



# LAO PDR | JANUARY - DECEMBER 2020 MALARIA SURVEILLANCE BULLETIN



**61,124**  
Suspected cases tested



**216**  
Confirmed positive cases

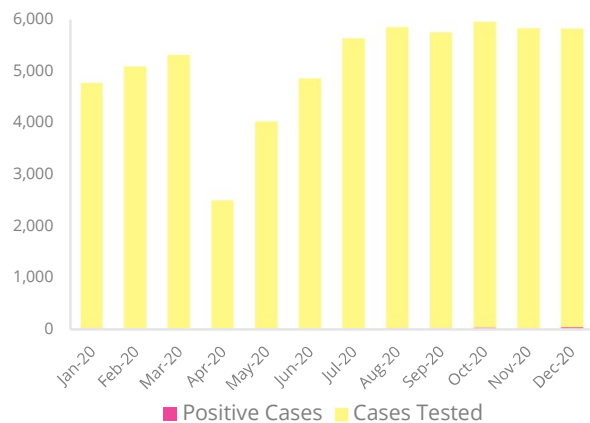


**0.35%**  
Average positivity rate

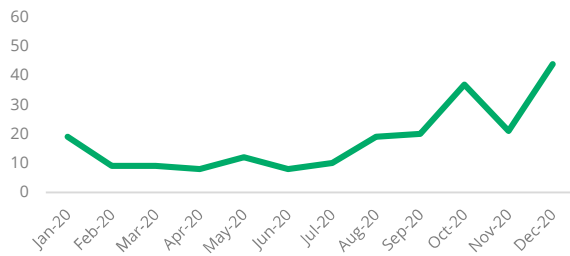


**337\*** Formal private outlets enrolled in GEMS+  
**92** Outlets transitioned to NMP

## Suspected Cases Tested & Confirmed Positive Cases

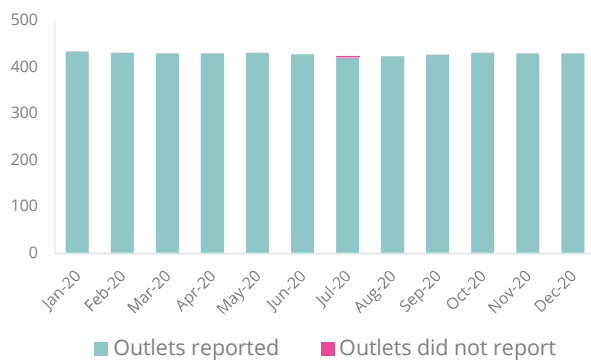


