute towards more vigorous EPI planning and identification of hard to reach populations and missed communities. Under the existing HSS grant in 2021, NIP and partners have been identifying existing datasets and collecting additional data and preparation of digital HF and district catchment map. Following this:   1. As part of this extension request (HR2-3), geo-enabled data platforms will be piloted in four provinces (Phase 1) in 2022. This includes the training of implementation teams, data collection and printing and distributing digital catchment maps to districts and health facilities. 2. The existing HSS 3 budget has allocated funds which will be rolled over to 2022 and 2023 for implementation of geospatial technologies in the other 14 provinces (Phase 2 and 3). Both national and provincial staff will be trained on the production, interpretation and use of the digital maps.   The latter aims to ensure this intervention is sustained without ongoing external support post-transition.  **Expansion of Data Quality Self-Assessment (DQS)/Data Quality Audits (DQA)**  There have been vast improvements in the availability of different immunisation data (vaccine stock, AEFI etc.) in Lao PDR. For instance, the creation of the electronic version in DHIS 2 has fostered better standardisation of existing data sets. However, the data quality is still suboptimal. As part of HSS investment, DQS have been conducted in selected provinces and districts to uncover data quality challenges and inform plans to fill in the gaps. In 2021, six provinces (Phongsaly, Savannakhet, Luangnamtha, Xayabury, Huaphanh and Khammuane) have convened training on how to check data quality and conduct DQS, and training for the remaining eight provinces can be funded through the existing HSS3 in 2022 and 2023. With the $6000 from this extension request, the remaining four provinces can be trained. By the end of 2023, all provinces should be able to conduct DQS independently to identify weaknesses and missing data improve the reliability of data.  . | | |
| **List approximately five (5) specific ADDITIONAL activities to be undertaken to achieve this objective**:   * ***Reflect these activities in the budget & planning template*** | | |
| Geospatial technologies   * Develop training materials for data collection, training of data collection teams, field data collection, print and distribute digital maps to HFs   Conduct DQS/DQA in selected provinces, districts and HFs - National to provinces, district and HFs   * Develop training materials, field visits to selected provinces | | |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) | | |
| * Technical assistance to support these objectives (e.g. from WHO) were reflected in the approved 2021 TCA plan and expect to be replicated in the 2022 TCA plan. | | |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.   * ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>). | | |
| N/A | | |
| **How much HSS budget is allocated to this objective:**   * ***Reflect the details in the budget and planning template*** | **2021** | *US$ 1,093,100* |
| **2022** | *US$ 41,000* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** | | |
| * Major cost driver for geospatial activities are related to personnel and data collection. * Work will be complemented with the establishment of the Common Geo-Registry (CGR) funded by the Bill and Melinda Gates Foundation, a platform collecting and maintaining geographic information or objects with a range of uses, including health facilities and villages. | | |

