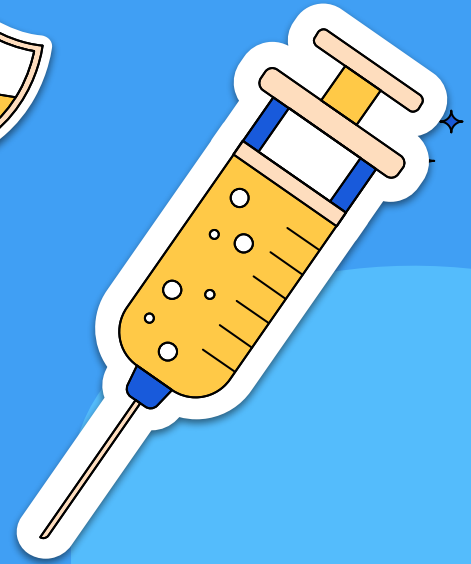
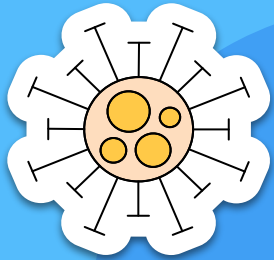


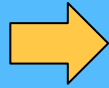
# Improving Quality of and Access to Lao PDR's Healthcare System



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# Overview

## Importance of Health



- To improve general well-being of the people
- To boost the happiness and productivity
- To contribute significantly to the prosperity and economic development of the country

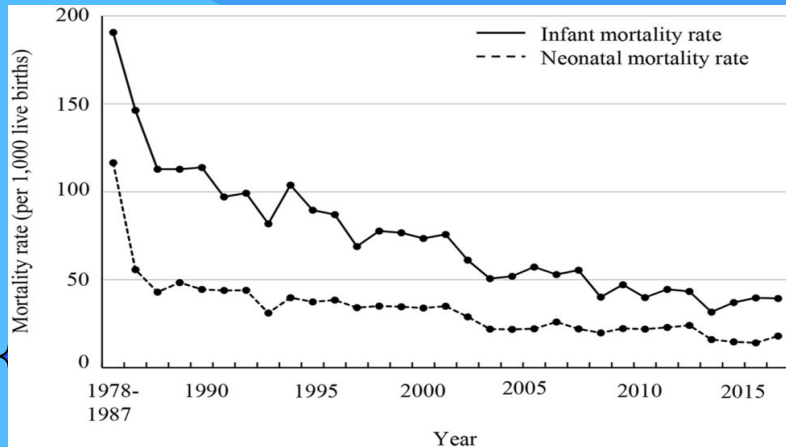
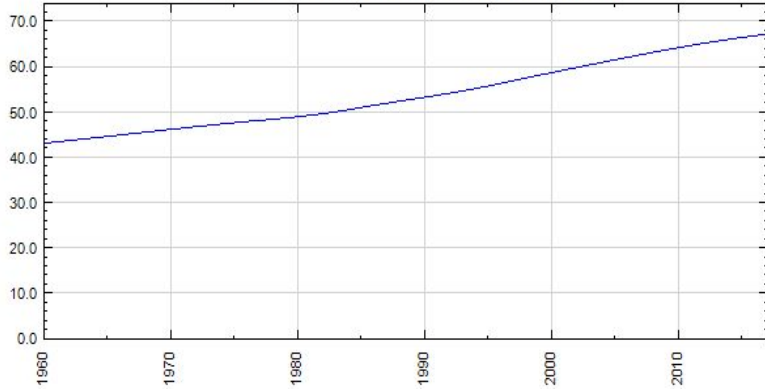
➤ **Healthcare services in Lao PDR are served by three administrative levels:**

**Ministry of health**


**Provincial level  
administration**

**District level  
administration**

Lao PDR - Life expectancy at birth, total (years)