## Confirmed Positive Cases



## Reporting

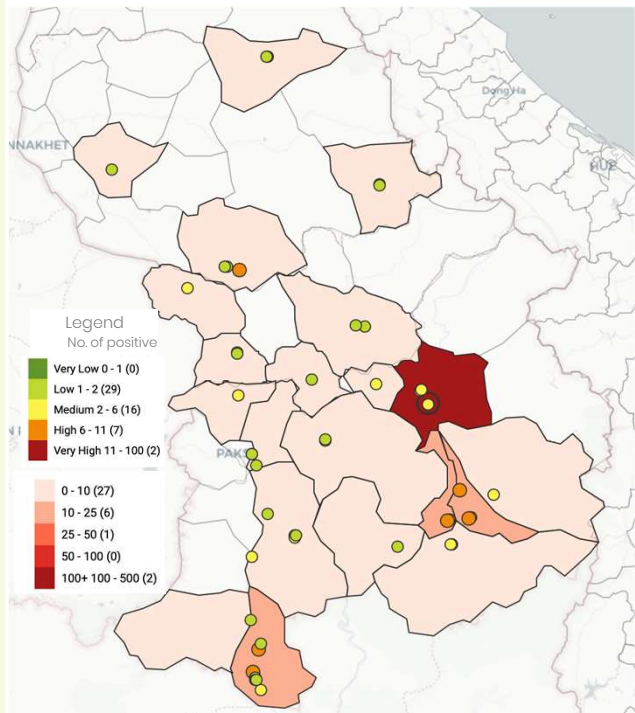
### Number of outlets reporting



**100%**  
Average reporting rate

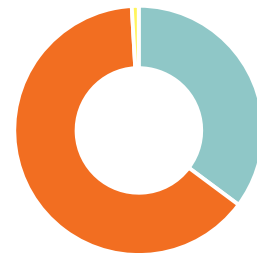
## Characteristics & Distribution of Confirmed Positive Cases

### Positive cases detected by outlets<sup>2</sup>



### Positive cases by Plasmodium species

- P.f. (35.2%)
- P.v. (63.9%)
- Mixed (0.9%)



## Quality of Case Management



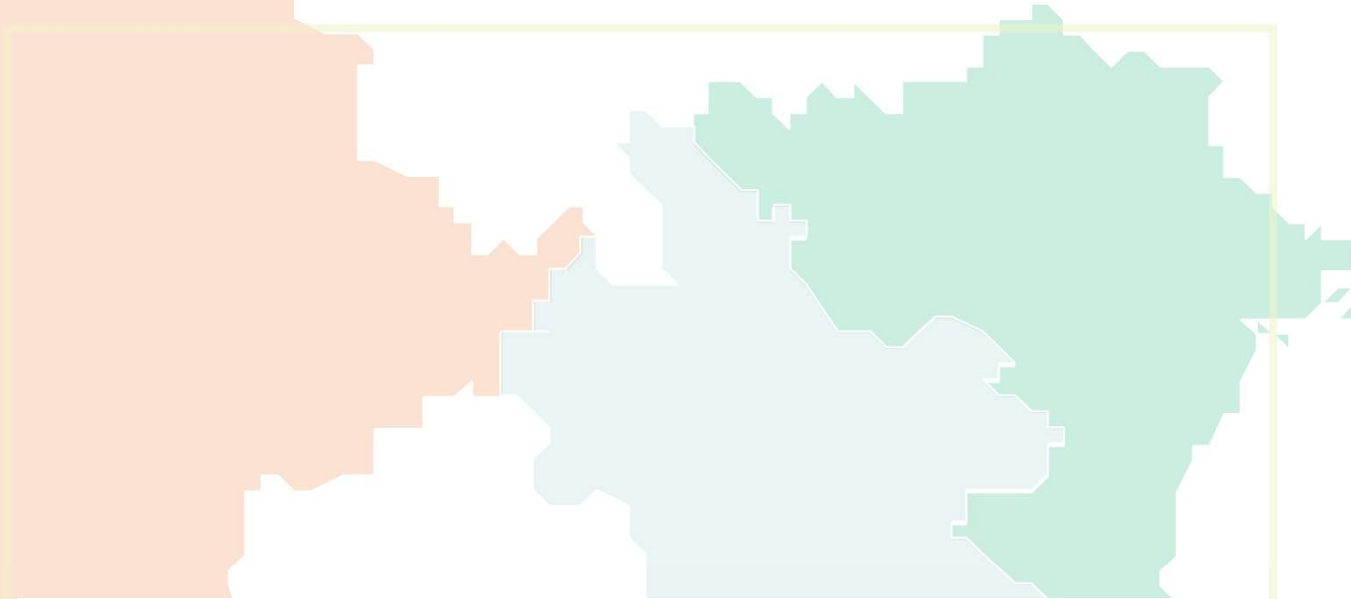
**100%** Suspected cases tested with RDT