|  |  |  |
| --- | --- | --- |
| ***Objective 2:*** | Leadership and governance (political commitment, legislation, programme management and advisory bodies (NITAG and ICC) | |
| **Timeframe for ADDITIONAL activities:** | 2022 | |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the ADDITIONAL activities listed under objective 2: | EPI management at all levels. | |
| **Describe the tailored ADDITIONAL interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment. | | |
| Progress has been made in 2021 leadership, management and coordination (LMC), most notably the establishment of joint annual planning and regular EPI coordination meetings at the central level. However, challenges remain including in integrated, costed and bottom-up micro-planning at all levels and alignment, coordination and tracking of resources against agreed priorities, to ensure maximal impact and value for money. COVID-19 response efforts stalled many LMC-related activities in 2021. Ongoing support through HSS is required to continue and strengthen critical LMC practise and ensure these can be sustained by the NIP post-transition.  **Strengthening NITAG/ICC/TWG functions and new vaccine introduction (NVI)**  Under the extension request, funding for quarterly NITAG, ICC and TWG meetings for 2022 and 2023 are proposed, as in 2021. Regular and functional committee meetings helps to strengthen evidence-informed vaccine policy making and should help with continued support and financing of these entities by the GoL in 2023 and beyond. Funding rolled over from the existing HSS3 for NITAG capacity building will support ongoing new vaccine introduction (NVI) training for NITAG members over 2022-2023 to help the translation of evidence to policy from cost-effectiveness analysis and feasibility assessments on new vaccines such as Typhoid. Additional funds in the extension request are also earmarked to support the conduct of new vaccine introduction (NVI) studies and development of SOPs on generating of local evidence for decision making.  **Expanding microplanning and program management training for all provinces**  The 2020 MTR revealed insufficient integrated and costed microplanning at all levels, and microplanning training down to health center level has been identified as a priority action under the RMNCAH Strategy. Following, microplanning training was deemed a vital government priority for HSS investment, with provinces with low performing districts forming the basis of a general prioritisation framework (Figure 1). Under the existing HSS3 allocation, microplanning training has been convened in Xayabouly, Khammouane, Xiengkhuang (x2), with all districts attending one training at provincial level. Six more trainings are budgeted for as part of the existing HSS3 allocation. It is anticipated that this budget will be fully absorbed in 2021, however it is possible that COVID-19-induced lockdowns may delay these activities until 2022.  Under the extension request, a further 10 trainings have been planned for 2022, to ensure all 18 provinces are allocated training as part of the overall HSS investment. This training includes establishing processes to ensure that staff trained then actually can develop and implement high quality microplans on the job. In the long term, this work should help foster efficient management and coordination between levels of the health system and enable more integrated planning and budgeting. Furthermore, traditional training (face to face) strategies under the current HSS3 plan will be adapted to digital approaches (e.g. online materials and trainings) wherever relevant and possible to boost sustainability and mitigate COVID-19 related delays to activities.  **Piloting university curricula with EPI component**  Incorporating EPI into the pre-service university curriculum should increase the knowledge and skills of health workers at graduation and reduce the need for repeated, costly in-service training. A curriculum plan will be developed in 2021 under the existing HSS3 allocation and this extension request will be earmarked to pilot the curriculum in UHS and 3 provinces in 2022. | | |
| **List approximately five (5) specific ADDITIONAL activities to be undertaken to achieve this objective**:   * ***Reflect these activities in the budget & planning template*** | | |
| Integrate EPI into university curricula for nurses and midwives (priority), doctors and other health sciences (TBC)   * Develop curriculum and relevant materials, field visits to pilot provinces if appropriate   Strengthen NITAG/ICC/TWG technical capacity building   * Convene meetings and trainings, produce minutes, reports, and relevant outputs   Microplanning and program management training   * Develop training materials, field visits to selected provinces   Evidence generation for NVI and program impact evaluation   * Topic identification, stakeholder consultations, data collection, analysis, SOP development, reporting   Gavi program management   * Includes NIP office running costs, equipment and support/technical staff for programmatic and financial coordination (9 staff in total) | | |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) | | |
| LMC support is currently provided by CHAI through TCA, aligned to government and HSS priorities. A proposal to continue this support will be developed for TCA 2022 and 2023 plans. | | |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.   * ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>). | | |
| N/A | | |
| **How much HSS budget is allocated to this objective:**   * ***Reflect the details in the budget and planning template*** | **2021** | *US$ 494,100* |
| **2022** | *US$ 294,000* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** | | |
| - The largest cost is associated with Gavi programme management i.e., NIP office running costs, equipment and support/technical staff for Gavi project and financial coordination. As noted previously, these requirements are a direct result of the recommendation of the Gavi audit.  - Robust programme monitoring and evaluation depends on sufficient data, therefore this work stream aligns closely with objective 1. | | |

