Lao People's Democratic Republic: Second Greater Mekong Subregion Regional Communicable Diseases Control Project

**Project Name**
Second Greater Mekong Subregion Regional Communicable Diseases Control Project

**Project Number**
41507-012

**Country**
Lao People's Democratic Republic

**Project Status**
Closed

**Project Type / Modality of Assistance**
Grant

**Source of Funding / Amount**
- Grant 0232-LAO: Second Greater Mekong Subregion Regional Communicable Diseases Control Project
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 12.00 million
- Grant 0449-LAO: Second Greater Mekong Subregion Regional Communicable Diseases Control Project (Additional Cofinancing to Grant 232-LAO)
  - Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility
  - US$ 3.00 million

**Strategic Agendas**
- Inclusive economic growth

**Drivers of Change**
- Governance and capacity development

**Sector / Subsector**
- Health - Disease control of communicable disease - Health system development

**Gender Equity and Mainstreaming**
- Effective gender mainstreaming

**Description**
The project follows Strategy 2020, which realigns ADB’s role in the health sector with emphasis on regional, intersector, and interagency cooperation, as also detailed in the operational plan for health. It is in line with ADB’s Regional Cooperation and Integration Strategy, the GMS regional cooperation strategy and the country operations business plans of Cambodia, Lao PDR, and Viet Nam. The project supports regional public goods and capacity towards regional health and economic security and the Millennium Development Goals (MDGs) for reducing child mortality and malnutrition, halting the spread of communicable diseases, and others. In partnership with WHO, the Mekong Basin Disease Surveillance Cooperation, the Kenan Institute Asia and other partners, it addresses critical funding gaps for the roll-out of the International Health Regulations (2005) and APSED, as well as regional strategies for the control of dengue and NTDs. Under the leadership of WHO, regional and national aid coordination mechanisms are in place including regular meetings, surveys and publications for aid coordination, technical forums, community of practice groups, and websites.

**Project Rationale and Linkage to Country/Regional Strategy**
Emerging infectious diseases such as severe acute respiratory syndrome (SARS), avian influenza, and swine flu have had major economic impacts on productivity, trade, and tourism in the GMS, and continue to pose a major public health concern. New diseases, mostly of animal origin, also pose a constant threat. Dengue, chikungunya, cholera, typhoid, and HIV/AIDS fueled by better connectivity, urban development, and social and environment changes continue to spread in the GMS. Controlling these diseases requires strong surveillance systems, community prevention and preparedness, and quick system response capacities.

**Impact**
Improved health of the population in the Greater Mekong Subregion (GMS).

**Project Outcome**

<table>
<thead>
<tr>
<th>Description of Outcome</th>
<th>Timely and adequate control of communicable diseases of regional relevance</th>
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**Progress Toward Outcome**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>O1.</td>
<td>Proportion of disease outbreaks reported within 24 hours increased from 50% to 80%</td>
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<tr>
<td>O2.</td>
<td>Proportion of border outbreaks reported within 24 hours increased from 20% to 50%</td>
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<td>O3.</td>
<td>Proportion of populations in targeted villages that conduct proper CDC prevention and care increased from 40% to 60%</td>
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<td>O4.</td>
<td>Proportion of children &lt;5yrs that sleep under bed nets increased from 60% to 80%</td>
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**Implementation Progress**

<table>
<thead>
<tr>
<th>Description of Project Outputs</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Enhanced regional CDC systems</td>
</tr>
<tr>
<td>2.</td>
<td>Improved CDC along borders and economic corridors</td>
</tr>
<tr>
<td>3.</td>
<td>Integrated project management</td>
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</table>
Status of Implementation Progress (Outputs, Activities, and Issues)

Target was 350 MHVs. At December 2015, project achieved 304 MHVs (87% of target) (Project MHV reports)

MV roll out proceeded in all project provinces. Two provinces Huaphan and Champassak - achieved 100% target MVH coverage.

Data available on MVH coverage per district over 5 years

40.7% of MVHs assessed as capable and competent Project Competency Survey

(Portrait Competency Reports, 2015 and 2017)

Refer to Competency Reports developed by the project

Project Household Survey 2016 indicated 44.6% of WRA and 51.8% of children under 5 had been dewormed in the last year

73.1% of children <5 received Vitamin A (up from 65% in 2014)

78.3% of women had received iron during pregnancy (up from 68% in 2014) (Household Survey 2016)

Provinces were appraised of the low rates for follow up action.

Project on target to achieve 2 joint activities annually. New cross border arrangements in place to continue cooperation and coordination of activities (Project report on cross border meetings)

Cross border cooperation and joint activities increased under the project from 2013-2016 (2 forums in 2013; 19 in 2014; 28 in 2015; and 7 in 2016).