**98.6%** Cases treated or referred according to guidelines

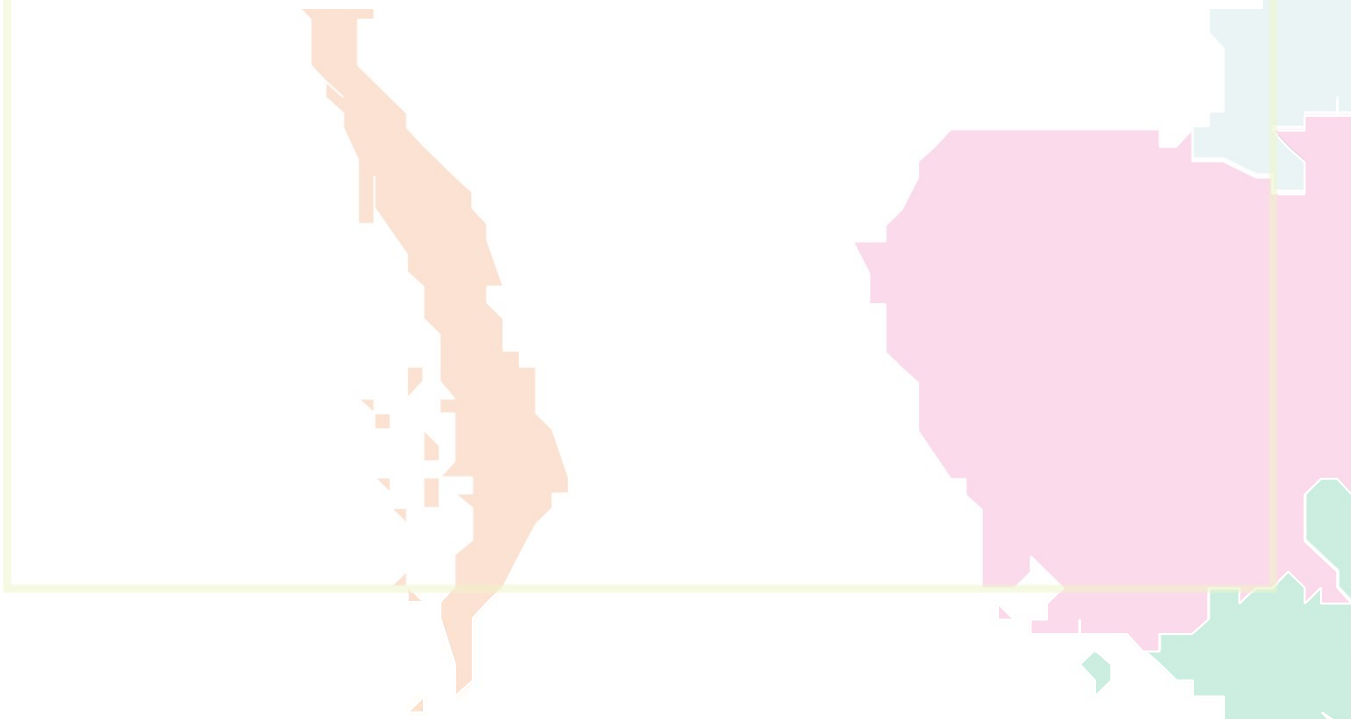
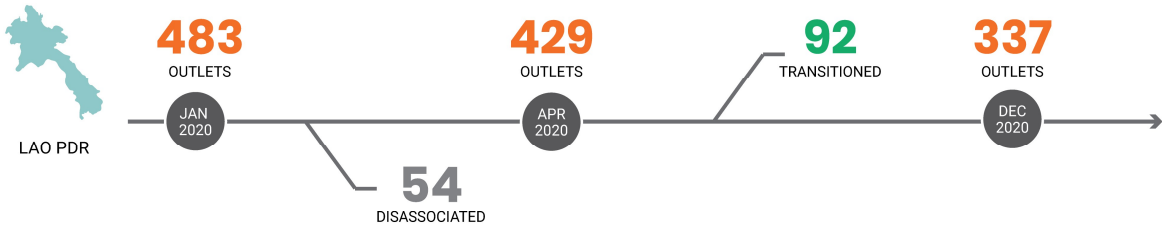
<sup>2</sup> Not pictured on the map: 1 case in Sayabouli district in the north.