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| ***Objective 3:*** | Immunisation performance and service delivery (coverage and equity) | |
| **Timeframe for ADDITIONAL activities:** | 2022 | |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the ADDITIONAL activities listed under objective 3: | 50 low performing districts are the primary focus | |
| **Describe the tailored ADDITIONAL interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment. | | |
| Under immunised and zero-dose children remain a pocket scattered across geographic areas and socio-demographic groups. Reaching these children requires innovative and bespoke strategies to deliver high-quality patient care, strengthen human resource capacity and address other supply and demand-side barriers. This includes investing in novel interventions such as health worker support strategies and implementing practice guidelines to low performing health centres, not previously included in the HSS allocation yet are cornerstone in the RMNCAH strategy. Therefore, they were put forward as priority and strategic objectives for 2022 HSS extension request during consultations that took place in mid-2021. Financing routine activities such as supportive supervision and outreach provision was also deemed critical to continue to improve service quality and uptake in an environment where government funding has been additionally constrained by COVID-19, while recognising that the need to fully transition these costs by end 2023 remains.  **Implement enhanced counselling for Heath Care Workers**  Staff perceptions are a recognised barrier to regular attendance of health facilities and thereby fixed facility-based births and HepB-BD immunisation. Engaging primary healthcare workers in enhanced counselling to promote health facility-based maternal and child health provision forms part of the RMNCAH Action Plan (Action 4.3.1.2) and this extension request will be support the implementation of this intervention. This includes training and peer-learning approaches to strengthen community-based mutual support.  **Roll out of practice guidelines to low performing health facilities**  As a quality strategy, practice guidelines on topics such as safety, cold chain management, vaccine hesitancy will be rolled out to low performing health facilities in all 50 high-risk districts. This will also decrease unwarranted practice variation, improve safety, and stimulate the translation of scientific research into clinical practice.  **Supportive supervision**  Delivering technical support for EPI delivery through supportive supervision is a priority action articulated in the RMNCAH strategy and 2020 MSD. Under the extension request, additional supportive supervision activities are programmed for 2022 to maintain and accelerate quality improvements of health care provision. The planned funding includes one visit per quarter from central to provincial level and likewise from the provinces to the high-risk districts (figure 1). In conjunction with the funds carried over 2021 (estimated at ~90% of the approved $272,000) and government budget (focused on the remaining districts not targeted with Gavi funding), additional HSS funds from the extension request will help ensure adequate supportive supervision activities until the end of 2023, and lay the foundations for well-functioning services after Gavi transition. Furthermore, the intention is to expand the scope of supervision to be strongly linked with supervision of other MCH programmes and COVID-19 vaccine rollout monitoring for greater efficiency and likelihood of being able to sustain using domestic funding post-2023.  **Increase provision of comprehensive and high quality maternal and child health services**  Expanding quality EPI care as part of a Well Child platform is of critical importance to the NIP to not only drive the integrated RMNCAH vision but to also reach children currently missing out of vaccination, especially in light of COVID-19. Within this extension request, budget has been set aside to intensify catch-up efforts throughout 2022 for priority districts (figure 1) with low coverage and high numbers of under- or unimmunised children, exacerbated by the disruption caused by COVID-19. ~25% of the existing HSS allocation has been disbursed in 2021 and it is therefore foreseeable that over half of this funding will be rolled over for 2022-2023. The existing HSS3 allocation (roughly $400,000) will be utilised across 2022 to target priority districts missed in 2021 and increase provision and uptake of quality and integrated services throughout 2023, given that expanded services over the subsequent two years are required to reach large pockets of zero-dose and under-immunised children. Together with government funding for service provision (targeting non-Gavi priority districts), this overall HSS investment can support Lao PDR to increase immunisation coverage equitably and efficiently whilst transitioning from Gavi support through integrating routine immunisation delivery with other MCH programmes.  **Implement of tailored strategies to reach zero-dose children**  In conjunction with the work on geospatial activities, further funding within this extension request is set aside to develop and test – with NIP, provincial and district health offices – innovative, tailored and evidence-informed strategies and operational plans using the AIRMM framework for reaching for zero dose communities who are not being reached with current activities and modalities. | | |
| **List approximately five (5) specific ADDITIONAL activities to be undertaken to achieve this objective**:   * ***Reflect these activities in the budget & planning template*** | | |
| Rollout implement of tailored strategies to reach zero-dose children   * Stakeholder consultations, analysis, strategy development, field visits   Increase provision of comprehensive and high quality maternal and child health services integrated with immunisation services via fixed, outreach and mobile services.   * Allowance for health facilities and staff   Supportive supervision and monitoring visits by NIP, province and districts (national level) for all EPI components.   * Develop assessment forms, conduct visits, produce reports   Roll out to all provinces the Immunisation in Practice Guidelines to low performance health centres. Includes injection safety, cold chain management, vaccine hesitancy & other necessary backup training.   * Stakeholder consultations, guideline development, field visits, printing materials for centres as necessary   Implement enhanced counselling for Heath Care Workers including home visits and peer education to address maternal concerns to encourage attendance at a recognised health facility, promotion of Hep B birth dose.   * Develop plan and training materials, roll out plan, field visits if applicable | | |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) | | |
| Technical assistance is required to support the implementation which will be obtained from PEF/TCA, as was the case in 2021. | | |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.   * ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>). | | |
| N/A | | |
| **How much HSS budget is allocated to this objective:**   * ***Reflect the details in the budget and planning template*** | **2021** | *US$ 1,944,000* |
| **2022** | *US$ 480,000* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** | | |
| * Provision of routine services through outreach and PIRI is the largest cost component, selected prioritised health areas for PIRI will change depending on 2021 coverage data. | | |