Details available include: participating districts, number and gender, objectives and outcomes (MOUs etc)

Project research (2016) indicated 50% of new MVHs since 2012 were female (435/916)

(Portrait Competency Reports, 2015 and 2017)

Project conducted surveys on provincial staffing and competency/ training to derive the estimates.

100% of MVHs (total 4416/4670) trained to date.

(Provincial Competency Report, 2017 and VHIV Training report)

Overall, data indicate more than the total MVHs trained (due to potentially multiple trainings). But data do not confirm that all MVHs in all target provinces were trained. Additional research would have been needed. VHIV training in 7 provinces.

74.6% of CDC staff trained (2135/2796)

(Provincial Staff Training and Gender Report, 2017)

Refer to Provincial Staff Training and Gender Report

65.3% of trained staff female (1395/2135)

(Provincial Staff Training and Gender Report, 2017)

Refer to Provincial Staff Training and Gender Report

52% of trained staff is female

Being reviewed as part of current Provincial and Competencies Surveys

87% of CDC staff assessed as capable and competent

(Provincial Staff Training and Gender Report, 2017)

Refer to Provincial Staff Training and Gender Report

76% of CDC staff assessed as capable and competent

(Provincial Staff Training and Gender Report, 2017)

Refer to Provincial Staff Training and Gender Report

Provinces identified cross border plans with neighbouring Cambodia and Vietnam provinces and activities included joint monitoring and evaluation; simulation exercises; and surveillance and response. Activities were focused on cross border malaria and related activities.

Estimated that at least 50% of project districts are involved in cross border activity and malaria is defined as one of the conditions to be reported by all Laos provinces as part of the Disease Information sharing arrangement.

Partially achieved.

Details of cross border activities and programs are included in the accompanying dossier.

Focal point for CDC established with senior officer assigned and operating. From 4th quarter 2012 (Project PMU)

Focal Point with TORs functioning, with designated staff and regular meetings and exchanges with CLV and other countries. MOUs, outcomes from national meetings and joint agreed protocols available.

Joint strategies and plans (e.g. Schisto; IHR; Dengue; APSED; and Malaria) were developed and reviewed at various Regional Workshops and Forums. Regional coordination enhanced through the Focal Points (Regional Workshop reports)

Regional technical forums (Regional Workshops and national technical workshops) allowed joint review and strategy development across a range of CDC areas. Workshop reports involved follow up actions and interventions for each CLV country.

Lao organised and hosted five regional technical workshops, a Knowledge Management forum and two Regional Annual Workshops (KM product reports on project website)

Schisto: Laboratory Services; Dengue; APSED; and Malaria Workshops were organised in Lao PDR and attended by regional and other international participants.

Knowledge products (survey results, reports and guides/manuals etc) presented on the project website

New agreed protocols (2015) between CLV countries - exchange of information on 13 notifiable diseases and conditions covering check points, health centres and health facilities (RCU Information Sharing form and database)

Standard exchange forms agreed by all three CLV countries

IHR compliance increased from 28% in 2012 to 80% in 2015

Under the new WHO Joint External Evaluation process, extensive review in February 2017 indicated an overall 67% compliance.

IHR Compliance Reports shows calculation of a composite IHR compliance score. Scores were

- 61.3% in 2014
- 55.6% in 2013
- 28.8% in 2012


Annual WHO review assess status and progress in IHR compliance. Using a weighted composite indicator, overall compliance (excluding Radiological and Chemical components under the IHR core areas) was assessed annually from 2012 2015, indicating progressive improvement. External assessment in February 2017 indicated significant progress. JEE report available.

New CLV protocols will ensure regular exchange of information on 13 diseases and conditions covering check points, health centres and health facilities (RCU Information Sharing form and database)

Standard exchange forms agreed by all three CLV countries operational from 2016.

Project emphasised gender including training places for females in all province planning (Project Staff Training Reports)

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Project emphasised gender including training places for females in all province planning (Project Staff Training Reports)

At project end, of the 28,000 staff trained under CDC II 36% were female. Gender disaggregated data on training and persons affected by outbreaks were reported monthly.

Project has conducted numerous neighbouring cluster province cross border meetings (Supplementary Appendix C provides details of results of meetings involving Phongsaly, Doudemay, Huaphan, Xieng Khuang, Bokeo and designated as Lao Prabang. Joint plans developed with these provinces and Cambodia, Vietnam and Thai provinces. Plans cover: joint simulation, training, referrals, joint outbreak investigation, RRTs and disease reporting. Malaria is included as a priority communicable disease in these plans.

Achieved.

Regional cluster province workshops develop joint plans activities malaria is one focus in these plans

Regional Workshop on Malaria conducted in June 2017.

Achieved.