\* Network size in Lao PDR decreased in 2020. Starting with 483 private outlets in January, GEMS+ discontinued support to 54 outlets and transitioned 92 outlets to National Malaria Program (NMP) oversight by year-end.



### GEMS + NETWORK TRANSITION TIMELINE

- Outlets currently part of the network
- Outlets disassociated from the network
- Outlets transitioned to National Malaria Program (NMP)





GREATER MEKONG SUB-REGION ELIMINATION OF MALARIA (GEMS+)  
COUNTRY FACTSHEET: LAO PDR 2016 – 2019



PRIVATE SECTOR COVERAGE

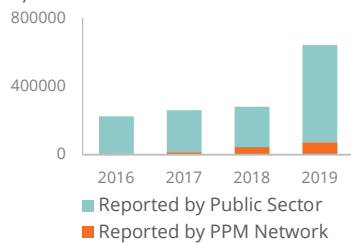


- Formal, registered private clinics and pharmacies are authorized to provide malaria testing & treatment
- The Public-Private Mix (PPM) network was established in 2008 by Centre for Malaria Parasitology and Entomology (CMPE); by 2015, the network was inactive due to inadequate resourcing. PSI re-launched the PPM network under CMPE in 2017.
- Beginning in 2018, PPM coverage was expanded to districts in the northern provinces with highest caseloads.
- Due to fall in cases in the country and decreased case detection within PSI networks, CMPE worked with PSI to select providers to be transitioned out of the PPM network.
- Pilots were completed with shop-based volunteer malaria workers. However, these outlets will be transitioned out of the network in 2020, as they didn't contribute significantly to case detection.

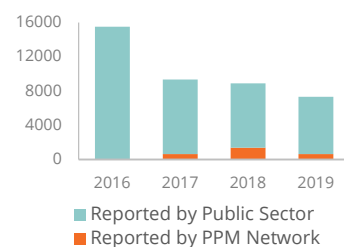
	2016	2017	2018	2019
No. private outlets supported	0	432	525	483*
No. suspected cases tested	0	14,424	45,611	73,754
No. confirmed positive cases	0	603	1,369	612

CASE SURVEILLANCE

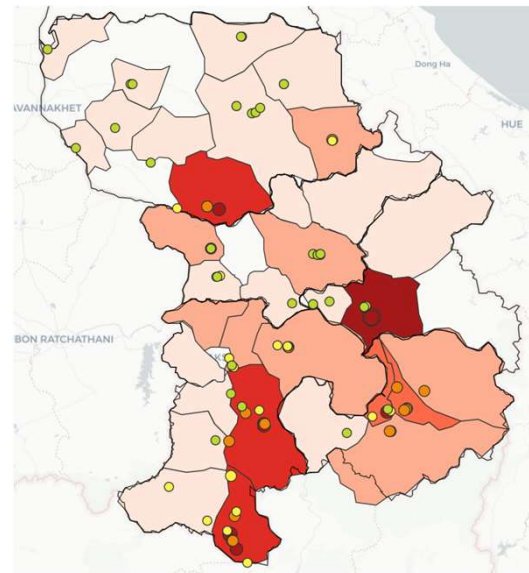
National testing data by sector



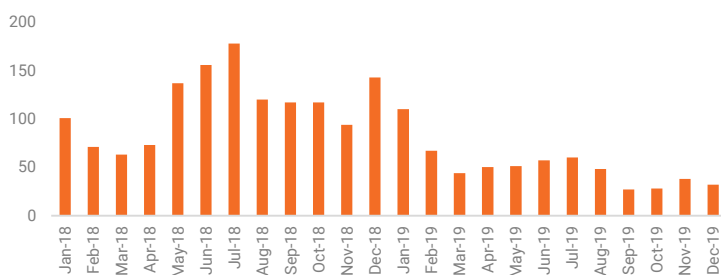
National confirmed case data by sector



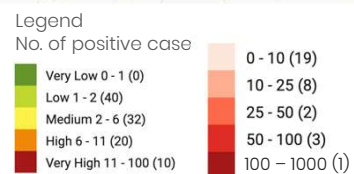
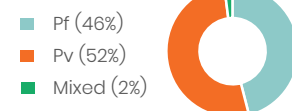
Confirmed cases reported by GEMS+ PPM network (2019)