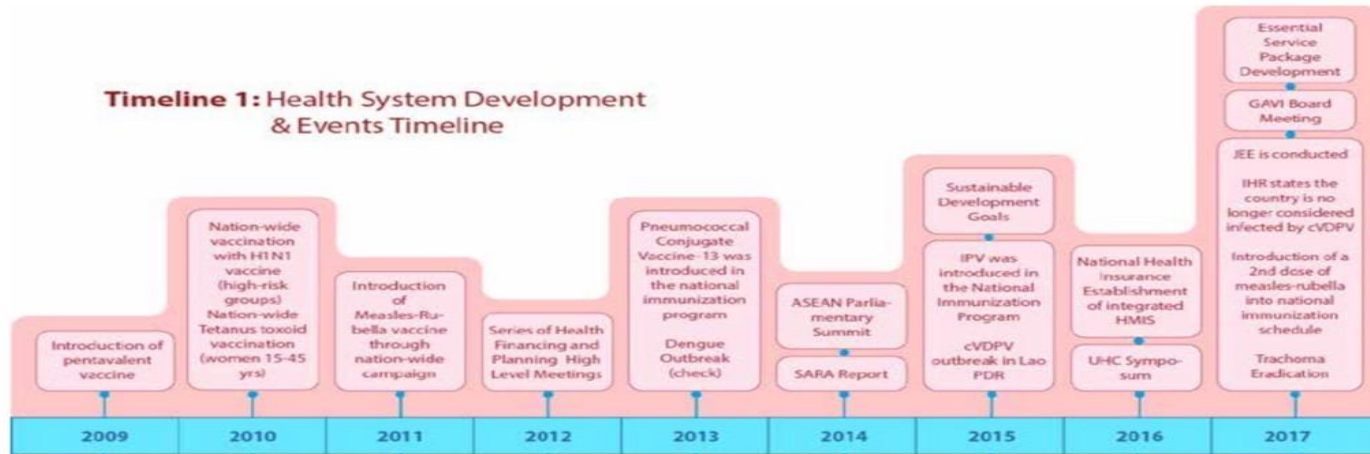
## Progress of Lao PDR's healthcare system

- Dramatic improvement in healthcare sector over 20 years
  - Life expectancy increasing trend
  - Huge drop in child mortality, maternal mortality, and fertility rate
  - Vaccination coverage expands and more availability of vaccine through government and donor support
  - Nutrition indicators shows good progress
  - Expansion in healthcare facilities, and hospital bed capacity
- 

# Health system development timeline

Overview of progress in health system development in the Lao People's Democratic Republic, 2009–2017

**Timeline 1: Health System Development & Events Timeline**



**Timeline 2: The Policy Environment Timeline**



## Issues in the healthcare system



- ❑ Lack of quality and quantity of medical care
- ❑ Inadequate health infrastructure
- ❑ Unequal access to healthcare
- ❑ Ethnicity governance
- ❑ Understaffed health workforce
- ❑ Low level of public expenditure on health

## Quality and the need to improve infrastructure

- Stunting and underweight are main consequences of malnutrition in Laos
- Medical staff shortage including nurse and medical doctor
- Low physician per population ratio (0.4 per 10,000 population)
- Limited medical profession output due to lack of medical school

# Quality and the need to improve infrastructure

- People tend to seek for better medical treatment from neighbouring countries. (Eg, Thailand and Vietnam)
- Old traditional standard in district hospital and healthcare center
- poor technology and lack of medical specialist
- Need to improve in medical facilities and expansion of medical capacities (Hospital bed, equipment)



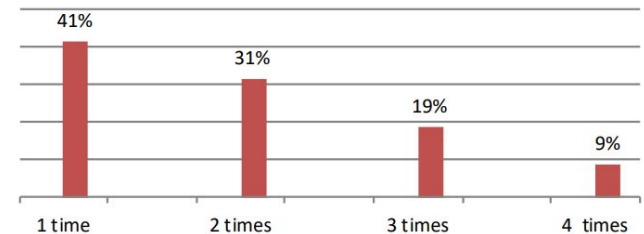
# Unequal access to healthcare

- Service utilisation remains low (UHC Index Score is 60%).  
→ the mountainous terrain and lack of year-round road access.
- approximately 30% of villages are considered as remote with access by dirt road or no road.
- There are also Supply side barriers impacting on coverage and access: health-worker availability and retention, delayed and unpredictable funding flows
- At primary health-care level, essential services include mother and child health (MCH), family planning, EPI, nutrition and WASH
  - They are provided by two types of services: fixed site provision at health centres and district hospitals; and integrated outreach



No mountain too high, Unicef

Proportion of remote villages that received integrated services, 2017



# Unequal access to healthcare

- MHL of Lao mothers was very low in both urban and rural areas; 80% of mothers had either inadequate or problematic MHL (Sysavanh Phommachanh et al., 2021)
- The MHL scores were significantly higher in urban than in rural areas.
- One third of mothers found it very difficult to access, understand, appraise and apply information on mother and child health (MCH).

# Ethnicity governance

Some tribes such as Tai tribes have **local government** by having chief to control and defense the tribe.