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| ***Objective 4:*** | Vaccine supply (vaccine regulation, procurement and cold chain) | |
| **Timeframe for ADDITIONAL activities:** | 2022 | |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the ADDITIONAL activities listed under objective 4: | Nationwide support | |
| **Describe the tailored ADDITIONAL interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment. | | |
| A further priority identified for additional HSS investment from the 2020 MSD and further consultations between NIP and partners is the development of new CCE and building systems and capacity for ongoing monitoring, maintenance and repair. Immunisation supply chain bottlenecks and weaknesses in the overall cold chain system were not only highlighted in the 2020 MTR, but given the spotlight during the COVID-19 vaccine roll out. Meeting ambitious immunisation coverage and equity targets in the RMNCAH action plan and ensuring capacity to deliver immunisation services following transition requires the cold chain and logistics system to be strengthened.  **Cold Chain Equipment Optimisation Plan (CCEOP) implementation**  CCEOP implementation, including technical support in cold chain equipment installation and maintenance, is a primary objective for additional HSS investment. Under CCEOP, 340 Ice-lined Refrigerators (ILR) will be installed in hard-to-reach areas by the end of 2021. As part of this extension request, the installation of the remaining 527 ILRs will monitored by the end of quarter one, and 90 Solar direct drive (SDD) refrigerators by the end of the second quarter. Additionally, an Effective Vaccine Management (EVM2) assessment will be carried out to examine the performance of the immunisation supply chain. This is high on the agenda given that the last EVM2 assessment was conducted five years ago.  **Improving quality management of cold chain and capacity building of cold chain staff**  To decentralise continuous technical support for preventive maintenance and basis repair of CCEs, six cold chain hubs in Luangprabang, Saravane, Savanhnakhet, Oudoumxay, Champasack and Vientiane Capital for serving all provinces have been established in 2021 as part of the approved HSS3 2021 budget. This included the renovation, repair and refurbishment the Cold Chain Hub, purchasing vehicle to transport CCEs for repair, and procurement of cold chain tool kits for cold chain technicians. The existing budget for this activity is expected to be fully absorbed in 2021. To further boost high-quality cold chain in 2022, real-time remote temperature monitoring systems (via SMS) will be installed, with this extension request, in facilities where there are walk-in cold rooms. This helps prevent spoilage and damage which can impede on vaccine supply. Furthermore, regular incremental skill-based trainings will be scaled up and implemented for 6 cold chain hub technicians to build effective cold chain management practices for enhanced provision of EPI. This includes the development of training resources on vaccine cold chain management including basic and preventative maintenance. | | |
| **List approximately five (5) specific ADDITIONAL activities to be undertaken to achieve this objective**:   * ***Reflect these activities in the budget & planning template*** | | |
| Monitor implementation of preventive maintenance plan as per country application, and monitor deployment and installation of CCEs, in coordination with the Provincial programme management teams.   * Meetings and field visits   Mentor, supervise and provide regular training to Centre of Excellence for staff at National Store and regional Cold Chain hubs on Cold chain management, preventive and basic maintenance   * Develop training materials, facilitate regular training and supervision   Installation of national level Remote Temperature Monitoring Devices.   * Purchase and install devices, visits to units   Improve data availability, quality and use for supply chain decisions (vaccine stock data, inventory, etc.) | | |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) | | |
| Technical assistance is required to support the implementation which will be obtained from PEF/TCA. | | |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.   * ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>). | | |
| N/A | | |
| **How much HSS budget is allocated to this objective:**   * ***Reflect the details in the budget and planning template*** | **2021** | *US$ 964,000* |
| **2022** | *US$160,000* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** | | |
| * The main cost driver is expenses related to monitoring and visiting health facilities where cold chain equipment provided. | | |

**Part D: Signatures – Endorsement of the Programme Support Rationale**

**Government signature form**

The Government of Lao PDR would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for the extension of the HSS 3 grant as outlined in this Rationale for Extension.

The Government of Lao PDR commits itself to the continued development of national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.*

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| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| **Name** | Dr. Phonepaseuth OUNAPHOM, Director General, Dept of Hygiene and Health Promotion | **Name** | Dr. Somphone PHANGMANIXAY, Director General, Dept of Finance |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

1. Following the Gavi programme audit (2018) and the severity of the findings, Gavi suspended cash funds in December 2018 to mitigate financial risks, allowing the audit to conclude with a clear reimbursement schedule and post audit improvement measures. This was mutually agreed between Gavi and the MoH in September 2020, which led to lifting immediately the cash suspension. During the “suspension period”, cash utilisation was still allowed but only for essential activities and approved on a quarterly basis. Since September 2020, normalcy of Gavi financing in Lao PDR has resumed. [↑](#footnote-ref-1)