Confirmed cases reported by GEMS+ PPM network, by month



Positive cases by Plasmodium species



\*PSI/Laos supported 474 formal providers enrolled in the PPM network and 9 shop-based volunteer malaria workers (SVMWs)

## SUPPLY CHAIN & CASE MANAGEMENT

- RDTs and ACTs are secured through the national supply chain (Global Fund); PSI facilitates last-mile distribution from district to outlet.
- Beginning in 2019, private providers are trained and supplied with single-dose Primaquine for Pf infection.
- Vivax radical treatment is only available at district hospitals and higher, with G6PD test.



**97.7%**

Percent of cases treated according to guidelines (2019)



**87%**

Outlets with non-expired RDT & ACT in stock at time of visit (2019)



HNQIS quality of care score (2019)

- Class A (45%)
- Class B (37%)
- Class C (18%)

### Mystery Client Survey Results (2019)

- A mystery client survey revealed that over half of the clients (54%) presenting to a PPM with malaria symptom got tested, which is significantly higher than the 35% testing rate in 2018.
- 0% of mystery clients received an antimalarial for a non-malarial fever.

## PRIVATE SECTOR REPORTING AND INTEGRATION WITH NATIONAL SURVEILLANCE



**100%**

Reporting rate among PPM outlets (2019)

- Providers report case data to PSI using the standard National Malaria Control Programme (NMCP) reporting form.
- Hybrid paper and mobile reporting solutions are used for routine reporting.
- PSI generates and submits aggregate reports monthly to the District Health Officers, who enter data into the HMIS.
- An automated integration mechanism is used to submit case-based data electronically for positive cases from PSI's DHIS2 instance to the HMIS case-based reporting module.
- PSI developed a Facebook Messenger Reporting Bot that was successfully piloted in 3 districts. Full scale-up of the Messenger Bot in the private sector and potentially, the public sector will be a priority in the future.

## ELIMINATION PROTOCOLS

- 85 providers in the north are working in elimination-designated areas and are required to notify cases within 24 hours.
- PPM providers in the northern provinces are trained to notify confirmed cases within 24 hours according to NMCP protocol.
- Case investigations are carried out by CMPE in northern provinces.
- Case notification and case investigation activities anticipated to extend to parts of the southern provinces beginning in 2019 according to stratification.

## EVIDENCE, ADVOCACY & OTHER INITIATIVES

- PSI trained 21 military providers across 11 camps in Khong District, Champasack Province on malaria case management and facilitated monthly reporting to CMPE. In 2019, 655 RDT tests were administered, with 10 cases detected (positivity rate = 1.5%).
- In Nong District, Savannakhet Province, a new model of sundry Shop-based Village Malaria Workers (SVMW) is being piloted in highly targeted areas with no geographic access to a PPM or health center. In 2019, 10 trained shop-based VMWs administered 454 tests, and detected and treated 5 cases (positivity rate = 1.1%). All data is reported to the Nong District Health Office.
- In the first round of Routine Data Quality Assessment (RDQA) for private malaria providers, PPM outlets scored 99%.
- PPM providers are enrolling private sector patients into the CMPE/WHO Therapeutic Efficacy Study for artemether-lumefantrine in Savannakhet, Champasack, and Saravan provinces.
- Ethnographic research was conducted by Institute of Tropical Medicine (ITM) among Brau communities near the Cambodian and Vietnamese borders in Phouvong District, Attapeu Province.