**Most of the ethnicities in Laos live in the highland or midland** while the focus of development is in the low. **The difference of dialects** is also the problem of development



Poster in Luang Namtha City

**46.8% of the population in 2015 are the minorities**



# Understaffed health workforce

- **Low retention rate** in rural areas
- The **incentive for the medical staff is low**
- **2.3 doctors, nurses and midwives** per 1000 population is required to provide adequate service

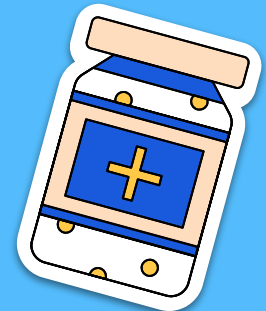
**\* The feasibility of overcoming needs-based shortages is at 4.45 per skilled health workers 1000 population according to the SDG**



## Low level of public expenditure on Health

**2.6 %  
in 2019**

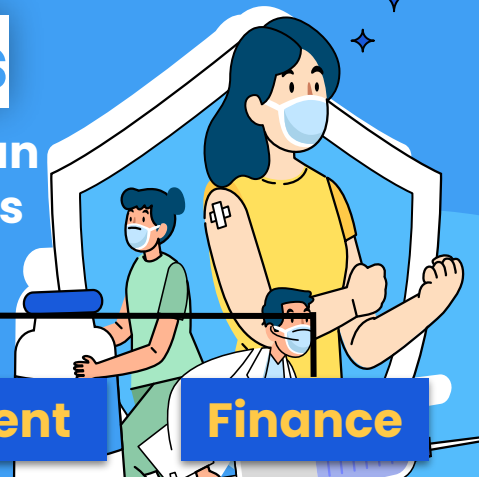
**The expenditure of the public health care is too low** as the foreign aid is lowered since the collapse of Soviet Union in 1989





# Government Policies

National Health Sector Development Plan resolution called for four breakthroughs



## Quality

- Raise remuneration and incentives for health workers
- Partnerships supporting HRH development Ex. WHO

## Human Resources

- Provide more training and schools in the health field  
Ex. University of Health Sciences
- Allocate health worker distribution in rural area

## Management

- Develop Health Information System
- Extend health service
- More accessible for rural people

## Finance

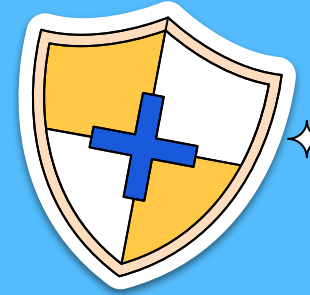
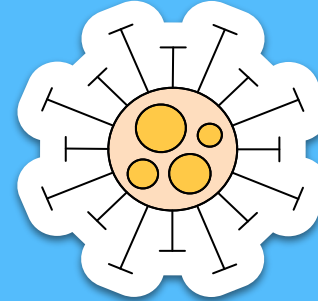
- Poor aid funding
- Increase Government expenditure on health

# Government Policies

Table 3. Number of facilities and beds per health facility type

Organization unit	Number of facilities		Number of beds	
	2010	2017	2016	2017
Central hospitals	4	5	1190	1678
Curative centres at central level	3	3	160	160
Regional hospitals	4	4	767	665
Provincial hospitals	12	13	1080	1090
District hospitals	131	136	2059	2057
Health centres	905	1055	3084	5420
Army hospitals	n/a	27	n/a	n/a
Police hospitals	n/a	10	n/a	n/a
Private clinics/hospitals	n/a	1028	n/a	n/a

Source: Ministry of Health, LAO PDR



## An increase in health service delivery

- Through a network of health centres, district, provincial, central and specialised hospitals (Sam-Seng policy)
- The military and police sectors also provide health-care services for their own cadres, their family and parts of the local community.
- An increasing number of private clinics and hospitals not only public sectors

# Conclusion

- Healthcare quality and quantity is still one of the biggest concerns in the system due to the lack of quality medical practitioners and adequate healthcare facilities
- Unequal access to healthcare was mainly caused by mountainous terrain and lack of road access. Integrated outreach was not sufficiently provided. Ethnic discrimination exacerbate the accessibility. Low MHL was low and even lower in rural areas.
- Despite progress and accomplishments toward national and international targets in achieving the Millennium Development Goals and Least developed countries graduation, Laos health sector indicators remain among the lowest in the region, indicating that more effort is required if the country is to meet these objectives. In order to better improve, partnership with both government and non-government organizations is essential. Priority should be given to the rural areas.
- The implementation of the policies for minorities requires more understanding and more proper ways at the local level.
- The synergy between sectors as well as the incentives for the medical staff needed to be improved more quickly
- The expenditure in healthcare should be improved by seeking external help.