Over 150 participants from CLV countries, Myanmar, Malaysia and Thailand attended the workshop.

Project conducted initial training in procurement, financial management and planning (2012)

(Provincial provinces’ ADPS)

Provincial staff developed annual plans and budgets competitively and built on year to year experience

Household (baseline) Survey conducted in March 2014. Follow up survey (outcome) conducted in March-April 2016

(Household Surveys, 2014 and 2016)

Household Surveys enabled project impact assessment i.e. improvements in a range of indicators attributable to project interventions

Project ADPs were produced annually and consistent with the overall project AOP. ADPs addressed gender, IP and training issues

(Provincial provinces’ ADPS)

Project ensured consistent annual plans according to a standard format. ADPs were produced following project annual review workshops to identify priority issues and specific interventions for each province.

ADPs available.

Project developed GAP and ethnic groups plan and monitored results regularly. Gender experts were involved in setting targets and compiling data

(GAP and RAP, 2017)

Project GAP and IP plans available indicating achievements in many GAP/IP Action Plan targets

Malaria has included as a priority communicable disease in these plans.

Achieved.

Regional province workshops develop joint plans activities malaria is one focus in these plans

Regional Workshop on Malaria conducted in June 2017.

Achieved.

All provinces identified malaria targets and activities. Targets included:

Improved malaria surveillance and response and preparedness

Increased cross border collaboration for malaria prevention and control

Improved lab capacity in diagnosis and malaria case management

Increased IEC on malaria prevention and control

Increased community mobilisation for malaria (and dengue) prevention, including vector control, community surveillance and health education

Achieved.

Overall targets are decreased incidence of new cases and improved surveillance and reporting in target districts.

Provincial malaria activities and related funding set out in AOPs

Outputs, Activities, and Issues
Geographical Location

Nation-wide, Attapu, Bolikhamxai, Champasak, Houaphan, Khammouan, Khoueng Bokor, Khoueng Oudomxai, Khoueng Phongsali, Khoueng Xekong, Louangnamtha, Salavan, Xiangkhoun

Safeguard Categories

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<tr>
<td>Indigenous Peoples</td>
<td>B</td>
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</table>

Summary of Environmental and Social Aspects

Environmental Aspects

The project is assessed category C for environment.

Involuntary Resettlement

The project is assessed category C for involuntary resettlement.

Indigenous Peoples

Ethnic groups constitute 31% of the population in the targeted border districts, most of them in the Lao PDR. They suffer disproportionately from common communicable diseases, and have less access to health care because of physical, financial, language, and cultural barriers. The project is assessed category B for indigenous people and is expected to have positive impacts on ethnic groups. The accrual of benefits to ethnic groups is discussed in the ethnic groups plan, and included in the project design. Under the sub-output for community based CDC, the aim is that 50% of 1,160 targeted villages belong to ethnic groups. This includes training of village health workers and support for healthy village development. The project will also provide scholarships for ethnic group members to become health workers.

Stakeholder Communication, Participation, and Consultation

During Project Design

Included: (i) group discussions with potential beneficiaries, village health workers, and community-based organizations; (ii) consultation of health staff, provincial and district health managers, provincial governments, central ministries and partners; and (iii) workshop with ministries, partners, and NGOs.

During Project Implementation

Level of consultation and participation envisaged are information sharing, Consultation, Collaborative decision making and empowerment. Existing organizational structures down to the village level will be used, no need for a separate system. However, participation will be monitored.

Business Opportunities

Consulting Services

All consultants will be recruited according to ADB's Guidelines on the Use of Consultants. Nine positions of individual consultants and one consulting firm are provided for the duration of the project.

Procurement

All procurement of goods and works will be undertaken in accordance with ADB's Procurement Guidelines (2010, as amended from time to time). International Competitive Bidding procedures will be applied for any packages valuing more than $0.5 million. Any bid packages of goods and civil works valuing less than $0.5 million will be procured through national competitive bidding. Smaller goods and civil works packages costing less than $0.1 million may be procured through shopping procedures.

Responsible ADB Officer

Azusa Sato

Responsible ADB Department

Southeast Asia Department

Responsible ADB Division

Human and Social Development Division, SERD

Executing Agencies

Ministry of Health

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Vientiane

LAO PDR

Timetable

| Concept Clearance | 30 Mar 2010 |
| Fact Finding | 06 Apr 2010 to 23 Apr 2010 |
| MRM | 06 Sep 2010 |
| Approval | 22 Nov 2010 |
| Last Review Mission | |
| PDS Creation Date | 15 Apr 2010 |
| Last PDS Update | 20 Sep 2018 |

Grant 0232-LAO

Milestones

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Financing Plan

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Status of Covenants

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### Grant 0449-LAO

#### Milestones

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